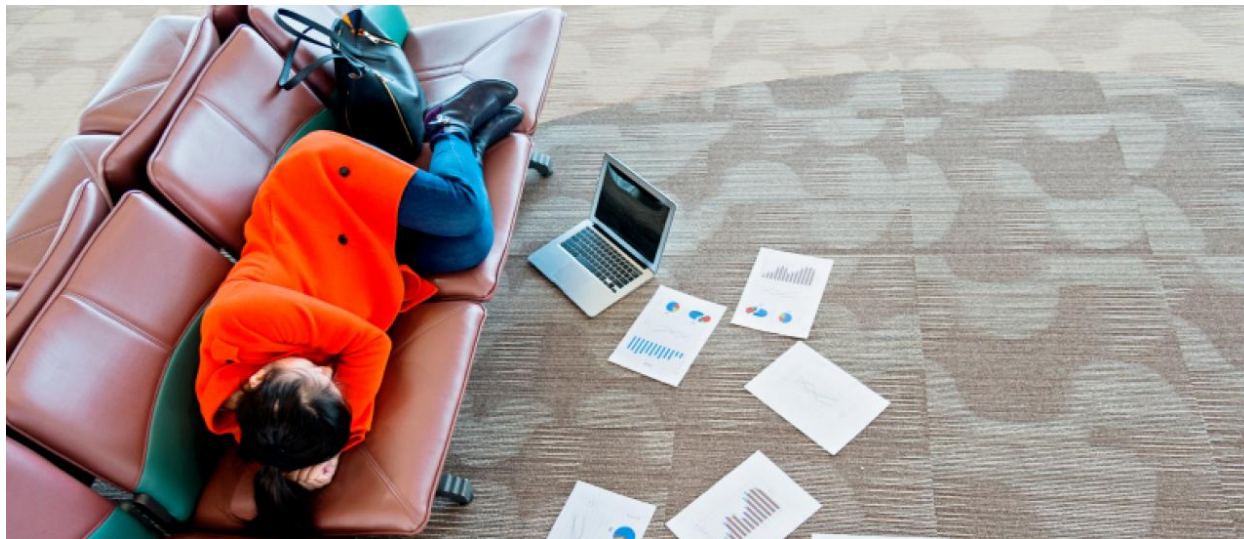




The Medical Risks of Increasing Business Travel



By Sameer Hasija , Gilles Hilary , INSEAD and Greg Jakubowski , International SOS

With more employees travelling than ever before, are organisations covering all the risks facing their executives on the road?

People get ill or injured when travelling. Some occasionally die. It is not a matter of if, but of when this happens, and executives and managers are not spared being part of the statistics. McDonald's former CEO Jim Cantalupo suffered a fatal heart attack while attending a meeting of restaurant franchise owners in Orlando, Florida. His successor, Charlie Bell died of cancer less than a year later. Medical risks are rising for most executives who spend much of their time travelling.

As it becomes ever easier to travel for business, overseas relocations are rapidly being replaced by short-duration assignments. With executives expected to be in multiple locations over short periods of time, even the duration of each trip is falling and the frequency of journeys is growing.

According to [research by PwC](#), assignee levels have increased by 25 percent over the past decade and this is expected to grow by a further 50 percent by 2020.

Most frequent flyers have a general sense of awareness about the most salient risks facing them, such as accidents, terrorism or infectious diseases. But few of them consider that the worst could actually happen to them and even fewer realise the true magnitude of the danger in international mobility, such as environmental, cultural or occupational risks faced on the road.

The cost of failure

A broken bone or a wound sustained in a dangerous country might be compounded by the inability to communicate in a foreign language or understand the nuances of procedures in a foreign hospital. Dormant or unknown chronic diseases could also surface when an executive is thousands of miles away from home. Time zone differences, work obligations, climate and pollution can all cause extreme stress. In some parts of the world, psychiatric illness is treated as a criminal offence. In others, it is not a custom for doctors to share critical information, leading to confusion for the patient.

According to data from International SOS, the costs of failure are far beyond the costs needed to set up a successful international assignment. Looking at expatriation, the average cost of an international placement is around US\$311,000 but the cost of failure can be US\$570-950,000, the hefty direct costs of evacuating an employee, transporting their family to the bedside, attending to the employee's health needs, and the loss in productivity and training. This figure does not even include such non-direct costs as reputation damage, loss of market share, and possible higher attrition among the workforce.

Protecting the most precious asset

In the 2015 Return on Prevention study, the International SOS Foundation and Prevent examined a pre-travel health screening programme for international assignees, which found that for every US\$1 invested, there is a US\$2.53 return for the company that initiated the programme. The programme scope included identifying pre-existing medical issues before assigning employees to a foreign country and identifying general and work-related health problems before departure.

Therefore an essential first step to protecting travellers is pre-screening in the pre-departure stage of travel through assessment of risks. However, support may also be needed once the employee is in the field and they may also need emergency assistance on the road. Critical information that could guide someone in trouble might at least help someone avoid abandoning an assignment and at best save a life.

For instance, in a recent case, a volunteer working for an NGO on a mission in a rural part of a South Asian country was licked by a dog in a village and started to be extremely concerned about the possibility of catching Rabies. She was convinced that she should return to her home country for treatment, but after calling a medical advisor, the incident was deemed to pose no threat. She continued with her mission, avoiding the potential costs of evacuation and felt more comfortable by the next day, when she checked in with the medical advisor.

The reassurance felt by the volunteer from talking to the medical advisor gave her a sense of support and comfort from her organisation. The information offered by the medical advisor allowed the employer to save costs, fulfil the Duty of Care, and ensure business continuity.

Duty of loyalty

Duty of Care is not solely a theoretical concept. Following it creates benefits for companies. The Duty of Care exhibited in this case created a duty of loyalty from the employee back to the company. As **Herb Kelleher, the former CEO of Southwest Airlines said**, “You put your employees first. If you truly treat your employees that way, they will treat your customers well, your customers will come back, and that’s what makes your shareholders happy.”

As with any other risk, prevention works better than remediation. Asking yourself what you can do as an organisation to minimise travel risks to employees can pay huge dividends in the long run but this is not a one way street. Employees also need to play their role, flagging health problems and staying aware of the dangers on the road. However, this won’t happen efficiently if they don’t have good role models. If you want them to have one, start right here. If you’re a leader, take care of your own health on the road!

Find article at

<https://knowledge.insead.edu/leadership-organisations/medical-risks-increasing->

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