

THE CRUISE SHIP DANGER

NO ONE TELLS YOU ABOUT

Things can (and do) go wrong
when you get sick onboard.
Here's how to stay safe. By Amanda Robb

dale Wood used to take his wife, Eileen, on a Caribbean cruise every year for Valentine's Day. "We loved spending time together while being well taken care of," he says. For their 2005 trip, Dale and Eileen, who own an embroidery and silk-screening company in Portsmouth, Rhode Island, chose a seven-night trip on Royal Caribbean's *Adventure of the Seas*. They'd been onboard for two days when Dale's chronic heartburn started acting up—too much indulging at the buffet. The ship's doctor gave Dale some Zantac, and the Woods left the ship for a day of kayaking and snorkeling around Aruba.

But the next morning, as the ship docked in Curaçao, Dale felt worse. So he went back to the doctor. Eileen stayed in the waiting room while a nurse took Dale to an exam area. About 20 minutes later, the nurse reappeared to tell Eileen that Dale was asking for her. When Eileen went into the exam room, she was shocked by what she saw: "They had Dale on an IV, hooked up to an EKG machine and oxygen," Eileen recalls. "He was asking just to sit up and burp, but instead, the nurse gave him an injection. Immediately, he turned bright purple. He said, 'Eileen, I'm gone!' and started to shake, his head rolling back and his body knotting up." Then the line on the EKG machine went flat, and it appeared to Eileen that Dale's heart had stopped. "The doctor got out those paddles and shocked





him," she says. "I was so scared, I started saying the Lord's Prayer." The ship's doctor was convinced Dale had just had a heart attack, and the nurse gave him another injection. (Eileen remembers at least three injections, two from the nurse and one from the doctor.) Someone from the ship arranged for EMTs from Curaçao to transport Dale and Eileen to a hospital on the island. At this point, says Eileen, "I was totally falling apart."

But the doctors who examined Dale at the mainland hospital couldn't find anything wrong with his heart. The enzymes that would have been in his blood if he'd had a heart attack weren't there. The doctors also didn't see any of the muscle damage associated with a heart attack. So after six hours of tests, they told Dale he had not had a heart attack. They theorized that the injections Dale had received were of blood-thinning, heart-stimulating drugs—and that those drugs had caused a seizure. And they believed that Dale appeared to flatline because the leads to the EKG machine had come loose.

That's a plausible theory, says David Pearle, M.D., director of the coronary care unit at Georgetown University Hospital, who has no connection to this case. "Leads fall off frequently, though doctors do tend to notice," he says. Dr. Pearle also acknowledges that doctors often confuse heartburn with a heart attack. But



Dale Wood and his wife, Eileen, say poor cruise-ship medical care damaged his heart

delivering a shock to a healthy heart, as apparently was done to Dale Wood, can be very dangerous. "A defibrillation not properly timed could kill an otherwise healthy patient," says Dr. Pearle.

In a written statement, a spokesman for Royal Caribbean Cruises Ltd. said, "The onboard medical team evaluated the patient, and after considering his symptoms, his medical history, and his long-term smoking, concluded that [he] could possibly be experiencing a cardiac event. [They] took steps to ensure Mr. Wood's well-being, which included onboard care and transportation to a shoreside hospital." The spokesperson also maintained that doctors and nurses who work for the cruise line "are trained in advanced cardiac life support."

Upset about what had happened, the Woods were nonetheless relieved the experience was over. Dale felt all right, and the couple returned to the ship, planning to have a quiet evening. Instead, Eileen says, the ship's doctor called and asked that the couple go to the infirmary at once. There, the ship's security officer, its guest relations officer, and the same physician they'd seen earlier requested that the Woods disembark, saying they couldn't risk the safety of the other passengers by having someone as sick as Dale onboard. (The Royal Caribbean spokesperson confirmed this, but said, "Mr. Wood's health

IF YOU GET SICK ONBOARD

- Go immediately to the ship's doctor. "If you don't, the cruise line can say, 'Ah, you didn't report the accident or the injury,'" says trial lawyer John H. Hickey. "They can deny it ever happened."

- Don't be sloppy about completing forms. The ship's doctor will hand you a statement to fill out describing what happened. Be as thorough as possible. "Many people scribble things quickly, without detailing

their symptoms," says Hickey. "The cruise line will use that lack of detail in its own defense."

- Bring people with you to the infirmary so you have witnesses.

- Keep notes: "A written record will hold more weight if you eventually need to go to court," says maritime lawyer Charles Lipcon. "And if you fell or had an accident, take pictures of the place where it happened."

- Ask for copies of your medical records. "But realize that they don't have to give them to you," says Lipcon.

- Get the names of the doctor and nurses who treated you. "A lot of the nurses are appalled by the medical care and will be honest, even in court," says Lipcon, who also recommends jotting down the names, addresses, and phone numbers of any witnesses who saw you get sick. —Jane Bianchi

would [have been] put at risk by remaining onboard.” Eileen says that despite her and Dale’s protests—and despite being shown documentation from the Curaçao hospital that Dale had not had a heart attack—the officers insisted. “If you won’t pack your bags,” Eileen says she was told, “we’ll have somebody do it for you.”

Limited care

With more than nine million Americans taking cruises in 2005—up 9 percent from 2004—shipboard medical care is coming under closer scrutiny and setting off some alarms. There are no good estimates of how many medical emergencies occur on cruise ships; companies aren’t required to release the information. But lawyers who litigate these cases say they hear a steady stream of complaints. “I get at least a hundred e-mails a year from people who feel they received negligent medical care on a cruise ship,” says Charles Lipcon, a maritime attorney based in Miami. “I’m seeing more and more people.”

One of the reasons these disputes are so common is that medical care on cruise ships is limited: By the industry’s own definition, a ship’s infirmary is not a floating hospital. Instead, when a passenger becomes seriously ill (heart attack, broken bone), the ship’s health system is meant primarily to stabilize him until he can be treated elsewhere. “Cruise ships don’t carry blood. We don’t have every bell and whistle. And we can’t bring in specialists,” says Robert Wheeler, M.D., a founding member of the American College of Emergency Physicians’ Section on Cruise Ship & Maritime Medicine and a consultant for the cruise industry. “People must understand that when they board a cruise ship, they are leaving the United States and the comforts of our medical system.” And yet some people are beginning to wonder, *Are the cruise lines doing enough?*

Mainland mistreatment

Because of these limitations, people who get very sick onboard are usually taken off the cruise ship and sent to a hospital in the nearest port where, theoretically, there will be more resources. Contrary to what many assume, seriously ill passengers are typically not airlifted to a U.S. hospital, says Dr. Wheeler. “Coast

Christal Hancock, with her husband, Jonathan, still has pain from her onboard injury



WHAT TO DO BEFORE YOU SAIL

- **PACK ALL YOUR PRESCRIPTION MEDICINES** and any over-the-counter medicines you might need. Ships don’t usually stock a full range of drugs.
- **COMPLETE A PERSONAL MEDICAL INFORMATION FORM** (get it at cdc.gov). Bring one; leave a copy with your emergency contact.
- **CALL THE CRUISE LINE** to discuss any specific health concerns you may have. Ask how it will handle an emergency.
- **BUY A TELEPHONE CREDIT CARD** or a prepaid long-distance phone card so you’ll be able to call your own doctor from anywhere.

Finally, and perhaps most important, purchase travel insurance (see goodhousekeeping.com for information on where to go and what to look for). —A.R.

Guard helicopters can travel only about 150 miles from shore,” he explains.

But mainland treatment facilities are often in countries with substandard medical practices. “I’ve seen the results of surgeries performed in third world hospitals, and it’s pretty bad,” says John H. Hickey, a maritime lawyer in Miami who receives several calls a month about medical negligence on cruise ships. What’s

more, people who do end up leaving the ship often get little or no help from the cruise line in finding the best of whatever may be available. “There is a pattern of not making the proper arrangements to get people to appropriate care in the foreign port,” he says.

Christal Hancock, of Birmingham, Alabama, knows about this problem from personal experience. While honeymooning onboard a Carnival Cruise in March 2005, Christal, (CONTINUED ON PAGE 186)

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now 25, tripped on the lip of a step between the bathroom and the bedroom in her cabin, and landed hard on her elbow. "I was screaming and crying in pain," she recalls. "I couldn't even move. My arm was deadweight." Her husband, Jonathan, now 26, called the ship's infirmary. When no one answered, he called the front desk and was told the infirmary didn't open for another eight hours. Unsure what to do, he picked up Christal and settled her on the bed. "I cried literally the whole night long," she says. The next morning, when the infirmary opened, the ship's doctor gave Christal a shot for the pain and made a plaster mold for her arm before wrapping it in an Ace bandage. He didn't set the bone and told her she'd have to go to a hospital in Cancún for X-rays.

The Hancocks left the boat and boarded a waiting ambulance, which Jonathan says he assumed had been arranged by Carnival. However, instead of taking Christal and Jonathan to a hospital, the ambulance took them to a small clinic—where the situation rapidly deteriorated. No one spoke English. "There were no sheets on the bed, no toilet paper in the bathroom," Jonathan remembers. Eventually, a technician arrived and took X-rays. Hours passed before a doctor showed up. He demanded money and said if Christal didn't agree to surgery right away, her arm would probably have to be amputated. Jonathan says he asked repeatedly about getting a Carnival representative to come and help, but he was told that "Carnival has nothing to do with this." At 1 p.m., with Christal refusing to have surgery and no one doing anything to help her, Jonathan

rushed back to the ship to pack his and his wife's bags. At 2:30, the boat sailed on without them.

Now stranded in Mexico and feeling increasingly panicked, the couple tried to book a flight back to Houston. But the clinic wouldn't let them leave until they paid their bill. Jonathan didn't have any credit cards, but he did have about \$900 in emergency cash—not nearly enough to cover the \$1,900 he now owed. Finally, the next day, Jonathan's father was able to fly in from Houston and pay the clinic. The three immediately returned to Houston, and Christal—the bones in her arm still not set—went

"They come across as a big, nice company," says Christal. "But I feel like they didn't care about me."

straight to the hospital. There, she learned she'd dislocated her elbow and badly splintered the bones in her arm. (The doctor who treated Christal at the Mexican clinic maintains the treatment he provided was correct.) "The experience was a nightmare," Christal says now. "Carnival comes across on the commercials as a big, nice company that wants people to have fun. And I just feel like they didn't care about me."

The Hancocks have filed suit against the cruise line. Jennifer de la Cruz, a spokesperson for Carnival Cruise Lines, says she's unable to respond to the specifics of their case. However, she defended Carnival's medical care, saying in an e-mail, "Shipboard medical facilities are set up to provide reasonable emergency medical care. In cases of extreme emergency where more comprehensive facilities are required, patients

are referred to shoreside facilities." She also noted that Carnival's doctors must have certain qualifications, such as three years of postgraduate clinical experience.

Telling it to the judge

Passengers like Christal Hancock who try to take legal action against cruise ships because of poor medical care often encounter difficulties. That's because shipboard doctors technically are not employees of the cruise line. Instead, they are hired as independent contractors, and the ship does not claim to have the expertise to supervise them or make

sure they do a good job. When it comes down to it, passengers *choose* to consult the doctor. Legally, "your rights as an injured passenger are governed by 19th-century legal principles, the purpose of which is to insulate the maritime industry from the legitimate claims of passengers," says New York judge and travel-law expert Thomas A. Dickerson. Bottom line: The cruise lines have rarely been held liable for their doctors' incompetence. And it is very hard to sue the doctor himself: "You can't sue him in America unless he's from here—and most of them aren't," says Lipcon. "So you have to go to some other country, hire a lawyer from that country, go through a trial in the language of that country, and the ruling will be decided by that country's laws. The battle to win will probably cost more than you can possibly collect." ▶