



WEBWATCH

Death abroad

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EVERY YEAR WORLDWIDE many people on holiday will die unexpectedly from natural causes, accidents or under suspicious circumstances. Expatriates may also wish, upon their deaths, to have their remains returned to their homeland. The UK Foreign and Commonwealth Office in 2007 estimated that approximately 4,000 Britons die abroad each year and that this figure is rising.

As Sara Macefield explains in 'The last journey' (www.telegraph.co.uk), most deaths occur near the start of a holiday due to the **stress** of packing, making arrangements and travel. The second highest cause of fatalities is **unexpected disasters**, such as car crashes, swimming pool accidents and balcony falls.

As many as 600 deaths occur every year on UK **package holidays**. Some operators, eg Thompson, have a **welfare team** in the UK to assist the bereaved, together with resort-based teams, and most British holiday companies subscribe to the **Centre for Crisis Psychology** (www.ccpdirect.co.uk) which offers support to bereaved relatives.

Whether on holiday or living abroad, **repatriating remains** can be a complex, distressing and expensive process. As Sandra Satterlee pointed out in the *Guardian Weekly* (access article by googling **Death Abroad**) cultural and legal regulations surrounding

death vary from country to country. In France, a body cannot be transported without a police tag and the local mayor's approval. After 24 hours the body must be embalmed and placed in a wooden coffin. In Islamic countries it is common for the dead to be buried before sundown or within 24 hours without embalming, while in the USA embalming is common practice and will be carried out by a qualified embalmer. In other countries such as Spain and Portugal it is illegal for anyone but a doctor to embalm.

Bereaved relatives often seem to expect the remains to be returned for cremation or burial within a few days but in reality it generally takes 7-10 days even if death was from natural causes, and it can take anything from two weeks to three months where death has occurred under suspicious circumstances.

As well as local funeral directors' fees, other **costs** may include **mortuary fees, autopsy, embalming and administration** as well as expenses incurred by relatives while making arrangements. Coffins travel as internal freight and must be hermetically sealed although transporting ashes is much easier, providing the necessary paperwork is in order. The full cost of the funeral arrangements can amount to thousands of pounds.

There are several UK websites offering

advice and information. Search 'death abroad' on www.fco.gov.uk for advice from the Foreign and Commonwealth Office, including how to register the death overseas. A general site www.bereavementinfo.com has a section on death abroad.

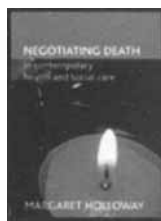
A limited number of UK funeral directors can help with **conducting funerals abroad or repatriation of remains**. Rowland Brothers International has 30 years experience with agents in 180 countries and a comprehensive website offering services and advice at www.rowlandbrothersinternational.co.uk An offshoot, Golden Leaves, offers a service for those wishing to make funeral arrangements in advance (www.goldenleaves.co.uk) It offers two plans for expatriates, the first covers repatriation at death to any destination in the world whilst the other is for expatriates in Cyprus, Malta, Portugal and Spain.

Anyone wishing to find out more about coping with death abroad should consult the specific government website for their country as rules and regulations vary greatly across the globe. USA citizens may find 'Americans abroad' at www.usa.gov a good starting point. South Africans can search 'Travel outside SA' at www.services.gov.za and then 'Foreign services' to access information on 'Death of SA citizens abroad'. ●

BOOK REVIEW

Negotiating Death in Contemporary Health and Social Care

Margaret Holloway



Bristol, UK: Policy Press
2007, 216 pp
£48.00 hb
ISBN 1 84742 015 2
£15.99 pb
ISBN 1 86134 722 0

This book applies research findings for the benefit of those working in health and social care, such as

nurses, social workers and chaplains. The section on how personal language about death, dying and loss represent particular theological and philosophical positions is innovative, and relevant to bereavement. Also refreshing is that, whereas much writing on dying concerns cancer and much writing on bereavement concerns non-elderly loss, Holloway recognises that most deaths happen in frail old age and do not follow the trajectory of mid-life cancer, and that many mourners are elderly. There is a useful section on bereavement in old age, and also an extensive

and up-to-date bibliography.

Inevitably, such a broad-ranging book is not without gaps and inconsistencies. Reflecting existing biases in the literature, there is a lot on the context of care for the dying, while the chapters on bereavement focus, not on care, but on theories of grief. Overall, though, the book provides a very useful overview for those wishing to develop a more integrated knowledge base for working with dying or bereaved people. ●

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