

composing and reading musical notation must result in significant satisfaction. Similarly, the ability to read, write and compose music despite dyslexia also provided great fulfilment for my patient.

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Meaning of "medically fit to travel"

The winter travel season is upon us and physicians will be asked frequently whether their patients are medically fit to travel. For many patients who wish to go south for prolonged periods, insurance coverage is increasingly important.

Provincial health insurance plans have reduced their coverage of out-of-country costs for inpatient and outpatient care. Recently the Ontario Ministry of Health announced that the Ontario health plan would pay only \$100 per day for hospital stays outside Canada. As a result most travellers will need supplemental private insurance; several companies provide this service, each with many types of policies. The cost of insurance is often the main expense for a traveller; it can be more expensive than lodging or food.

Although there are many different types of policies, almost all require information about the presence of "pre-existing illness" and the "stability" of such illness to provide coverage. The definition of pre-existing illness and stability can be confusing for patients and physicians.

The period of stability required for insurance coverage varies from one company to another, but policies are generally becoming more restrictive in this regard. Patients with long-term illnesses can be insured but must be stable. The long-term illnesses that most commonly cause concern are those involving the car-

diovascular, respiratory and central nervous systems.

The following are guidelines for coverage. The periods are those stipulated by the Voyageur Travel Insurance company, of which I am chief medical officer. Those set by other companies may vary.

1. A patient with ischemic heart disease must have had no change in his or her clinical status, hospital admission or change in his or her medication for at least 6 months before departure. A change in medication is an indication of deterioration in the patient's condition; therefore, the policy will not be in effect if cardiac problems recur.
2. A patient who has undergone coronary revascularization by angioplasty or bypass grafting must be stable, with no clinical evidence of recurring ischemia, hospital admission or change in medication for 6 months before departure. Physicians could consider administering an exercise stress test before the patient's departure to ensure that the patient's clinical status is stable.
3. Patients with congestive heart failure must have had no clinical evidence of deterioration, change in their medical therapy or hospital admission for 6 months before departure.
4. Patients with long-term pulmonary disease must have had no change in their medical therapy or hospital admission for 6 months before departure. Patients undergoing long-term therapy with oral glucocorticoids or home oxygen are often excluded from coverage because of the high likelihood of a deterioration in their condition while travelling.

This list is by no means exhaustive, although it covers most of the long-term illnesses of the travelling public. However, in all cases of long-term illness, it is important that the patient be considered stable for at least 6 months before departure in order to be covered. If the patient is not stable, and he or she subse-

quently requires treatment in a hospital in the United States, he or she may have difficulty receiving coverage. Hospital bills in the United States can be exceedingly high, more than \$250 000 in some instances.

Unfortunately, patients with the most serious or most recent illnesses often wish to leave Canada to escape winter, but they are often unable to obtain insurance coverage. This is a reality of the private health insurance industry, and it is unlikely to change, particularly in cases of cardiac or respiratory illness.

Physicians are not responsible for telling patients whether they can obtain insurance. However, they should help patients make an informed decision about whether they are stable enough to travel. On the basis of this decision and a careful reading of the insurance policy, patients will be able to determine whether travel is a viable alternative.

Physicians should also note that they may be requested to send copies of a patient's files or a letter to the insurance company after a hospital admission for a significant problem. Prompt receipt of this information at the insurance company is often crucial to providing the patient with reimbursement of any out-of-pocket expenses.

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Program provides answers to patients' questions about infertility [correction]

This newsbrief (*Can Med Assoc J* 1994; 151: 830) contained an incorrect telephone number. Physicians interested in obtaining the Miracle Program kit, which supplies information about infertility, can call 1-800-387-8479. We apologize for this error. — Ed.