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Travel health specialists estimate that between 30 and 50 percent of people heading to developing countries for a month or more will experience some kind of health problem. At the same time, organizations are doing much more business with these emerging economies, including the BRIC nations, where healthcare may not be up to par with expectations.

Medical and security risks – traffic accidents, heart problems, infectious disease and risk of mass casualty incidents like pandemic, natural disasters, civil unrest and terrorism – are some of the more common. Take a look back at the past 18 months. It was an active time for natural and man-made disasters, including The Arab Spring in the Middle East, Japan earthquake and resulting tsunami and nuclear crisis, ash cloud in Europe and ongoing flooding in Thailand.

Companies that were prepared to some extent for these events were much better at managing the risks of a globally mobile workforce and meeting their Duty of Care, the requirement that an organization makes reasonable efforts to protect its employees. And while recent events presented tremendous challenges, organizations learned much about Duty of Care and preparedness.

Duty of Care goes hand-in-hand with Duty of Loyalty, the idea that employees must also take necessary precautions when on assignment and follow all policies and procedures while avoiding unnecessary risks. These notions include, but are not limited to, legal and moral obligations.

Recent Events

The ash cloud perhaps more than any recent event brought Duty of Care to the forefront. While this incident was not about serious health, safety and security issues, it caused tremendous business continuity disruption; hundreds of thousands, if not millions, of employees were affected. It was a Duty of Care wake-up call, especially for travel managers and security and human resources

professionals. How did they handle frantic employees who were stuck and couldn't get home for an important event?

How were employees tracked? Did an organization take a "first in, first out" approach?

During the Arab uprisings, organizations with well established Duty of Care and crisis management plans were able to assess the potential dangers and move critical decisions through the organization efficiently. They were able to proactively decide whether to evacuate their employees and their dependents. In fact, International SOS helped evacuate more than 4,000 members after deploying numerous medical and security professionals to Egypt.

In Japan, the lesson was relying on accurate and complete information. Many International SOS clients wanted to know about radiation exposure issues and how other organizations were responding. What started out as a natural disaster quickly turned into a medical and safety issue.

In 2009, International SOS commissioned Dr. Lisbeth Claus, professor of global human resources at the Atkinson Graduate School of Management of Willamette University, to write a defining white paper on Duty of Care. This was followed in 2011 by a first-of-its kind Global Benchmarking Study that showed how organizations ranked when it came to implementing a Duty of Care program. The latter study looked at how companies care for their employees abroad as well as Duty of Care "ownership." More than 600 global companies were surveyed by International SOS, of which 95 percent sent employees on business trips to high-risk locations. Lawlessness, terrorism, political upheaval, civil unrest and pandemics were identified by the participating companies as among the top 20 risks faced by employees abroad. The high proportion of employees in high-risk locations underlines the pressing need of companies to seriously consider how they will fulfill their Duty of Care.

Four of the top ten risks identified in this benchmark study were related to health issues, including illness, lack of access to western standards of medical care, infectious diseases and travel-related infections. Despite the legal implications and medical costs involved in taking care of incidents, companies still perceived Duty of Care as primarily an ethical concern.

Duty of Care Ownership

Just as Duty of Care is a shared responsibility between employer and employee, it is also a shared responsibility when it comes to "ownership" within the organization. In the 2011 study, many responded that Duty of Care belonged to Human Resources. But in practice, it is a responsibility that should be shared with security, travel and decision-makers at the executive level.

Like the original 2009 white paper, challenges remain when it comes to Duty of Care, not the least of which is buy-in from senior administration. Once that happens and a plan is put into place, the challenge is educating employees on how Duty of Care and Duty of Loyalty are seamlessly integrated.

Still, some organizations are unaware of their Duty of Care obligations. Some also believe that a medical or security incident will not happen to them or argue they don't know how or where to put a plan together. In the middle of the spectrum are organizations focused solely on compliance – they may have recently experienced a medical or security event and are looking at meeting legal

requirements. Finally, there are some organizations that see Duty of Care as the right thing to do for corporate social responsibility.

Broken down further, challenges include awareness, implementation, players and control.

- **Awareness** – Lack of awareness of the risk among employees and certain stakeholders
- **Implementation** – Effective deploying beyond planning and challenges lies in communication, education, training, tracking and control
- **Players** – Beyond the people who have Duty of Care as a responsibility, there are many other stakeholders who must be on board and plan before a crisis, work together during a crisis and continually audit the company's readiness
- **Control** – Many organizations have major challenges enforcing policies, although there is buy-in from managers and employees who see the benefits of implementing management controls

Healthcare outside of developed countries varies widely, and access remains a constant challenge with continuous monitoring and local expert knowledge. The risk associated with any incident abroad is directly impacted by the standard of local healthcare resources, which in turn impacts the need for evacuation for proper medical care.

Duty of Care – Important for All

NGOs and scholastic organizations differ from many commercial enterprises. However, Duty of Care still needs to be exercised in these spaces. These organizations often send people into places where healthcare is hit-or-miss, airports may not always be open and evacuations can be tricky if something goes wrong. In addition, scholastic program leaders must be conscious of mental health issues their students may face, which can be compounded by young people who are away from the comforts of home for the first time.

It is recommended that organizations implement an Integrated Duty of Care Risk Management Strategy and develop a multi-step model. While on the surface this follows the traditional plan-do-check model, in practice the risk management strategy must go further. It is not sufficient to simply assess the risk to traveling employees – they must also be informed and tracked while they travel.

About the Author

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Tags: Arab Spring, duty of care, global workforce, safety