

The complaint

Mrs S and the estate of Mr S are unhappy with the assistance received from Aviva Insurance Limited under a travel insurance policy Mr and Mrs S had the benefit of ('the policy'). Mr S was hospitalised abroad and needed emergency medical treatment.

All reference to Aviva includes its medical assistance team and other agents.

Although Mrs S is being represented in this complaint, I've referred to her throughout as she was the beneficiary of the policy along with Mr S.

What happened

Towards the end of June 2024, Mr and Mrs S were abroad when Mr S became very unwell and required emergency medical care. He was admitted to hospital and Aviva was contacted for assistance.

The treating hospital issued a certificate on 2 July 2024, saying that Mr S was fit to fly by air ambulance. Aviva's medical team disagreed and began liaising with doctors at the treating hospital.

Over the next couple of weeks, Mr S's condition fluctuated; there were times when it looked like his health was improving but this was followed by a deterioration. Very sadly, Aviva was notified on 19 July 2024 that Mr S had died.

The estate of Mr S and Mrs S feel that Aviva should've done more to arrange for Mr S's repatriation back to the UK.

Aviva didn't uphold their concerns and the estate of Mr S and Mrs S made a complaint to the Financial Ombudsman Service. Our investigator looked into what happened and didn't uphold the complaint. He didn't think Aviva had acted unfairly or unreasonably.

The estate of Mr S and Mrs S requested an ombudsman's decision. So, this complaint has now been passed to me to consider everything afresh to decide.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

That includes Aviva's regulatory obligations (including its obligation to handle insurance claims promptly and fairly) and good industry practice.

At the outset I want to pass on my condolences to Mrs S and her family. I appreciate what happened abroad would've been extremely distressing. And I have a lot of empathy for the situation she and her family were in.

I've considered all points made by the parties (along with all the other evidence). However, I won't respond to each of these. I hope they understand that no discourtesy is intended by this.

Instead, I've focussed on what I think are the key issues here. The rules that govern the Financial Ombudsman Service allow me to do this as we are an informal dispute resolution service. If there's something I've not mentioned, it isn't because I've overlooked it. I haven't. I'm satisfied I don't need to comment on every point to fulfil my statutory remit.

I know the estate of Mr S and Mrs S will be very disappointed but for the reasons I've set out below, I don't uphold this complaint.

Medical assistance whilst abroad and repatriation

Subject to the remaining terms of the policy, the policy does provide cover for emergency medical and associated expenses including "bringing the insured person home if it is medically necessary, when it will be arranged by us".

I'm not a medical expert but I've considered the medical evidence from the time when considering whether Aviva reasonably ought to have arranged for Mr S to be repatriated (by air ambulance) to the UK.

I accept that the treating hospital provided a fit to fly certificate dated 2 July 2024. However, having considered the medical information from the time and Mr S's vital statistics, Aviva's doctor disagreed. They concluded that Mr S had significantly deteriorated from respiratory point of view, his infection wasn't controlled and had very high infection markers. He wasn't stable and there was a significant risk of mechanical ventilation being required should he deteriorate further. I've looked at the reasoning provided at the time. It's detailed and reads persuasively.

Aviva's doctor also contacted the treating hospital and Aviva's internal notes reflect that a discussion took place. The notes support that the hospital doctor wasn't sure whether Mr S was fit to fly by air ambulance. It was ultimately agreed at that time, that it was best to speak in a day or two to see how Mr S was.

From the other notes I've seen, I'm satisfied that thereafter Aviva was proactively monitoring the situation, reviewing updated medical reports and having regular discussions with the treating hospital's doctors. I'm also satisfied that Aviva acted reasonably in terms of the frequency and nature of the updates provided to Mr and Mrs S's daughter at this time so that Mrs S was reasonably aware of what was going on.

I can, of course, understand why Mrs S and her family were anxious to get Mr S back to the UK and I can see that they were having their own discussions with air ambulance providers to arrange Mr S's repatriation. Mrs S also says that Mr S's wishes to be repatriated were overlooked.

However, when considering whether safe to fly (even by air ambulance) I don't think Aviva has acted unfairly by focusing on the medical information. Looking at the medical evidence and the discussions between the doctors at the treating hospital and Aviva's own medical professionals, I'm persuaded that Aviva acted fairly in the way it handled the medical assistance and potential repatriation plans. I'm also satisfied that there was nothing to suggest that Mr S was unable to get appropriate medical care at the treating hospital.

The medical evidence reflects that the situation was very fluid. There were times when Mr S's condition did start to improve and that he was approaching a window where he would be

fit to be repatriated to the UK. On the basis that there would be a period of stability/continued improvement, I'm satisfied on those occasions Aviva did make its own enquires about the availability of air ambulances and associated costs – which I'm satisfied was reasonable. However, unfortunately, Mr S's condition would then deteriorate, and it was generally agreed between the medical professionals that he remained not fit to fly.

Arranging medical repatriation by air ambulance can take time. It typically involves the insurer's medical team and the treating hospital agreeing a repatriation plan, ensuring an air ambulance is available, obtaining updated medical reports and co-ordinating readmission to a hospital in the UK. This can take some time to co-ordinate and arrange.

Unfortunately, when steps were taken to start the process, Mr S's condition deteriorated, and I'm satisfied plans were reasonably put on hold.

Overall, I'm not satisfied that Aviva was motivated to save money when providing medical assistance abroad to Mr S and not repatriating him by air ambulance. I'm satisfied that the overall evidence supports that the decisions made were clinically and medically supported, and Aviva's medical professionals worked in collaboration with the treating hospital's doctors.

Other issues

Mrs S and her family did initially raise concerns with Aviva about the visiting times. They say they were only allowed to visit Mr S five minutes each day, and this was impacting his mental health and recovery.

However, I don't think it would be reasonable for me to hold Aviva responsible for the limited visiting times.

I'm also satisfied that when this issue was raised by Mrs S and her family, Aviva did try to support. It made enquiries about this issue. Aviva was told that: "in accordance with the hospital rules, the ICU visitor [sic] hour is 11 a.m. However, the patient's relative is allowed to meet with the patient several times for a longer period of time and at different hours, according to the doctor's information". If that didn't end up happening, I don't think Aviva had any control or influence over the hospital's protocols.

Mrs S is unhappy that the doctors at the treating hospital and those spoken with at air ambulance providers insisted that Mr S was fit to fly and said that patients in a worse condition than Mr S had been repatriated by air ambulance. However, the notes I've seen support that the doctors at the treating hospital were generally in agreement with Aviva's medical professionals around Mr S not being fit to fly (even by air ambulance) at certain times – and on occasions when Mr S's condition did improve, agreed that there should be a period of stability before flying.

In any event, I don't think it would be fair and reasonable for me to hold Aviva responsible for anything different that was said to Mrs S and her family by the treating doctors or staff at the air ambulance operator – although I do understand why this would've been confusing and frustrating, particularly given the already distressing situation, and their keenness to get Mr S back to the UK.

My final decision

I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs S and the

estate of Mr S to accept or reject my decision before 1 January 2026.

David Curtis-Johnson
Ombudsman