

LMA Advice regarding expected standards of care including resuscitation:

In general, doctors on pilgrimage in Lourdes should apply the same standards to provision of care and to resuscitation on pilgrimage as they would in medical practice in the UK. A holistic approach to care should be encouraged. The following factors should be borne in mind:

1. The French medical authorities for the High Pyrenees recognise the GMC registration of British doctors on pilgrimage as authority for them to deliver care to their compatriots while on pilgrimage in Lourdes. By implication, the code of conduct of the GMC can be expected to apply equally to doctors in this situation.
2. The medical protection organisations, by prior arrangement, will normally extend cover, beyond that pertaining to 'Good Samaritan' acts, to doctors registered with them for practice in the UK.
3. Both the GMC and the defence organisations will expect doctors to practice within their abilities and be competent in their delivery of care.
4. For every person being brought as a sick pilgrim, the medical team should formulate a care-plan to reflect the actual needs of that individual. In the event that the pilgrimage is unlikely to be able to deliver the care-plans for all the pilgrims they should consider recruiting sufficient additional resources, manpower or otherwise, to enable the care-plans to be delivered or else decline to take such individuals or groups whose care they cannot reasonably guarantee to deliver.
5. Part of this process will involve consideration, for those who are potentially severely ill or very elderly pilgrims, of a ceiling of care, again in discussion with the pilgrim and family. Reference should be made to pre-existing advance directives, or these may be drawn up in anticipation of the journey.
6. Just as provision should be made for caring for the physical medical and nursing needs of sick pilgrims, so too should consideration be given to the management of mental health issues while on pilgrimage. In the view of the LMA and the BLNA major organised pilgrimages taking sick pilgrims to Lourdes should have as a minimum one community psychiatric nurse or equivalent among their healthcare volunteers.
7. Where important decisions have to be made on behalf of pilgrims who, for one reason or another, are unable to do so for themselves, and in the absence of guidance above, the guiding principle should be that of 'best interests', remembering that this encompasses the person's broader interests and not just the medical interests.
8. In so far as French law recognises advance directives, those drawn up outside France require countersigning by a notary to validate them for use in France. This may not necessarily apply to an advance directive being invoked in the care of a British pilgrim whose care is, with their agreement, being administered by their pilgrimage medical team. Advice from the Medical Director of the Sanctuary is that French doctors would consider any advance directive presented to them as appropriate evidence contributing towards the development of a care plan. It is believed this has not been tested in practice.
9. It is important to recognise that pilgrims undertaking a pilgrimage to Lourdes may still have widely differing views about their wishes in the event of deterioration in their condition and may or may not wish to place their fate in God's hands. Therefore in order to know how to proceed in the event of both

- expected and unexpected deterioration and/or cardiopulmonary arrest, it is incumbent on the medical team to have considered in advance the resuscitation status of each individual for whom they have expectation of being responsible for their medical care. This should be based on the likelihood of such event unfolding, so need not be a lengthy or alarmist process but should reflect the person's circumstances. It is good practice to involve the person (and their family/friends) in the decision wherever possible.
10. Where a pilgrim has an appointed health and welfare attorney, this should be validated prior to departure as part of the preparations, and if the attorney is not going to be on the pilgrimage themselves, appropriate arrangements should be made for emergency contact if needed.

In the event that a pilgrim sustains a cardiac arrest and it is felt appropriate to resuscitate them, then the assistance of the French authorities should be sought immediately while initial resuscitative efforts are undertaken. Once the French emergency services arrive, care should be handed over to them.

As regards carriage of a defibrillator, it is good practice for a group travelling with medical escort to have one available in circumstances where one will not otherwise be available. Thus, for example, Arundel and Brighton carry a defibrillator with them on the overnight train from Calais to Lourdes, against unforeseen eventualities, but this is packed away for the return journey on arrival in Lourdes, there being easy access to defibrillators and/or emergency services in the town. For those flying, there should be no need as aeroplanes carry their own.

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