

Case Study:

Transatlantic Medical Repatriation of a High-Net-Worth Client Following an Accident in Spain

Service line: Medical Repatriation & Aeromedical Escort
Region: Spain → United States
Patient profile: Ultra-high-net-worth individual (UHNWI), travelling on a private aircraft

Overview

A client suffered a serious accident while on a private holiday on the Spanish coast, requiring emergency hospital admission. Given a requirement for long-term recovery and rehabilitation, the client's family and advisors requested repatriation to a preferred hospital facility in the United States for ongoing treatment, using the client's own private aircraft. Our team was engaged to manage the entire process end-to-end — from the local hospital bedside in Spain to admission at the receiving facility in the US — with a single point of coordination throughout.

The Challenge

Several factors made this case complex and time-sensitive:

Clinical complexity:

The patient required stabilisation before any transfer could be considered, and ongoing medical risk had to be managed throughout an eight-plus hour transatlantic flight, far from definitive hospital care.

Cross-border coordination:

Spanish hospital clinicians, insurers, family representatives, and the receiving US hospital all needed to be aligned on diagnosis, treatment plan, and transfer timing.

Asset-specific logistics:

Rather than using a conventional air ambulance, the family wished to use the client's own private aircraft, which meant the jet itself had to be temporarily converted into a fit-for-purpose air ambulance.

Privacy and discretion:

As with all UHNW cases, absolute confidentiality was required at every stage — from hospital liaison in Spain to ground handling and press-sensitive movements at both ends of the journey.

Single point of failure risk:

With a bespoke aircraft (rather than a standing air ambulance fleet), any delay in medical equipment sourcing, crew certification, or clearances could jeopardise the entire transfer window.

Why It Mattered

For UHNW clients, medical emergencies abroad are rarely just a clinical problem — they involve logistics, privacy, family coordination, and the practicalities of using personal assets such as a private aircraft. This case demonstrates the value of a service that can flex to the client's own resources (rather than defaulting to a standard air ambulance), while still delivering hospital-grade clinical safety across a long-haul international transfer.

Outcome

The patient was safely transferred from the Spanish hospital, across the Atlantic, and admitted directly into the care of their chosen US hospital facility, with continuous specialist medical oversight at every stage of the journey. The use of the client's own aircraft — medicalised specifically for this mission — allowed the family to retain privacy and control over the journey while still achieving the same clinical safety standards as a dedicated air ambulance.



Our Response

1. Local Hospital Liaison and Case Management

Our case management team engaged directly with the treating physicians at the Spanish hospital within hours of notification. We obtained full clinical records, established the patient's fitness-to-fly status, and worked with the local medical team to agree a stabilisation and discharge plan that would safely permit transfer.

2. Aircraft Medicalisation

The client's private aircraft was assessed and fitted with the appropriate medical equipment to support the patient's condition in flight, including monitoring, oxygen and airway support, infusion and medication capability, and the equipment needed to manage the patient safely at altitude for a long-haul crossing. This effectively converted the aircraft into a dedicated air ambulance for the duration of the mission.

3. Specialist Aviation Physician Assignment

A specialist aviation/retrieval physician, experienced in long-range aeromedical transfers, was assigned to the case. This physician:

- Attended the hospital in Spain to assess the patient directly and take handover from the local clinical team.
- Managed the bedside-to-aircraft transfer, including all monitoring and equipment continuity during transport to the airfield.
- Accompanied the patient for the full transatlantic flight, providing continuous clinical oversight and intervention capability throughout.

4. Transatlantic Escort and Handover

The physician managed the patient's condition throughout the crossing, with contingency planning in place for diversion should the patient's condition change mid-flight. On arrival in the US, the team coordinated directly with the receiving hospital to ensure a seamless clinical handover, including a full briefing to the US medical team and direct handoff of records and monitoring data.

5. End-to-End Coordination

Throughout the case, a single case manager remained the central point of contact for the family, insurers, and both hospitals — removing the burden of coordination from the family at an already difficult time and ensuring every stage of the journey was sequenced correctly.

Key outcomes:

- Zero adverse clinical events during transfer or in-flight
- Seamless clinical handover to the receiving US hospital
- Full confidentiality maintained throughout, with no disruption to the family's privacy
- Single point of coordination from first notification to hospital admission in the US

This case study has been anonymised to protect patient confidentiality. Details reflect the general nature of the case and the services provided.