



Health / The Journey Man -- Medical Emergency Aloft: What The Airlines Do

By Peter S. Greenberg-Los Angeles Times

Ten minutes after taking off from Hong Kong on a non stop flight to Los Angeles, a woman passenger on a fully loaded Cathay Pacific 747-400 suffered cardiac failure.

A passenger on a British Airways 747 flight somewhere over India began to bleed internally and was perilously close to losing consciousness.

One hour into a Lufthansa flight from Miami to Frankfurt, a male passenger suffered chest pains and said he was having difficulty breathing.

The Cathay flight was too heavy to return to the airport, but there were two doctors on board. The captain set course for Taiwan and released a locked emergency medical kit to the doctors. As the pilot dumped nearly 100 tons of fuel, the doctors stabilized the passenger. The plane made an emergency landing in Taiwan, and the woman was taken to a hospital. She survived.

There were also doctors travelling on the British Airways flight. Using the extensive emergency medical kit carried on the plane, the doctors performed an operation to re-inflate the woman passenger's collapsed lung. Again, a life was saved.

Although the Lufthansa flight was also carrying an extensive emergency medical kit, it was not immediately opened for the passenger with chest pains. When he tried to lie down in a galley, a flight attendant told him to return to his seat. The captain refused to make an emergency landing and continued on to Frankfurt.

The passenger had indeed suffered a heart attack, and a subsequent examination revealed he had suffered permanent heart damage. He sued, and a federal magistrate awarded the passenger \$2.75 million. Lufthansa has appealed. These and hundreds of other incidents raise questions about the effectiveness of airline medical equipment, as well as individual airlines' procedures in dealing with in-flight medical emergencies.

Such emergencies which are considered life-threatening are rare. In a two-year study, the Federal Aviation Administration estimated about three serious medical problems happen per day on U.S. airlines. There are thousands of flights and more than 1.5 million passenger boarding each day.

However, the FAA study was done nearly 11 years ago, and things have changed. In 1995, for example, Northwest Airlines alone reported 2,000 in-flight medical emergencies, about five a day. These resulted in 80 diversions or emergency landings.

One thing has not changed - the differences in the way U.S. and foreign airlines approach medical emergencies, train their personnel and help a passenger in a crisis.

All U.S. airlines train their flight attendants in CPR, but it is not a requirement among foreign carriers. That, however, is about the only area in onboard medical emergencies where U.S. airlines have taken the lead. There is a huge difference in the medical equipment and supplies carried by U.S. carriers and their foreign counterparts.

It would be nice to have a doctor as a fellow passenger, but without proper equipment to help you, the doctor might as well be a circus clown. Doctors I interviewed for this column said that, had the Cathay and British Airways incidents occurred on a U.S. airline, chances of patient survival would have been greatly reduced due to the lack of proper onboard equipment. Basic first aid In the United States, the FAA requires aircraft to have one to four basic first-aid kits, depending on the number of passenger seats. With few exceptions, this kit hasn't changed much since the 1930s: a small assortment of bandages, gauze, tape, scissors plus some new additions - rubber gloves and a bio-cleanup kit. The emergency medical kit is locked in the cockpit, contains no narcotics and can be released by the pilot only to qualified medical personnel. It has a stethoscope, syringes, dextrose injections and nitroglycerin tablets.

Alaska and Northwest Airlines also include handcuffs in the kit, for unruly passengers. However, most U.S. airlines have only the minimum equipment required by federal regulators.

"Whatever the FAA mandates, that's what we carry," says Dr. Gary Kohn, corporate medical director for United Airlines.

"People need to know that United Airlines isn't set up to be an airborne ambulance or flying emergency room," he says.

Northwest has a 24-hour radio patch that lets pilots talk with Mayo Clinic specialists.. Many doctors feel that U.S. airlines should stock their emergency medical kits with bronchial dilators, insulin and defibrillators for victims of heart attacks.

Kohn doesn't necessarily agree. "We're always being lobbied to add more stuff, but we have to remember that any time a physician uses a kit, it's to stabilize the patient. That's not to say a surgeon wouldn't want a chest tube or a psychiatrist a couch."

"If there's a serious emergency," he insists, "We'd always opt to put the patient on the ground