Spain – In Sickness and In Health

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A practical guide to the Public Health Service in Andalucía (6th Revision 2008)

PART 1 - INTRODUCTION

This is not intended as a critique of the standard of health care in the region, rather it is hoped that it will be of practical assistance in the event of illness, removing some of the recoveryinhibiting stress inevitably caused by uncertainty as to how an unfamiliar system operates. As we progress, I shall endeavour to explode some of the myths which have clustered around Spain "in sickness and in health!"

Allow me to deal with the first one right here at the outset. Lack of confidence in medical capability even yet continues to cause anxiety in some patients. Let me say quite unequivocally that Spain is a modern western country and has an abundance of both the skills and the facilities which we have come to expect in northern Europe or North America; differences in the ways in which our various national health services function as compared with the local one are simply a question of organisation and definitely not one of quality. So, rest easy, you're in very good hands!

What I want to present here is a "How to ..." guide which should at least start you off looking in the right direction for medical assistance whether you're a visitor or a residentand whether your problem is 'summer tummy' or a grave illness.

Where do we start?

Obviously that will depend on the problem and, to some extent, where you come from, whether you are a visitor or whether you are a resident. Fundamentally, if you are ill in Spain, the Spanish National Health Service is available to you. However, differing courses of action are appropriate to different situations. Minor illnesses such as colds and flu, tummy bugs and the like hardly merit a visit to the local hospital, so route one is probably a visit to a pharmacy.

Farmacias and *parafamacias* are therefore the first line of defence. Firstly, a word of explanation, the *parafarmacia* is a relatively recent appearance on the Spanish health scene and does not really have a direct equivalent in Britain. Owned and operated by a qualified pharmacist, it does not have the right to seil medications. I won't bore you with the political/ commercial reasons for this, but it does mean that you cannot even buy an aspirin at a *parafarmacia*. If your need is for dietary items or sticking plaster, sun creams or herbal remedies, baby care or personal hygiene products, or if you want to check your weight or your blood pressure, then this is the place for you; otherwise you'll need to find a *farmacia*. All *farmacias* display a list of duty chemists (*farmacia de guardia*) should you need medication outside of normal working hours. A phrase-book conversation with the farmaceutico describing symptoms will probably result in you obtaining the necessary medication.

But, two words of caution. In the first place, whilst some pharmaceuticals are relatively international, many are not. Although the box of tablets, or whatever, will include a detailed description, it is most unlikely that this will be in any language other than Spanish, so do make sure that you understand the dosage. Practically speaking, look out for something like 1 -1 - 1 written by the chemist on the packet - this would mean "take one dose three times daily." The second caution is this: many pharmacists have been in the practice of selling prescription drugs over the counter to visitors. Obviously they realise that a holidaymaker is unlikely to want to consult a doctor and they wish to be as helpful as possible - after all, they have a professional working knowledge of pharmacology and know what the medication does, BUT THEY ARE NOT DOCTORS nor are they specifically trained in diagnostics, neither do they have the benefit of knowing your medical history and this could mean that you, with an allergy to penicillin, for example, ended up buying antibiotics to which you were allergic. The doctors I teach in the hospital in Motril ALL totally deplore the practice of buying prescription medicines without seeing a doctor, so you've been warned! In case of doubt, consult a doctor.

PART 2 - OF FAMILY DOCTORS AND HEALTH CENTRES

The first time, many years ago, that I was told to see my *médico de cabecera*, I responded by saying that I thought I had a chest infection and didn't need to see a head specialist. My subsequent blushes ensured that I had learned that *médico de cabecera* is the Spanish equivalent of GP or family doctor. In most towns this doctor now works in the local health centre (*Centro de Salud*) but in some of the villages he is still to be found in his own surgery (*consulta or consultorio*). The hours and detailed working vary from place to place and the only way to be sure how your local health centre works is to go along and find out. If you are a resident or a long stay holidaymaker, I seriously recommend that you do this before you need its services - when you're ill you won't want the extra stress of trying to find out how to get to see the doctor.

Whether you are a visitor or a resident the local doctor should be your starting point when seeking treatment for any illness which is serious enough to require medical supervision without being so urgent as to necessitate emergency hospital attention. Usually it is possible to make an appointment in advance, either by phone or in person. If you choose to phone for an appointment you will be asked for your medical history number and/or your Social Security affiliation number; if you do so outside of normal Health Centre hours your call will be dealt with by the central appointments service (in Sevilla, I suppose) which is a long-winded process. You might, however, still find that your GP operates the simple "sit and wait your turn" approach - in which case the all important question on entering is "*¿Quién es el último?*" (Who's last in the queue?) and then to remember who it was that admitted to being the last person before you! It is also becoming quite common to find a ticket dispenser in the waiting room (after the style of a supermarket butchery department) which gives at least a theoretical sequence to those waiting to be seen. I say theoretical quite deliberately; you might well collect ticket number 83 and be pleasantly surprised to find only three people waiting, but as the morning unfurls a succession of people, with the easy skill of much practice, return from their shopping or other expeditions to wait but a few minutes before their number is called! Eventually number 83 will be called, but don't forget that breakfast in Spain is taken mid-morning and so the doctor will probably disappear at some stage for his coffee and toast.

Some Spanish doctors have a working knowledge of English, but it is best not to take this for granted, for just as French is the principal foreign language taught in English

schools, so was it in Spain until quite recently. Whilst most doctors can read English quite well, they often have almost no experience of either speaking it or listening to it, and their embarrassment at this often ensures that they won't risk a single word of English with you.

If you are a visitor from an EEC country there is a reciprocal agreement between your home government and the Spanish government entitling you to public health service treatment in Spain. You will be required to present your EHIC (European Health Insurance Card, which replaces the old form E111) which moves the responsibility for payment from you to your government. More about this in a later article when we look at the minefield of documentation and paperwork.

As a visitor from a country outside of the EEC you are in a different position with regard to the financial responsibility for the treatment, but you are still most definitely entitled to access to the public health system. Check with your embassy in Spain - there might be an interstate agreement in place, otherwise you will be relying on your health insurance to cover all your medical costs. Check the small print to see whether you are covered only by certain clinics in the private sector or if the insurer will accept invoices from the public health service.

La cita or appointment will most probably be conducted in Spanish, so if your Spanish is weak, it is as well to take with you an interpreter, or at least a good phrase book. At this stage you will no doubt discover if your condition is easily diagnosable/ treatable or not. If it is, you'll be given the all-clear or follow-up treatment after an appropriate interval. Again, check the workings of your own particular health centre; the doctor might say come back in eight days (that means, in a week!) But it is possible you will have to make an appointment with the receptionist before leaving.

The *receta* or prescription will either be a private one or a health service one according to which of the various regimes you belong to. The specific type of health service prescription you receive - and the amount you pay for the medication - will depend on whether you are a pensioner or not. And this brings us back to the chemist or *farmacia*. A word of caution: the pharmacist will give you the prescribed medicines and take your money, and that's it. Unlike the situation in Britain, he will not affix a label with your name and the dosage details - so do make sure that you have understood clearly from the doctor how you are to take the medication.

If your condition requires specialist investigation or treatment *your médico de cabecera* will refer you to either a hospital or a "national health clinic" (*ambulatorio*). The specific division of responsibilities between these two establishments varies from place to place, but the *Ambulatorio* is essentially an outpatients department.

PART 3 - OUTPATIENTS

Now we need to consider what happens when our *médico de cabecera* (family doctor) considers it to be necessary to undertake further investigations. To be truthful, the major difference between Spain and the UK is an administrative, practical one, and not one that has anything to do with actual medical practice or care. And it is here that we need to acquaint ourselves with another important word - *volante*. Now if, like me, you thought you already knew that this meant steering wheel or something flying, you're in for the same surprise as I was; because in everyday parlance this is the word used to refer to the document used by your GP to ask for specialised tests or a consultant's opinion. Indeed, it is virtually an all-purpose word meaning "request for service", whether that be a specialist's examination or an ambulance to take you home.

The referral process

Since I first wrote a guide to the Health Service in the 1990s there have been enormous changes to the way in which appointments are made, thanks to the computerization of much SAS administration. It is, nowadays, a good deal easier and quicker, but it may be helpful to know a bit about the old system, because it has not completely disappeared everywhere in our area yet, although it is scheduled to do so within the next couple of years.

Suppose your doctor considers you should have a blood test, a chest X-ray and a consultation with a specialist. There are three separate departments involved here and he would have given you three separate *volantes* - one addressed to the consultant giving a resume of your complaint and requesting that you be seen; the others being *peticiones* for an X-ray appointment and blood test. It was at this point that the operation of the Spanish health service differed in a very practical way from the British system. For at this point it was over to you – you had in your hands the only communications with the hospital - nothing being sent there by post. It was your responsibility to take these *volantes* to the hospital appointments desk (*Control de Citas* or *Admisiones*) and request your initial consultation with the specialist. In most cases now your GP will make this appointment for you, on-line, before you leave his consulting room or Health Centre and the *volante* will actually be what is still called your *cartulina* or *carnet de citas* (appointment card). The contents of the *volante* will have been sent via the computer link to the specialist.

Then, under the old system, it would have been necessary to go to the haematology department (*sala de extracciones del laboratorio*) where, usually without an appointment, your blood sample would have been taken. Often, now, an appointment for this is also made for you by computer – but not always – see my comments in the next two paragraphs.

Blood test done – or organized – next on the agenda is organizing the X-ray. And this is a point at which an anomaly remains, because this will still be your responsibility, so you need to go to the X-ray department (*Radiologia*) and make your radiology appointment; it will not be arranged by your GP by computer. However…. local tests may be possible.

A return to former ways

The whole local health care service is being radically altered, with a return to the idea of cottage hospitals and, depending on where you live, it may be possible to have both the X-ray and blood test in your local *Centro de Salud* rather than in the *hospital comarcal* (regional hospital). Most village surgeries take blood tests two or three times a week. The blood samples are subsequently sent to the regional hospital for analysis, and your GP may await those results before requesting the specialist consultation, whereupon he will inform you, probably by telephone, of your consultation date if he proceeds with that. All I can really advise is that you make sure you have understood from your own doctor which route is to be followed.

One additional word of advice - check if you need to have blood tests or X-rays *en ayunas* (while fasting). This is the usual practice and it means no food after midnight until the tests have been done – otherwise you could have a wasted journey!

There is a drawback to having an X-ray performed in an *Ambulatorio* or *Centro de Salud*. Put simply, the technology available there is rather more basic than in the hospital, and is performed by a radiology technician and not a medical radiologist. This means that the "village" radiologist is not a doctor with specialist knowledge of X-ray diagnostics.

Whether the paper *volantes* system is used, or the computerized route, there will be an instruction to both radiology and haematology to send the results either to your GP or to the consultant whom you will soon be seeing. So do check if you've got to go back to your own doctor or just await the specialist's examination.

The consultation

When the day of your appointment in the outpatients clinic *(consulta)* dawns, go to the clinic waiting room, and at the first possible opportunity give your *carnet de citas* to the nurse when she pops her head out of the door of the consulting room. First-visit-patients have priority in the scheduling of appointments, so this will be earlier rather than later in the day. However, first visits are extremely important in the diagnostic process and their length is impossible to predict, so quite long delays are almost inevitable.

The possible results of this first consultation range from a prescription and instructions to report back to your GP through further investigations by another specialist department, all the way up to being referred to one of the larger clinical hospitals for specialised in-patient treatment. In the majority of cases there will be the need for at least one follow-up visit to the hospital. Next time, we will look at being a hospital in-patient, but let me try to outline a possible example of the continuation procedure as an outpatient.

The follow-up

You may be given an initial prescription or *receta* to have made up by a pharmacist. Note, however, that any further prescriptions will have to be obtained from your GP - so keep your copy of the *receta*. Suppose, however, your consultant wants you to have, say, a CAT scan followed by a further appointment with himself. Once again there are anomalies – these follow-up appointments may be made on-line, there and then or he might give you a *volante* requesting the scan (headed *petición de consulta* or *hoja inter consulta*) which you will have to take to the radiology appointments desk. In this case he may (or may not) book a follow-up appointment with himself on the *carnet* you brought with you. If in any doubt, go to the *control de citas* before you leave the hospital and they will give you the date for the scan and confirm (or give you) the return consultation date with the specialist. In those rare cases when the further investigations have to be performed in a larger hospital, the specialist will either arrange this for you on-line, or he will send you, with a *volante*, to the office called the *gestoría del usuario.* The staff there will take your address and phone number, and they will request this test for you, informing you of the appointment details as soon as they receive them.

PART 4 - HOSPITAL AS AN IN-PATIENT.

Effectively, there are just two routes to being hospitalised - as an emergency (which we will consider separately next month) or as a referral from an outpatients consultation.

Probably the best place to start is by mentioning just how quickly you might be admitted to hospital if an appointment in the outpatients clinic shows it to be necessary. We've already seen just how important the first visit to outpatients is. At this consultation the doctor will decide if you need in-patient treatment, and, if you do, you might well be admitted there and then. So be prepared!

The principal exception to immediate admission will be when surgery is required. Surgical cases only come in two types - urgent and not! If your operation is urgent, you probably didn't come to the hospital as an outpatient, but as an *urgencia*. Otherwise your referral to the outpatients surgical department (*consultas externas: departamento de cirugía*) is probably a follow-up to a prior consultation with the specialist dealing with your complaint (heart, stomach, etc.) The date of your operation will be programmed in, according to your condition (urgent, preferential, normal) and the length of the (normally fairly short) waiting lists.

In the outpatients consultation the surgeon will explain the details of the proposed operation and request that you sign a consent form (*hoja de consentimiento informado)*. As hospital administration is becoming increasingly computerised, you might find that he will then make appointments for further tests, such as an ECG and a preliminary consultation with the anaesthetist, giving you the *citas* before you leave his consulting room. However, he might give you a request form (*volante)* instead, requesting those tests, and you will also be asked for details of how you can be contacted urgently to be called in for your operation. If you have been given *volantes* requesting tests, when you leave his consulting room you must take them to the *control de citas* or, in some cases, e.g. X-ray, the actual departments, and make those appointments before going home. Once these additional tests have been performed you can expect a phone call - normally within a few weeks - asking you to report to the hospital at short notice.

However, if you do ***not*** require surgery, but nevertheless ***do*** require hospitalisation, the consultant in outpatients will start the admission procedure at that very appointment. After the examination you will be given an admission document (*orden de ingreso*) and the consultant or his staff will phone the ward to assign you a bed. Then, if you are unwell or unsure of the procedure, you will be accompanied to the ward (*planta*) by an orderly (*celador)*. If you have a friend or relative with you, they will then go to admissions with the *celador*. Here your details will be entered into the records and a visitor's pass will be prepared. The office will require your affiliation card for the Spanish Social Security (*cartilla* or smart card) or your home-country-issued European Health Insurance Card (EHIC, which replaced the old E111 at the beginning of 2006) or health insurance documentation, although the absence of such documents won't prevent you from being treated. This process completed, you will be taken to the ward, which is usually referred to as either the department (*departamento*) or floor (*planta*)

The ward bedrooms are small, with only two or three patients in each room – two is the short-term target for the SAS – and this room has a shared bathroom. Each patient has a small wardrobe, a bedside table/cabinet and a device for calling a member of the nursing staff. The wards are equipped with television, but it is a pay-to-view system – there are machines selling viewing cards in some of the corridors. In recent years, each room has always had a telephone, so it is possible for family to speak directly with the patient. In Motril, for instance, this is an automated system with its own special number, distinct from the hospital switchboard; after being connected, a recording prompts you to give the ward number - speaking in Spanish, digit by digit, and the call is through! The increased use of mobile phones is, however, causing this system to fall into disuse.

You will also be given the standard issue blue smock and pyjamas and a toiletries pack. Contrary to rumour, you will also be fed - and, provided you are not on a restricted diet, each evening you will also be able to select your meals for the following day from the (limited) daily menu.

Frankly, there are several practical differences between the experience of being in a British hospital and that of being in a Spanish hospital. I have lived in Spain for just on 20 years and was last in a UK hospital around 1980, but I am told that hospitals in Britain have deteriorated dramatically over that period, whilst the Andalucian Health Service as improved considerably, so any comparison favours Spanish hospitals. But there are differences which may find surprising. Numerous conversations with medical staff indicate that *in principle* these differences should be minor. But the experience of having visited patients on many occasions, my wife included, makes me not want to minimise them.

- Some are simple, almost amusing: if you're given a thermometer by a nurse, what do you do with it? Not in the mouth, whatever you do! Temperature is taken from the armpit.

- Some are obvious, but no less daunting: you will be immersed in a totally Spanish-speaking environment. Several people have said that they felt they were not given sufficient information about what was happening to them or how they were progressing. All I can suggest is that you nag! As in the U.K. the doctors do a daily round; ask, and ask again if you don't understand. There is an hour set aside each day, the *hora de información a familiares,* when the consultant will give relatives a full progress report. This is usually at the end of the morning shift, i.e. at about 1.30 pm, but do check the time as there are some differences between departments.

- Some are fundamentally dissimilar. Probably the most essential difference is in the level of physiotherapy and nursing care. The physiotherapy service is seriously overstretched and whilst it is theoretically available to in-patients, the main focus of this department, given that it is really a rehabilitation programme after an illness, is outpatient treatment.

When it comes to nursing care, I personally believe that the situation here reflects a major difference between Anglo-Saxon culture and Spanish culture. On paper, in principle, in theory - however we choose to express it, the stated objectives in regard to hospital nursing care are the same in Spain as in the UK. But the British patient would find it hard to believe in practice. The Spanish nurse/patient ratio is similar to that in the UK - typically 1 to 6 in the morning, 1 to 12 in the afternoon and 1 to 18 at night. But there is a tacit expectation that the nursing staff can count on the round-the-clock support of the patient's family members. Part of the normal procedure on admission used to be for the family to request a 24-hour pass (*pase de permanencia*) from the ward sister (*supervisora*). These days, that no longer has to be applied for – it is simply ***expected*** that one family member will be at the bedside 24/7. The reclining armchair beside the bed is as much for overnight visitors as it is for the patient!

When my wife was in hospital after a miscarriage she came out of theatre (*quirófano*) at about 2 a.m. and was still anaesthetised. The gynaecologists assured me that she was fine, so, having been out of the house since seven the previous morning, I decided to go home to feed the cat (and grab a bit of sleep!) The mother of the young woman in the next bed was horrified that I could abandon my wife in such a way! So she immediately "adopted" my wife.

It is my personal understanding that the Spanish feel that sick relatives really ought to be looked after at home. This is born out of a culture in which it long was normal for several generations of one family to live under the same roof, and in which the larger family unit is still extremely important. Obviously home treatment is out of the question with many illnesses. But as an expression of "family" and to compensate for this "failure" of not being able to have the patient at home, the home moves to the hospital, or at least a constantly present stream of its representatives! The fact that this constant vigilance by the family is such a common practice has practically served to informally shift much of the onus for “creature comfort” nursing care from the hospital staff onto the family.

This is fine when the whole family lives locally and can share the responsibility, but for a long-stay patient who has only their husband or wife living nearby, it can be a particularly onerous time. I certainly applaud those few whom I have seen virtually living in the hospital for weeks on end.

At this point I would want to include a personal plea that you think ahead about what you would do if you were hospitalised for any length of time. Who could you possibly ask to spend a while sharing in some of the caring? Maybe someone will need to come over from the UK. Broach the subject with them before ever the need arises. And then think about others – friends and those living around you, especially those who haven't got a partner: If they were ill, how would they or their families cope? Don't hesitate to tell the local clergy, and maybe you could organise a roster of volunteers to visit, or even provide 'food parcels' and home-for-a-shower breaks' for long-stay carers!

The presence of numerous 24-hour carers in the hospitals tends to mask the fact that there are 'normal' visiting hours; but in many hospitals they can be for several hours at a time – so do check what the published visiting hours are.

In closing this section, let's look at the happy day when the treatment has done its work, and you'll be able to be discharged (*dado de alta*). The doctor will tell you during his rounds, and then you'll have to wait until the ward staff have prepared your final medical report (*informe clínico*), which they will give to you. This will probably include a prescription and instructions for follow-up treatment, so check if you need to make an outpatients appointment before you go home, or if one has been made for you. More likely, however, you will be instructed to report back to your GP (*médico de cabecera*) and when you do – if it has not been sent to him by computer – you should take the copy prescription (which you need to take to a *farmacia*) and final report with you.

Hopefully, this will have removed a bit of the mystique of being in a Spanish hospital – they are truly excellent; just a bit different in some ways.

PART 5 - IN THE EVENT OF AN EMERGENCY

Some years ago a friend's neighbour had a serious accident at home, and it took them over an hour to find out how to call an ambulance. On that occasion the outcome was not serious, but such a delay could have been catastrophic. I suppose this is the spectre that haunts most of us - will we know what to do in the event of an emergency? The problem is that different emergencies require different courses of action.

At the outset we need to distinguish between two categories of crisis - that which is classified as an *emergencia*, and that which is classified as an *urgencia*. The former is more serious than the latter, and always implies a threat to the patient's life. An *emergencia* could include a heart attack or a seriously injured road accident victim. It is

always dealt with in the most rapid manner possible, normally overturning some of the 'tidy' procedures outlined below. So let's consider various possible crises.

It may be that you have visited your family doctor and he has decided that your condition requires immediate treatment. He will call an ambulance and you will be taken directly to the hospital casualty department (*urgencias*). One member of your family may accompany you to the hospital in the ambulance.

It is not only the hospitals of the region that have emergency or casualty departments, the larger health centres, such as Almuñecar and Orgiva also have them, these being staffed by duty medical and nursing staff from the area. It may be that you feel seriously unwell, but able to go, or be taken, to *urgencias* at a large *Centro de Salud*. Obviously, the facilities available here are less complete than those in a hospital, and preclude in-patient treatment on the spot *, but the procedure is broadly the same as that described below for a hospital casualty department. The staff here will organise an ambulance transfer to hospital in those cases requiring hospitalisation.

It might so happen that you are taken ill at home, but can go, or be taken, directly to hospital. Let me mention a convention which has existed here for many years, but which you should only undertake with extreme caution. When an emergency patient is being transported to hospital in a private car, it always used to be common practice – and I encountered it again a few weeks ago - for the driver to sound the horn, switch on the hazard warning lights and, in the daytime, to drive with the lights on, whilst a passenger waves a white handkerchief out of the window. All of this is intended to obtain priority in traffic, but it is not strictly legal and the situation gives no immunity from prosecution, nor the right to cause accidents!

It might be that you are taken ill at home and it is impossible for you to get to hospital under your own steam. In this case there are three or four possible courses of action, depending on where you live and whether we are dealing with an *emergencia* or an *urgencia*. Spain does not have an equivalent of the British 999 system, and it is not possible for me to give a universally applicable emergency number. You really do need to do a little local research now, in the hope that you'll never need the information you glean.

In the first instance, for life-threatening crises, there is the new **061** service. This number is now, theoretically, the pan-European single number for the emergency services. I'm sure I don't need to explain why I said theoretically! Calling this number connects you with the rapid-deployment emergency ambulance and helicopter service. This has fully equipped mobile units staffed by doctors and para-medics and is extremely effective. The problem is that, at present, it is only available in rather limited catchment areas. If you live in their operational area your call will be dealt with by trained operators who will ask brief questions about the crisis, and on the basis of your answers will either send the **061** ambulance or they will call another ambulance to attend - or else they will instruct you about what to do next. You cannot count on this phone call happening in English.

**Footnote:* We are at the beginning of a major revision of local health care facilities and this situation will change. The Andalucian Health Service (SAS) have concluded that small is beautiful and are committed to transforming many of the former *Ambulatorios* and larger *Centros de Salud* into what will effectively be cottage hospitals with limited in-patient facilities.

If you are outside the areas served by the **061** service, or you're not sure, then the first call you should make is to the *Servicio de Urgencias Externos* for your area, asking for the *médico de guardia* (duty doctor). Now this is where it begins to get complicated. I advise you to ask your GP (*médico de cabecera*) which of the district health centres covers your area for emergencies and write down the phone number for future reference. Each of these larger health centres has between two and four duty doctors assigned to dealing with emergencies and they can despatch an ambulance to the scene of the emergency. Often one of these larger health centres covers several of the smaller towns and villages in its area - which is why you need to find out which one covers you – your GP or health centre can tell you.

Suppose you are outside the area of the **061** service and don't know which *Servicio de Urgencias Externos* covers your district. You are left with the option of calling the municipal police or the civil guard. Which of the two will depend on where you live. In my village, our local municipal bobby is equipped with a motor scooter, so would be less than ideal for transporting a sick patient to hospital. In Motril, however, it is not unusual for the much larger municipal police force to respond to emergency calls and take patients to hospital. Obviously, in remote hamlets the *Guardia Civil* is the emergency longstop; policing the rural areas is their responsibility and that includes responding to emergencies.

Dialling **091** puts you in touch with the national police whilst **092** gets you through to the local police in larger towns, and this is the nearest thing to the British 999. In smaller towns and villages, however, your local police and civil guard have normal local numbers. It's worth checking the first few pages of your telephone directory and any information published by your town hall. Finally, if all else fails, there are private ambulance companies whose phone numbers appear in the *Páginas Amarillas*. These will charge you for their services, but in an emergency ...

The situation is similar in the case of a road accident, or other emergency that occurs away from the home. It may be that someone else will call an ambulance, but if it's down to you, then the procedure is exactly as above. The additional player here is the *Cruz Roja*. Its telephone numbers vary from province to province. Staffed by young volunteers, the Spanish Red Cross has a specific responsibility for the highways, and its ambulances will frequently attend road traffic accidents. In summer it also provides a kind of life-guard cover on the beaches.

Having looked at how to get to the emergency department, we now need to look at what happens when we get there. On arrival at *urgencias*, you will be met by an orderly (*celador*) who will take you to the inside waiting area, and the person who came with you will be asked to give your personal details to the reception staff. At this point let me emphasise that not having the correct documentation with you, e.g. Spanish health service smart card or *cartilla*, insurance certificate or European Health Insurance Card **will not prevent you from being treated**. You will be seen by a doctor within a matter of minutes for an initial assessment, and should then be informed as to how long you will have to wait before you are under medical care - this varying according to the seriousness of your condition and the number of other patients in the unit. It may be necessary for you to have a blood test or an X-ray, both of which would be performed there and then, but the results can take up to an hour to come through. Sometimes the duty doctor in *urgencias* will call in a specialist from within the hospital to aid with diagnosis and treatment. During this process you will either be seated in the inside waiting area or be in a bed in the unit under observation. In both cases **one** member of your family is usually allowed to stay with you.

There are essentially three possible procedures ahead of you.

The first possibility is that your condition will be considered to be treatable at home and you will be given a full report of the doctor's findings (*informe*) together with sufficient medication to treat you until the next working day. (Sometimes the *informe* lists medication required, and *a farmacia* will dispense this on sight of the *informe*.) You will be sent home, and the following day you should take the *informe* to your GP (*médico de cabecera*) and he will continue your treatment.

The second possibility is that your condition will require hospitalisation, whereupon the person with you will be given a form (*orden de ingreso*) to take to *Admisiones* and you will be taken to the ward. In some cases requiring major surgery, particularly cardiac or brain surgery, it may be necessary for the patient to be transferred to the larger clinical hospitals in Granada or Málaga. All the arrangements will be made by the hospital staff for specialised ambulance or helicopter transfer, but note that the patient cannot normally be accompanied by a family member on this journey.

The other possibility is that you will be kept under observation in *urgencias* for a period of up to 24 hours, while the medical staff decide which of the other two procedures is appropriate.

A related topic we need to consider is that of a stay in an intensive care unit (*UVI* or *UCI*). The most common causes giving rise to visitors requiring intensive care treatment are accidents, heart attacks, serious respiratory problems, and occasionally, strokes. More particularly in the case of residents we can add post-operative care to this list. The major differences between being an *UCI* in-patient and a normal in-patient are fairly obvious. Given that the patient is under total, constant vigilance by medical and nursing staff, the otherwise normal system of the family having 24-hour access to the patient is neither required nor available. Visiting takes place under a regime specific to and established by the particular hospital involved.

There is usually a daily information session when relatives are given the fullest possible information about the patient's condition, but in addition to this, the staff will telephone relatives to advise of any significant change in condition. For this reason, it is preferred that family members don't wait around the hospital where they might not be easily located, but rather that they be at home/in the hotel where they can be contacted quickly by telephone. Of specific interest to holidaymakers and those with health insurance based outside Spain, is the practice of repatriating a patient. In general, the insurance companies telephone the hospital twice a week for updates and ask to be informed when it is medically safe for the patient to be transferred by air ambulance. It has become observable that the insurance companies prefer to leave their patients in hospital in Spain rather than use an air ambulance if this can be avoided. Certainly this minimises risks, to say nothing of costs.

PART 6 – THE JOB'S NOT FINISHED TILL THE PAPERWORK'S DONE!

In some ways, this should have been our starting point, but I have learned to approach this topic with trepidation – the goalposts get moved so often that it is really hard to stay up to date. **If you have any information that you feel updates what follows, I would be grateful to know it, and we'll publish an erratum in the next edition! So let's enter the minefield of dealing with officialdom.**

May I remind you that I am principally concerned with health care under the Spanish National Health Service, or more correctly, the Andalucian Health Service (SAS) In the final analysis, the question which really concerns us all is, "Who pays?" Emergency health care by the state is considered to be a human right, so treatment will never be

denied. But neither is it ever genuinely free – somebody has to pay, whether that somebody is the patient, their home country, their insurance company or the Spanish State.

Let's put this into a practical context, and consider what documentation we would have to present if we arrived at a Health Service hospital requiring emergency treatment. We would be asked in the first place for our *cartilla*, which is the affiliation card to the Spanish social security system. If we were not covered by that regime, we would be asked for our EHIC, the European Health Insurance Card that replaced the old form E111. Failing that, we would be asked for details of our medical insurance policy. And in the absence of all of these we would be asked to sign an agreement that we will pay the bill ourselves.

Cartilla or TASS

Firstly, then, the ***cartilla,*** or its new smart-card version, the ***TASS***. So, who can get one, and how? Essentially this is available to all those who fully belong to the Spanish *seguridad social* by paying contributions into it as a worker – either employed or self-employed, and of whatever nationality. Otherwise it will be in virtue of cover provided by reciprocal health care agreements between one's home government and Spain. In specific terms this means people in receipt of a retirement pension, widow's pension or long-term disability allowance and who are nationals of any EEC country plus Austria, Finland, Iceland, Lichtenstein, Norway, Sweden and Switzerland. Several South American states are also covered, but Canada and the USA are **not**.

The *cartilla or TASS* is obtained from the local social security office when the worker is 'economically activated' as a contributor by them, or when the pensioner, immediately on arrival in Spain, presents his or her form E121 from their home country's social security system. This, incidentally, is also the point at which a GP *(médico de cabecera)* is allocated; patients do have the right to choose their GP or to change subsequently. Having received this documentation, go to your newly allocated GP's surgery and register there.

The EHIC and the form E106

Which brings us onto the second possibility, namely the EHIC or, in certain circumstances, the form E106. The current EEC rules for the EHIC state that it is for visitors from one member state to another and it provides for **immediately necessary** medical treatment to be given under the state scheme of the 'host' country (in our case, Spain) in the event of an accident, injury or sudden illness arising during a ***temporary*** stay. Treatment is provided either free, or at reduced cost, on production of a valid EHIC issued by the 'home' country. I spoke recently with an official of the DHSS in the UK and he said that people who are **living** in Spain are **not** entitled to use a UK-issued EHIC; it is only to be used by **temporary visitors.** But there is no clear definition of that term. I asked him for an interpretation and he was very vague and unwilling to give a firm ruling. My impression is that there has been some relaxation of the situation we had with the old E111 and, when pressed, he allowed that a year's stay *might* be considered temporary. But it is far from clear, three months always used to be considered the limit.

The EHIC can be obtained by filling in a form available from UK post offices or online by going to https://www.ehic.org.uk/Internet/home.do In fact, I recommend that you look at that site – there are links to guidelines about entitlement to health care for visitors, overseas residents and returning non-residents.

The form E106 is a DHSS well-kept secret. I can't find any reference to it on the web, but have been assured that it still exists. It has never been publicly promoted by the DHSS, but it is useful to provide full health care for a limited period for early retirers. The period of cover depends on whether they still have underlying title to a UK cash sickness benefit, based on past payment of national insurance contributions when in work. The maximum period of entitlement after payment of the last contribution is about two and a half years. The form E106 is obtainable from The Pensions and Overseas Benefits Directorate in Newcastle. On arrival in Spain the form should be registered with the local office of the Spanish social security who validate it, whereupon it may be used both for purposes of obtaining a *residencia* and actual health care.

It's worth pointing out that once any cover with the form E106 has ended, early retirers resident in Spain have no choice but to take out private medical insurance until they become entitled to a contribution-based state pension from the UK. Additionally, as they are no longer resident in the UK and have transferred their credit to Spain, they are not eligible for free care under the British NHS if they temporarily return there to seek treatment.

Similarly, pensioners who live in Spain often assume that they can go back temporarily to the UK to obtain treatment for an existing condition at an NHS hospital without charge. This is **not** the case. They will be liable for the cost of NHS medical treatment unless the Spanish social security office with which they have registered their form E121 is prepared to fund the treatment. In such cases the local office will then issue them with another form, the E112, which certifies that Spain will reimburse the UK for the treatment. Obviously Britons resident in Spain – and registered with the Spanish *Seguridad Social* - who suddenly fall ill or have an accident whilst on a visit to the UK are entitled to **immediately necessary** treatment without charge on presentation of their Spanish *cartilla*. There is more on this in the UK Government's "Advice to Travellers" web pages.

Private medical insurance

The rules regarding access for resident foreigners to Spanish National Health Service have fairly recently been changed as part of the controversial revisions to the Law Regarding Foreigners. *In theory* a resident foreigner who appears on their local Town Hall register is entitled to health care (amongst other things) regardless of their Social Security status. Which *might* mean it is no longer necessary to contract private medical insurance. There is, however, a rider which makes this available to those **without the financial resources to pay for treatment**. When I checked with my local office of the *Seguridad Social*, they were not sure how this would be interpreted, adding that it was fundamentally addressing the vexed issue of immigrant agricultural workers from Africa and Eastern Europe. Personally, I would not want to volunteer to be a test case to see if I was covered or not!

The major issue to consider in regard to medical insurance is whether or not it permits access to the National Health Service. In general terms, the majority of private medical insurances are intended to give access to private medicine, and tie the policy-holder to a specific network of doctors, clinics and hospitals with no access to state-provided health care. Usually, the implication of this is that the insurance company will not pay any bills you receive from the Spanish National Health system. This only becomes a problem when, for example, after a road traffic accident an emergency patient is taken directly to a state-run hospital. With this in mind, it is worth considering a separate accident insurance which gives blanket cover for medical expenses incurred as a result of such an accident.

Some of the international health insurers do provide a wider ranging cover designed to meet medical bills from whatever source. A scaled-down version of this cover for medical expenses is also provided by the majority of holiday and travel insurances. But whichever option you've chosen, please read the small print and make sure you know what you're covered for – emergency treatment is not cheap, and to have the stress of wondering where the money is going to come from doesn't exactly help the recovery process.

For what it's worth, my advice would simply be, "double check to make sure you know exactly what you are covered for" omissions could seriously endanger your wealth!

PART 7 – WHEN THE WORST COMES TO THE WORST

We've been looking together thus far at how to cope with illness in Spain, and more specifically, how to find our way around the Health Service. In all honesty, we cannot ignore the possibility that the final outcome may not be recovery, but demise. So what follows is a guide to the practical implications of a bereavement. Forewarned is forearmed, as the saying goes. This is not exactly the happiest subject to deal with, but if, like me, you anticipate spending the rest of your days in Spain, it's better to know what to do in this situation long before it arises. I've prepared this information with the help of a funeral director, so I believe it to be accurate.

To put matters at their simplest there are just five things that need your attention immediately:-

1. You must obtain a death certificate.
2. You must contact a funeral service.
3. If you have a funeral insurance, phone them.
4. You may need to contact the police.
5. You ought to advise the British Consul in Málaga.

Having said that this is all that is necessary, I need to amplify the detail and look at the various processes implied by these basic requirements. At the end I'll add some comments about other necessary but not instantly-urgent action.

Obtain a death certificate:

The precise 'how' of this depends on several factors such as the place of death and the deceased's health insurance regime.

1. A death in a hospital or private health clinic will be certified as a matter of course by the duty medical staff.
2. A death in a road traffic accident will be certified by attending medical staff or hospital staff.
3. A death at home following a period of known and treated illness will be certified by an attending doctor – you must telephone your local *urgencias* or, less commonly these days, your own GP.

4. A sudden death at home in 'non-suspicious' circumstances is dealt with exactly as at no.3 above.

5. A sudden death at home will sometimes require verification by the coroner before the death certificate can be issued, or the funeral can take place - but follow route no.3 again until instructed to do otherwise by an attending doctor.

If you are covered by the Spanish Social Security system - via full affiliation as a worker or a pensioner, or via an EHIC, E106 or E121 - then no payment is required for the death certificate. If your health care has been on a private basis, then the doctor *might* charge a fee for this.

Although it might make sense to ring the emergency medical service before ringing the funeral director, this is not essential, and you certainly don't need to wait for the doctor to attend before phoning the undertaker. One of the most disconcerting aspects of a funeral in Spain is the speed with which it happens. There isn't complete uniformity from one town to another, but the funeral usually takes place after 24 hours but before 48 hours. To delay the funeral beyond the prescribed time is possible, but incurs additional costs.

Contact the funeral director:

As with obtaining a death certificate, the precise circumstances of the demise determine the way this needs to be done.

In the first place, if the deceased has a Spanish funeral insurance policy, then the small print in this policy might tie you to a specific funeral service . If you are such a policy-holder and unsure about this, I would suggest phoning them straight away to clarify this for future reference.

Both in the hospitals and on the highways there are 'duty undertakers' (*funeraria de guardia*) who will proceed with the funeral arrangements as soon as a signature has been obtained - or they are told that the family prefers to use another company, in which case you must then telephone that preferred funeral service.

At home, simply phone the company you want to use. Their representative will be with you as soon as possible to make all the necessary arrangements.

Phone the insurance company: - if using one - at the same time.

Contact the Guardia Civil:

Although this is going to be distressing, it is best to inform the local Guardia Civil, as they normally need to satisfy themselves that 'foul play is not suspected'. Obviously this does not apply in the hospital.

Inform the British Consul:

This is necessary in all cases, but urgent in only one, this being when it is desired to transfer the deceased back to the UK for interment.

These are the important immediate **actions** that need to be taken, apart from the obvious calls to family and friends, but there are also some important **decisions** which need to be made, and some of those would be best decided long before the need arises. For example:

1. Which *funeraria* and which of their services?
2. Which of these four possible avenues do you want to follow?
    a. Transfer of the deceased to home country for a funeral there.
    b. Interment in your local cemetery.
    c. Burial in the British Cemetery, Málaga (if available).

d. Cremation in Spain (Vélez Málaga, El Ejido or Granada).
3. Do you want a burial/cremation ceremony, and in which language?
4. What options offered by the funeral service are required; what do they cost?

From my perspective in the Costa Tropical there are essentially four companies, and of these only one has an English-speaking member of staff. There are “English Funeral Services” on the Costa del Sol, but my contact with them has not been exactly encouraging – money up front and we can help you! I would suggest you do some research and found out which companies operate in your area. One senior doctor at Motril hospital urged me to recommend that you obtain two or three quotations, saying that prices can vary substantially between different companies for the same services, and I can confirm this, especially if you bring the “English” companies into the equation, one asking twice the amount normally charged by a local Spanish company. However, I doubt that anyone would want the hassle of shopping around for quotations if they’ve just lost a loved one, especially as the whole thing has to be organised so very quickly, so it really is best to ask around ***now*** for approximate figures as a guide. However, there is another factor to consider; not every *funeraria* has a Chapel of Rest (*Sala de Velatorio*); some offer the service relying on their being able to hire another company's facility. Priority of availability will obviously go to clients of the company that owns the chapel.

In reality you can 'leave it all' to the funeral service. However, the basic package might include things you don't actually want - such as announcements on local Spanish radio and in the Spanish Press, or a book of remembrance and chairs outside your house so that the neighbours can pay their last respects and sign the book. As a foreigner, it could be assumed you don't want a religious ceremony (which will mean no ceremony at all, just a stark ‘disposal of the remains’) but not be realised that you do want coffin-bearers (*mozos*) or to use a Chapel of Rest instead of maintaining a vigil in your own home as the Spanish do. It may seem morbid, but it is worth thinking about these things in advance, talking them over with family and writing them down as they will all have to be agreed with the undertaker in the most 'indecent haste' within a very short time of the passing of the loved one. This way, when the time comes, you will know to request those elements you do want, and cancel those which you don’t.

So what are the various options available for a funeral?

Repatriation of the deceased

This has to be organised in conjunction with the British Consul and the funeral service (*funeraria)*. Besides the preparation of the necessary documentation - normally undertaken by the funeral director in liaison with the Consulate - the principal requirements are special embalming and a sealed zinc coffin, both in compliance with national and international sanitary stipulations. It has to be said that this will always be the most expensive option as costs are incurred both in Spain and in the home country.

Interment in a local cemetery

Even some of the smallest towns have their own cemeteries, and the normal Spanish procedure would be an interment in the cemetery of the local town or village within a maximum of two days of the demise. Although the procedure is broadly the same from one town to another, there are minor local variations even within the same province.
A couple of examples will show this:-
a. In Motril interment takes place between 24 and 36 hours after the demise whilst in some of the smaller towns it still has to be within 24 hours.
b. In Motril the sepulchre (*nicho*) is leased for 40 years, in some towns it is leased for

just 10 years, and in yet others it is purchased in perpetuity. As ever, it's best to check ahead of time what the local circumstances are.

Clearly the common practice among the Spanish themselves is for the deceased to remain at home in an open coffin so that friends and family can pay their last respects. It is not normal practice for there to be any ‘beautification’ of the cadaver, so the request for an open coffin can often give quite a jolt to family and friends. After this vigil, the hearse takes the coffin either to the local church or directly to the cemetery if there is a chapel there, and the bearers *(mozos)* carry it to the chapel (*capilla*) for the 'rites of passage' and on to the niche for interment - normally the priest does not accompany the cortege from the church or chapel, and there is no rite of committal into the sepulchre. It often seems very stark to the northern European mind that the final visible act is the sealing of the tomb with plaster and a blank headstone, performed in silence by a bricklayer in overalls.

One additional element also comes into this situation. Sadly, in some places the local Catholic clergy are still unwilling to carry out an act of committal for non-Catholics. I, personally, have been called on to preside over funerals where the parish priest has refused.

However, there are alternative courses of action. For example, the coffin can lie in the funeral service’s Chapel of Rest (*Sala de Velatorio*) . Indeed, for a price, it is possible to delay the funeral by a few days - often just long enough for overseas relatives to get flights organised. And there are English, non-Catholic clergy in the provinces of Málaga and Granada willing to conduct matters in a manner more customary to the British psyche, both in the cemetery chapel or in a local church where there is no chapel, and a the ‘graveside’.

Burial in Málaga

There is a British Cemetery in Málaga, which was purchased by the British Consulate in Málaga and is operated by the Church of England Chaplaincy of St George. It is necessary to contact the chaplain (952 219 396) or churchwardens to make arrangements for a funeral there. Although it is administratively complicated to move a dead person from province to province in Spain, this is does not apply to moving no further than the neighbouring province, so it is a normal procedure for the funeral service to provide. However, do think about the need to get friends and family to the cemetery for the ceremony too, remembering that the *funeraria* does not have funeral cars but can organise coach or taxi transport if required. There is considerable pressure on the available space in Málaga and burials have became quite rare recently.

The British Cemetery also has niches available for the interment of ashes. Which brings us on to considering the last of the four possibilities, namely cremation.

Cremation in Spain

In recent years this has become available locally in the cities of Vélez Málaga, Granada and El Ejido. All local funeral services are able to organise cremations, and the additional costs involved - travelling and crematorium fees - are usually offset by the savings on the niche and the headstone.

The new crematoria are rather more welcoming places than the older ones such as in Málaga, and most have a chapel. Whilst I am not trying to impose my views on others, I would simply add that the psychology of loss requires a point of closure if bereaved

persons are not going to experience unnaturally prolonged grief. I know I can speak for the local English clergy and say that we are willing to conduct funeral services at the crematoria, but it is important that the funeral service be instructed that this is desired, and it's best to make direct contact with the English clergy too.

It is perfectly legal to scatter the ashes in accordance with the wishes of the deceased, but – as far as we can discern – a normal burial on one's own land is not permitted.

What ceremony is required?

Essentially, there are three possibilities:-

a. No ceremony. Tell the funeral service.
b. Catholic and in Spanish. Ask the funeral service to contact the parish priest.
c. Non-Catholic in English, German or Spanish. Contact the local clergy and inform the funeral service.

What will it cost?

You should ask the *funeraria* for a detailed quotation, and the final price will vary according to the precise services requested, the town in which you live and, to a substantial extent, the model of coffin selected - this being the major item in the final bill. As a very rough and ready figure you need, at 2008 prices, to budget for something in the order of 3,250 euros for a funeral or cremation in Spain, and approximately 85% of that figure to repatriate the deceased, excluding costs in the home country.

Some final considerations

It is possible to donate vital organs for transplant purposes. If you wish to consider doing this, then visit the *gestoría del usuario* in your local hospital – they will take your details and provide you with a card to carry stating your wishes.

There are also legal implications in respect of pensions, bank accounts, and vehicle ownership to name but a few items. If you own anything at all in Spain it is quite essential that you have a proper, notarised Spanish will.

Death certificates are of two types - the medical certification and the registration documents, the latter being either local or international; ask the funeral director to obtain several copies of these, which are validated by the Town Hall (of the district where the death took place if different to your normal residence.)

Joint bank accounts are frozen on the death of one partner until the will has been executed, so beware of having all your funds made unavailable; one bank manager told me, "I didn't say this, but move all the money quickly and don't tell me about the demise."

I would suggest making a list, detailing personal wishes in regard to small mementos, funeral preferences, and maybe the contact numbers as suggested above. Another could have details of where your will and other important documents are to be found and a third with details of things like pensions, insurances and bank accounts.

I'm not a practitioner in the (physical) health care sector, so I apologise for any mistakes that might have occurred in any of the foregoing – they are entirely my fault and not that of the many health service professionals who have helped me to compile this guide. I wish to record my thanks to them, and I hope it has been helpful to you.

The world is full of books which tell us 'What to do when...' from leaving school to getting married, from having a baby to making the most of retirement. But there is a conspiracy of silence about life's only certain statistic – one out of one people die. And the Christian perspective approaches death as simply another event in our lives, and that with certainty and with confidence. As a practising Christian I am not particularly interested in the things that are often mistaken for Christianity, such as religious rites and rituals, or a code of 'thou shalt nots'. Put simply, I have a real relationship with the living God, a relationship which is every bit as real and meaningful as those which I have my wife and my daughter. And this God has promised me a life which I can live to the full, this side of that event called death and beyond it. This is the life-enriching experience of millions around the world. My hope is simply this - that you won't dismiss it out of hand – if I'm wrong, I've lost nothing, I've had a great life; but if I'm right …why not check it out?

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