Playing

By A/Prof Cuthbert Teo, Editorial Board Member

A British Airways study conducted in 2000 estimated that the number of reports of airline use of emergency kits (e-kits) is about 1 in 11,000 passengers.[1]

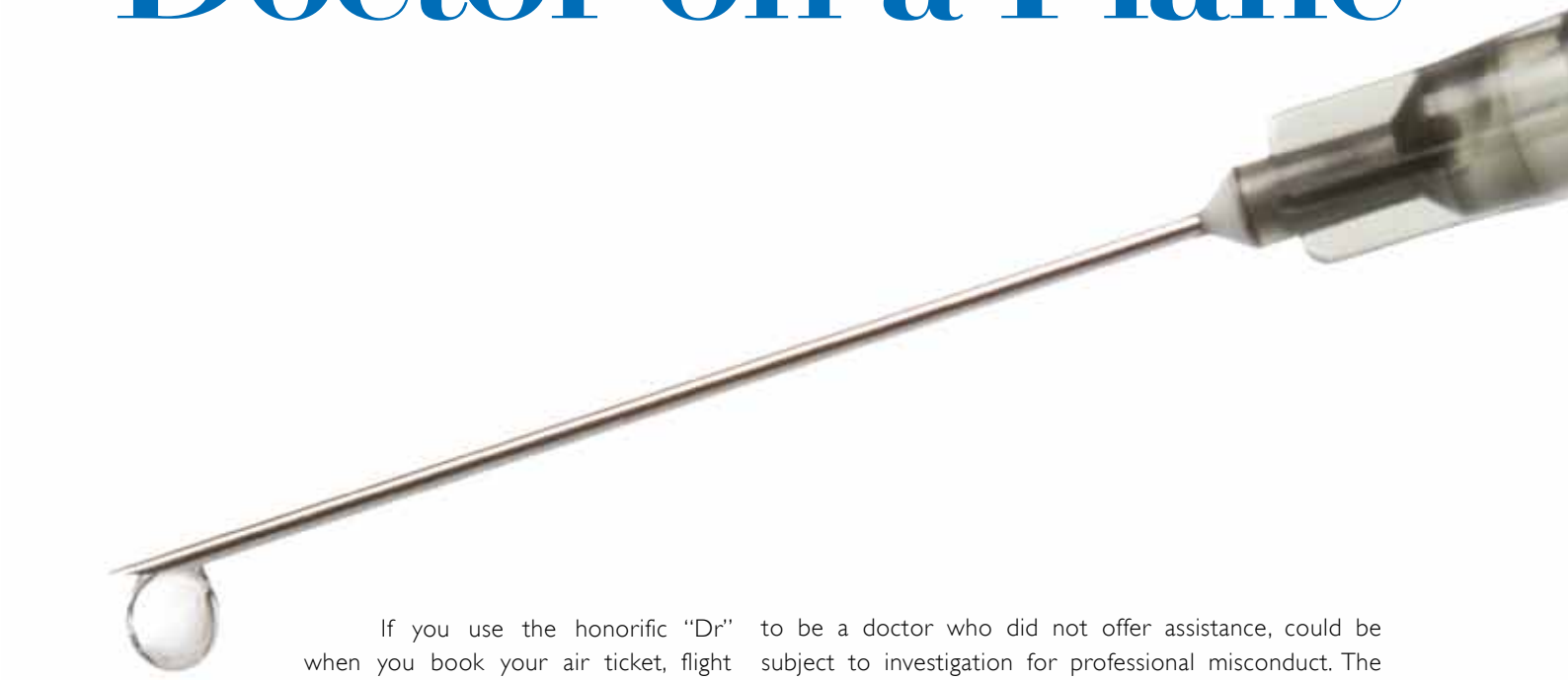
I believe there is no particular internationally accepted airline standard equipment list for medical emergencies. It depends on each national aviation authority's rules.

Most aircraft with more ten seats stock some form of first aid kits. In larger commercial aircraft, there may be three types of such kits. There is a flight crew pouch which contains band aids, antiseptic wipes, and even over-the-counter medicines like antacids. There is a true first aid kit, which also contains bandages and scissors. Then there is the e-kit, stored in the cockpit, which contains drugs and equipment which only a qualified doctor may use. Most airlines have rules where flight crew are not allowed to open an e-kit unless there is a true emergency; opening one outside of emergencies might result in disciplinary action. Flight crew are not allowed to dispense e-kit medicines except under supervision from a licensed medical practitioner. Most e-kits have a report document, which the doctor will be asked to fill when an e-kit is opened and used. An e-kit will generally contain gloves, a sphygmomanometer and stethoscope, oropharyngeal airways of different sizes, a few syringes and needles, a D50 pack, two adrenaline 1:1000 vials, and possibly diphenhydramine injections and GTN tablets. Usually, flight crew will not fill syringes or give injections, because of liability issues. There should be the airline's instruction booklet in the e-kit. Most airlines also carry a biohazard kit which contains chlorinated beads for adsorbing spills, surface disinfectants, a small shovel, alcohol towelettes, and biohazard bags.

Legal suits in the US have forced many US airlines to consider stocking automated external defibrillators. Some airlines provide in-flight telemedicine.

Flight diversions due to medical emergencies can be very problematic for airlines. Besides inconvenience to passengers and cost to the airlines, pilots have to dump fuel, and this can only be done over the ocean. Also, not all airports have airstrips which wide-bodied aircrafts like the Boeing 747 or Airbus A380 can use.

Doctor on a Plane



If you use the honorific "Dr" when you book your air ticket, flight crew may look for you in medical situations, because they know where you are sitting, and will ask you whether you are medical doctor. If you are not willing to help and don't want to be approached by flight crew, you might wish not to use "Dr" when you book a ticket. For example, I avoid using "Dr" when I book airline tickets, not because I do not wish to offer help when needed, but because although I am a medical doctor, I am a pathologist with little experience in advanced life support. I can do first aid and Basic Cardiac Life Support, and have GP training, but my Advanced Cardiac Life Support (ACLS) certification expired long ago. When I do volunteer when the flight crew ask for a doctor for an acute in-flight emergency (and that has happened several times), I always tell the flight crew of my limitations regarding ACLS. However, most of the times when the crew have asked for a doctor, it has almost always been that besides me, there are other doctors on board who are clinicians better equipped to handle medical emergencies than me. Flight crew are supposed to check a doctor's credentials, so doctors should carry their practice certificates.

Good Samaritan laws probably do not apply on aircraft flying over international waters. However, the standard of care would probably be the same for doctors of the same skill and competence in a similar situation. In most Commonwealth jurisdictions, there is probably no legal duty of care by doctors in a flying aircraft. However, a doctor who does not offer assistance and is later found to be a doctor who did not offer assistance, could be subject to investigation for professional misconduct. The US provides Good Samaritan protection to a doctor who voluntarily provides in-flight emergency medical care (Aviation Medical Assistance Act 1988). However, doctors should note that this Act does not allow doctors to receive compensation. Although upgrades and hotel vouchers may not be compensation, if you have volunteered to give in-flight medical care, it is better not to accept any form of compensation without consulting a lawyer. Knowing that you have helped a passenger in distress during a flight should be adequate compensation. SMA

Note

1. Dowdall, N. Top 10 in-flight medical emergencies. Br Med J 2000; 321(7272): 1336-7.

Dr Cuthbert Teo is trained as a forensic pathologist. The views expressed in the above article are his personal opinions, and do not represent those of his employer.