Improving access to health care aboard cruiseships and their use of shipboard medical services

The maintenance of good health and the averting of injury is a concern for all occupational groups and seafarers are no exception. However, unlike many other groups, seafarers have the opportunity to visit the family doctor or local hospital not an option for seafarers during a tour of duty. Medical diagnosis and health advice for seafarers during a voyage is often limited to the ship’s officer responsible for first aid and medical care, or, in more extreme cases, to advice from telemedicine services or from local doctors in the nearest port of call. The routine and compulsory physical examinations that seafarers undergo prior to embarking on tours of duty go some way to ensuring their health is maintained. However, health is not a static condition and any individual’s health status can potentially change dramatically over the course of a voyage.

Where seafarers have opportunities to go ashore, medical advice and treatments can be sought via local pharmacies and medical practices. In general, seafarers are a mobile workforce, and may have more opportunities to go ashore than those working aboard cargo vessels as port stays are often longer than the majority of a cruise ship’s itinerary. Where opportunities to go ashore are limited or non-existent, the ship’s medical centre, if equipped, is the only option available to seafarers. This usually consists of medical staff, usually doctors and nursing staff on board. These medical staff are employed to do the work that would normally be done by doctors and nursing staff on shore. These medical staff are not medical professionals, those on cruise vessels typically sail with doctors and nursing staff on board. These medical staff are employed to do the work that would normally be done by doctors and nursing staff on shore.

In 2002 and 2003 SIRC conducted a study of the health of seafarers working on cruise vessels. This study explored the health concerns and experiences of cruise ship crews and their use of shipboard medical services. When we analysed this data, we were encouraged to see that all but one seafarer we interviewed reported that they had access to the ship’s medical centre on board. A majority (96 per cent) reported that the medical consultations were free of charge. Similarly, seafarers working on cargo vessels who we interviewed reported that medical treatments and prescriptions were given free of charge.

However, the waiving of any fees for medical services does not guarantee that seafarers will have the opportunity to make use of medical services as and when needed. Cruise ship crew, like their counterparts on cargo vessels, frequently work long hours and long working days. Ships’ doctors typically have designated hours during which they are available to see crew members. Our research showed that these hours could be quite limited. Over three quarters of the crew members in our sample reported that the doctor was available to seafarers for three hours a day or less. Our study found that, in many cases, economic and health concerns outside the confines of a doctor’s surgery may, for some, be sufficient to prevent them from seeking professional medical help. Once a seafarer had consulted with the ship’s doctor, with 72 per cent of the respondents reporting that they had to tell their supervisor the reason for their visit. The disclosure of health problems may be sensitive for a number of reasons. Some problems may be felt by the individual to be very personal in nature and be uncomfortable discussing, even with a medical professional. Other needs may be felt to be in some way socially stigmatising, for example concern about having contracted a sexually transmitted infection (STI) or a request for contraception for a pre- or extra-marital relationship. The requirement or availability of medical help and advice was mediated by the crew member’s line manager or supervisor: over three quarters of seafarers had found that they had to consult the ship’s doctor, with only one in five of the respondents reporting that they had to tell their supervisor the reason for their visit. The disclosure of health problems may be sensitive for a number of reasons. Some problems may be felt by the individual to be very personal in nature and be uncomfortable discussing, even with a medical professional. Other needs may be felt to be in some way socially stigmatising, for example concern about having contracted a sexually transmitted infection (STI) or a request for contraception for a pre- or extra-marital relationship. The requirement or availability of medical help and advice was mediated by the crew member’s line manager or supervisor: over three quarters of seafarers had found that they had to consult the ship’s doctor, with only one in five of the respondents reporting that they had to tell their supervisor the reason for their visit.