



## Chapter 1

# Why Travel is Good for your Heart

*My heart aches, and a drowsy numbness pains  
My sense, as though of hemlock I had drunk*

My knowledge of poetry is minimal. However I learned these lines by John Keats at school and for some reason, they kept going through my head as I lay in the coronary care unit of a small hospital, 240 miles from home.

As so often with traumatic moments in your life, the day had started quite unremarkably. I was visiting my family in North Yorkshire and had just spent a welcome twenty minutes luxuriating in the bath. As I got out, I felt a peculiar pain across my chest and a nauseous sensation.

After ten minutes the pain subsided, so I got dressed, had breakfast and finished off some pressing work. I then went down the road to visit a relative. I was drinking a cup of coffee with him when the pain came back like a tornado and sweat started pouring down my neck.

After that, I remember very little until I found myself lying on a trolley in A&E with a very young-looking doctor standing over me, pronouncing that I had had a moderately serious heart attack; or to put it in technical terms, an *inferior myocardial infarction with ST elevation*.

Just how serious this might be only began to dawn on me when my two daughters turned up later that day – one lives in London and the other near Oxford. Both had made a 240-mile journey to check that I was still breathing. My eldest daughter even had the smaller of my two granddaughters in tow.

I was pleased that they had gone to such trouble for their dad, but at the same time fearful that they had thought it necessary.

Both my father and grandfather had died from heart problems. I suppose, therefore, that I might subconsciously have suspected that one day my heart was likely to cut up rough too. However I had never really given it much thought, despite my notorious tendency to hypochondria. Perhaps I simply chose to ignore the fact that according the latest statistics from the **British Heart Foundation**, coronary heart disease (CHD) is still the UK's single biggest killer, claiming nearly 117,000 lives each year.

Over the years I had convinced myself that I had every type of cancer known to man, not to mention HIV and a brain tumour. But even the most diligent doctors, not to mention several expensive but questionable alternative therapists, had failed to find anything much wrong. Yet strangely I had never found room for a heart attack in my catalogue of imagined maladies.

My knowledge of the workings of the body has always been sketchy, not helped by a lack of any science 'O' levels. I had certainly spent plenty of time in hospital, but this was mainly due to the medical problems of other members of my family. I would qualify for a PhD in hospital visiting if such a degree existed, and I have picked up bits of knowledge relating to my family's many and varied ailments. However, at this time, I was woefully ignorant of most things medical and had very little understanding of heart attacks or my chances of a full recovery.



Suffering from any type of heart condition is a life-changing experience. I used to own a series of cars whose engines had a habit of packing up at crucial moments. Even after I had spent a fortune on repairs, I never felt entirely confident that they would not break down again on a dark wet night in the middle of nowhere.

After a heart operation or heart attack, most people feel like I did about my dodgy cars. You are never quite sure when your heart is going to start malfunctioning again. Therefore, apart from the obvious need to implement a fitness regime, the most important thing is to rebuild up confidence in your own body.

Although I was one of the lucky ones who, at least for the moment, had given the Grim Reaper the brush-off, I had received a clear warning that I must clean up my act, lose weight, get plenty of exercise and turn myself into a model squeaky-clean citizen.

So as soon as I got home from hospital, I decided that I was not going to allow myself to be treated with kid gloves or be wrapped in cotton wool. Anyway, I soon hit a point when I was no longer the centre of attention yet I still didn't feel confident with my own body or about the future. This seemed to be the moment when I needed to start planning a get-fit strategy.

Can you remember learning to swim? I was taught by a ferocious ex-army physical fitness instructor who made us attempt to swim up and down an unheated open-air pool, supported only by a sling on a pole. Now I really hated swimming, but I will never forget the day when I realised that the coach was dangling the sling along the bottom of the pool and it was no longer supporting me – yet I was still afloat.

In a sense, recovering from heart surgery or a heart attack is a not dissimilar experience. At first you feel secure in hospital with checks every few minutes and the knowledge that there is expert care on hand. When you get home, hopefully you will have the support of friends and/or family. Additionally, many hospitals have good post-coronary care programmes which certainly help you through the first few months. I would like to mention in particular the one run by Sharon Robinson at the Whittington Hospital in North London, which certainly did an enormous amount to get me back on my feet.

However, after that it's mainly down to you and your belief that you can swim on your own and that there's life in the old dog yet.

I realised straight away that my swim-not-sink strategy would have to include an element of travel, simply because I love travelling almost more than anything. I first got the bug as a child when my trilingual mother would organise epic car journeys across Europe each summer. My father couldn't drive, but my mother thought nothing of setting off with three children in the back of our two-tone green Humber Hawk. One year we visited ten countries in three weeks and there was always the odd mishap, including my father breaking his toe on a picnic table and my older sister throwing up over a gendarme in Paris.

When I was growing up, my father travelled abroad a great deal and would bring home piles of airline timetables from everywhere he visited. These were my prized possessions, all carefully filed alphabetically and consulted on a daily basis. I was thrilled when he brought home a massive *ABC Airways Guide* which I got to know intimately. He would often set me complicated routes and deadlines, for which I would have to produce detailed itineraries.

However 45 years on, I was now involved in travel planning of a different sort. I had to find travel ‘experiences’ that would involve some reasonably hard physical exercise, because I had learned one medical fact: your heart needs to be given a reasonable work-out most days if you are going to live to a decent old age.

Don’t get me wrong. I don’t particularly like physical exercise and I have never had a desire to be a lumberjack, or pull a large truck along with my teeth. But if I had to choose between chopping down some trees in an attractive away-from-home environment, or spending sixty minutes daily on a treadmill at the local Fitness-a-Go-Go club, then it was a no-brainer. It was the adventure holiday for me.

So I started hunting for interesting travel challenges – challenges that would help me to recover and rebuild confidence in my body and its ability to see me well into the future. Challenges that would lead to interesting adventures and much better tales to tell friends and family than the fifteenth reprise of ‘the day I nearly died’.

I accept that it is not possible for everyone with a heart problem to use travel as a route to recovery. For lots of reasons, it may not be practical to take off into the blue yonder. Perhaps you feel fit enough to go back to work and don’t dare take any more time off. You may well be short of cash, particularly if you have been dependent on sickness benefit, or have only a modest pension to live on – you may also be too ill to travel.

If you are a youngish victim, you may have all sorts of financial and work problems to sort out, and possibly a young family to cope with. If you are older, you may find yourself suddenly in enforced retirement. If you are already retired, you may be unable (or at least think you are unable) to do all the things you planned to do during your ‘third age’, as the French so elegantly describe the over-60s.

However, I came to the conclusion that it would be possible for

most people with heart conditions and modest financial resources to take up at least one travel-related challenge and I therefore started assembling a mass of information and advice. You will find the results in this book.

## **Living up to the challenge**

Let's look on the bright side. 2.6 million UK citizens with heart problems have given death the slip for the time being. They have escaped the coronary care unit in one piece, but there are still several challenges to face and problems to overcome.

I should emphasize from the outset that this book is *not* about illnesses of the heart or how to overcome them. After all, do you really want to learn about coronary disease from someone who could not even pass biology O level?

Nor is it, you will be relieved to know, the rambling memoirs of a coronary victim. The author John Updike claimed that a healthy male adult bore consumes each year, one and half times his own weight in other people's patience. A typical unhealthy male will consume far more than this. Unlike women, who usually bear pain in stoical silence, men tend to share theirs liberally and without great discrimination.

Incidentally, there is even now a device, developed at the Massachusetts Institute of Technology, that can tell if you are boring. The Emotional Intelligence Prosthetic consists of a small camera attached to a pair of glasses connected to a hand-held computer. If the wearer fails to engage his or her listener's attention, the computer, loaded with image-recognition software, vibrates. Though designed for people with autism, it sounds perfect for heart problem bores too.

I didn't think it would be particularly helpful either to write one of those inspirational books about patients who have suffered from heart problems but have overcome their disabilities to become superheroes with the honourable exception of Ranulph Fiennes. You know the sort of thing: 50-year old struck down by heart disease. Goes on to win 15 Olympic gold medals while solving the problem of Third World debt, writing a Booker Prize-winning

novel, conducting the Berlin Philharmonic Orchestra to rapturous applause, and adopting 13 Bosnian orphans.

Maxwell “Max” Woosnam (1892-1965) was the sort of person I am talking about. He was a Wimbledon tennis champion and captain of the British Davis Cup team, an Olympic gold medallist, captain of Manchester City and the England football team, scored a century at Lords, got a maximum 147 break in snooker and won a table tennis game against Charlie Chaplin, using a butter knife rather than a bat. On top of this, he was a good businessman and a member of the board of ICI.

Let’s face it: most of us are no Max Woosnams. We were fairly ordinary souls before our heart problems. Why should we suddenly expect to become extraordinary just because we have acquired a dicky ticker?

However, whatever you do, don’t fall into the trap of a man in his eighties whom I used to visit. He had had a triple coronary bypass in his early fifties and decided that he was going to die at any moment. He had become agoraphobic, rarely leaving home again, and utterly obsessed with his heart which, in reality, had kicked back into passable service many years before. It took him nearly 30 years to die and when he finally turned up his toes, it was mainly due to three decades of inactivity.

I have deliberately made no assumptions about the typical reader of this book. Heart disease does not discriminate. You may be male or female, straight or gay, live with a spouse or partner, or on your own; you may still live with one or both parents, or in some sort of community. You may be a teenager or a pensioner, a manual worker or a City high-flyer.

Thus I have tried ensure that every travel activity described in this book is equally feasible for single people, couples, friends and family groups. Obviously your economic and health circumstances will dictate what you can do, but hopefully you will find something to suit your taste, needs and pocket within this book.

I have also tried to be realistic. There are clearly some danger zones like Bolivia and Peru, which (terrorists and drug dealers aside) are at a very high altitude, or places like Mexico City, which is both very high and extremely polluted, thereby putting you at unnecessary risk.

The only activity to which I have devoted a whole chapter is

walking, because it is as good as it gets as far as your heart is concerned, and it is possible to have rambling holidays or days out on a very modest budget. Furthermore, there are very few heart conditions that would preclude gentle walking, and as many parts of the UK are perfect for rambling and hiking, you will not have to face long and potentially stressful overseas journeys.

I have also taken diet into consideration and have produced a whirlwind tour of different cuisines you will find around the world, with some words of warning about those countries whose food might put a strain on your heart, not to mention your digestion. I can remember working in Northern Ireland during the 1970s and 1980s, at a time when it seemed that the only known cooking technique was deep frying everything and anything in lard. As I had a dodgy gall bladder – whose main function is to collect and concentrate the bile that aids the digestion of fats – you can imagine that I had a pretty rotten time.

I have also looked at the problems of obtaining medical insurance. Many travel insurance companies do not want to cover people with pre-existing medical conditions and others charge unreasonably high premiums for doing so.

Fortunately, I have found a few companies that specialise in travel insurance for people with pre-existing medical conditions. They are particularly sympathetic to travellers with heart problems and treat them extremely fairly and with consideration.

I have also sought some expert advice on the physical impact of air travel on those of us who suffer from heart problems. So while this book encourages you to be adventurous, it does not egg you on to acts of gross irresponsibility.

We will get into some basic ‘stay healthy’ rules later, but it is worth bearing in mind that the combination of stress and an increase in altitude – with the resulting decrease in oxygen level – is often the precipitating factor in airborne heart attacks. So the best advice I have been given, and must pass on to you, is to get a good medical check-up before you set off on your travels.

A useful tip is to allow yourself plenty of time both for preparing for the trip and actually getting to your point of departure. Fortunately I have a built-in tendency to be early, borne of innate pessimism. Unlike my more optimistic friends who don’t believe that

they will ever get caught in a traffic jam on the M25, or get stuck on a recalcitrant underground train, I always assume that it will definitely happen to me, with the result that I have only very occasionally missed a plane, train or ferry. Unfortunately the recently introduced security restrictions at airports are likely to add to your stress, particularly as airlines now strongly advise you not to arrive too early, in order to avoid congestion in the departure terminals.

Another basic rule is to avoid high-altitude destinations, or at least travel to them gradually. The altitude exposure of commercial air travel cannot be avoided, but is usually limited to the equivalent of 5,000 to 8,000 feet. Due to slower blood circulation and the fact that many are on diuretics, heart patients are more prone to blood clots. In the dehydrating atmosphere and with the diminished scope for physical activity of air travel, this becomes more of a problem. Drinking lots of fluids, stretching out where possible and frequent movement about the plane are important in preventing this.

## **Off-beat choices**

Shortly after my heart attack, I was invited to a wedding anniversary celebration in Slovakia. It involved a flight to Bratislava and a four-hour train journey, followed by two days of fairly solid celebrations. I was very nervous about travelling and carefully read up about Slovakian hospitals and medical services. I was somewhat comforted when I discovered that the town I was visiting had a small airport which happened to be the main base for air ambulances. Furthermore, Vienna was only a 20-minute flight away so I felt that it was worth taking the risk.

I did feel a bit under the weather on a train travelling between Popgrad and Bratislava, and the Slovak baggage handlers burrowed through my suitcase. However I got home in one piece and felt a lot more confident about life afterwards.

Then a few days later, I received an email about a cheap learn-to-sail holiday in the Ionian Islands in North West Greece. I hadn't sailed since I was 18, and it all sounded quite strenuous. However the sailing school assured me that my physical condition was no problem and that they were sure it would be good for me.