

How to respond to an in-flight emergency

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Requests for a physician to assist during in-flight medical emergencies are becoming more common as travelers age and more people have access to air travel.¹ Yet in this age of medical specialization, all physicians are not created equal, particularly in providing acute care. Responding to in-flight medical emergencies can be stressful, particularly for specialists who may doubt their skill base in a medical crisis.

The in-flight medical consulting service Medlink reported that only 3.5% of calls it receives are related to psychiatric emergencies.² This means that psychiatrists who answer an in-flight distress call will almost invariably find themselves confronting a medical issue.

Discomfort with possibly having to deliver acute or invasive medical care may deter psychiatrists from responding. However, psychiatrists should be familiar with many medical problems and their basic management, particularly if their institution requires up-to-date advanced cardiac life support certification. Understanding your role and conceptualizing a general approach before you find yourself in the midst of an in-flight medical emergency can be helpful. We suggest the following principles for responding to in-flight emergencies:

1. Respond to a call only if you are a licensed, currently practicing physician.
2. Defer to other physicians present who may have more experience delivering acute medical care.³
3. If you have been drinking alcohol, do not respond unless there are no other

health care providers on board. If you do respond, know your limitations and make them known to the air crew and patient.

4. Identify yourself to the patient. Give him or her your name and tell the patient that you are a psychiatrist. If the chief complaint is not something you regularly deal with, tell the patient and crew.

5. Perform the best history and physical exam you can, given the setting. Obtain vital signs. Document your findings for your records and for medical personnel who may later assume patient care.

6. Do not attempt procedures you are unfamiliar with or not qualified to perform (eg, starting an IV, intubations). Administer only treatments you are comfortable with.

7. If you are concerned the patient may face significant morbidity or death, advise the crew to divert the flight to the closest hospital.

8. Realize that it is not your role to take leadership of the situation, unless you are the only physician present. Do not be afraid to ask for help from other physicians or health care providers—including nurses or emergency medical technicians—who may not have heard or acknowledged the call or a ground-based medical consulting service. Also, once another physician has taken over, you still can contribute by stabilizing the ill patient's emotions and behavior.

References

1. Gendreau MA, DeJohn C. Responding to medical events during commercial airline flights. *N Engl J Med.* 2002; 346(14):1067-1073.
2. Matsumoto K, Goebert D. In-flight psychiatric emergencies. *Aviat Space Environ Med.* 2001;72(10):919-923.
3. Macleod S. "If there is a doctor aboard this flight...": issues and advice for the passenger-psychiatrist. *Australas Psychiatry.* 2008;16(4):233-237.



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