“Is There A Doctor On Board?”: Practical Recommendations For Managing In-Flight Medical Emergencies


SUMMARY

- Airplane emergencies have gotten a lot of media attention lately with headlines reading, “Is there a doctor aboard? Airlines hope not.”

- Doctors on a plane are much more likely to suggest diversion of the flight compared to ground dispatch or the pilot.

- Recently there was the case of a patient who sued United Continental Holdings after they ignored an on-board doctor’s recommendation to divert the flight and kept going resulting, per the patient, in prolonged hospitalization.

- If you do answer the call, this article provides a lot of good information regarding the scenario:
  - You are protected from liability – the Good Samaritan law applies even in the friendly skies.
  - The most common complaint is syncope/ presyncope followed by chest pain.
  - Vital signs are affected by cabin environment (e.g. O₂ sat around 90%).
  - The loud baseline noise makes it nearly impossible to use a stethoscope reliably.
  - The inflight emergency kit is designed to have most meds in IM format and are kept in pre-dosed vials to make administration as easy as possible.
  - Expect there to be epinephrine, atropine, normal saline, nitroglycerin, aspirin, oral analgesics, benzodiazepine, metered-dose inhalers (MDIs), among other things – all are typically really well labeled with instructions for use.
  - You will communicate with the pilot and likely ground support, though in the end although you can make a recommendation on whether or not to divert the flight, the pilot will ultimately make the call.

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EDITOR’S COMMENTARY: This is a great, quick article about basics for management of an in-flight medical emergency. While they list some of the medications and scenarios you may encounter, we’d love to hear your stories.