



## The pretravel visit: A ‘teaching moment’

The medical aspects of globalization are myriad. The investigation of an index case of North American HIV infection 30 years ago and the tracking of the H1N1 virus through the pig farms of Mexico were like detective stories and showed us how infectious disease can spread across borders and across oceans. The threat of such spread can affect national policy as well as personal travel, as I was reminded of on a recent trip to Asia, when I encountered devices in airports to detect fever in disembarking travelers.

Closer to home, general internists and other primary care providers can use the awareness of global health concerns to the health advantage of our patients, including the young and healthy, who generally eschew preventive health visits to their physicians, and busy traveling executives, who only see a doctor for (hopefully) quick resolution to intermittent problems.

In this issue of the *Journal*, Powell and Ford (page 246) offer a general primer on travel medicine, highlighting specific concerns that should be addressed to facilitate our patients' safe and uninterrupted travels. But often, a pretravel visit is also a good time to introduce concepts of preventive health to patients who might not otherwise be accessible or amenable.

Just as the preoperative medical consultation can provide a “teaching moment” to address smoking cessation or reversible cardiac risks to a captive audience, the visit regarding “What shots do I need to go to Thailand?” can open the door for talk about general vaccinations (see the article by Campos-Outcalt on page 255 of this issue), venereal disease, air-travel-associated thrombosis, excessive alcohol use, and perhaps other wellness issues. Creating a travel advisory service within most practices will not supplant the benefits of having travelers review the CDC travel Web site or the need to refer some patients to travel medicine experts regarding specific diseases and vaccinations. But it may create the opportunity for interaction, dialogue, and even a blood pressure check with patients who might not otherwise have the time or see the need to schedule a visit with a physician in the absence of an acute medical concern.

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doi:10.3949/ccjm/77a/04001