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Sky-high stress: Are new rigors of air travel taking a medical toll?

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"Is there a doctor on board?"

That's a flight announcement no air traveler ever wants to hear, but based on available data, it's a question heard more frequently on commercial airlines these days.

There is no doubt that air travel has always been a physically and mentally stressful experience for some passengers. Apart from anxieties inherent in leaving home and boarding a plane, a host of other factors can come into play, even among healthy people.

Changes in cabin air pressures can trigger problems for travelers with cardiac or pulmonary conditions. Hours of sitting in cramped conditions can exacerbate circulatory problems. Travelers with diabetes can mismanage the timing of their meals or medication, especially when crossing many time zones.

The increased tightening of security since 9-11; cutbacks in flights and meal offerings (including free water); fuller, smaller planes; and lengthy and massive flight delays and cancellations have triggered higher anxiety even among the most easy-going of travelers.

The FAA Medical Institute estimates that the number of medical emergencies aboard commercial flights doubled from 2000 to 2006, from 19 per million to 35 per million passengers, a trend it attributes to an increasing number of older passengers and longer flights.

While a relatively small ratio, these figures may be the tip of the iceberg, since experts calculate that three-quarters of in-transit medical emergencies actually occur while passengers are still on the ground.

Unfortunately, details on the frequency or severity of in-transit medical emergencies is difficult to get.

According to a Federal Aviation Administration report, "Status of In-flight Medical Care Aboard Selected US Air Carriers," one reason is that, "There is no method of monitoring the incidence of in-flight medical emergencies because airlines are not required to report them."

And the airlines apparently want to keep it that way. When USA Today recently tried to survey carriers about frequency of in-flight medical emergencies, the Airline Transport Association quashed the effort, claiming that since the statistics were not required by the government there was no need track them.

Federal mandates have attempted to improve medical services available in-flight. The Aviation Medical Assistance Act requires that every plane large enough to have a flight attendant must carry at least one FAA-compliant emergency kit and one automated external defibrillator, as well as cabin staff trained to use them. Some airlines also include emergency oxygen concentrators to assist travelers who experience breathing problems.

Crew training and competence with equipment, however, can vary. Other FAA regulations require cabin staff to solicit help from doctors, nurses, trained emergency medical technicians who happen to be on the flight. The FAA estimates that medically knowledgeable "good Samaritans" are on about 80 percent of domestic flights.

To augment this on-board capacity, flight crews and gate personnel can also consult by phone or radio with medical professionals via several medical assistance organizations.

For example, STAT MD Communications, a decade-old UPMC operation, now supplies emergency medical consultations to eight airlines at all times.

"The most frequent in-flight medical emergencies concern fainting, followed by breathing issues, seizures and chest pains," said Scott Harrington, medical director of the UPMC operation.

Dr. Harrington also said that all of these ailments can be exacerbated by increased stress.

While he wouldn't reveal specifics about individual airlines, he estimated that during the first seven months of 2008 the STAT MD center fielded about 1,500 calls for in-flight medical situations. About 6 percent of those required the flight to make an emergency landing so the stricken passenger could get more attention than was available on the plane.

Because most medical incidents occur before the plane takes off, airport statistics may be more telling.

Many airports, especially international gateways, have medical clinics, but these are more to dispense basic first aid and last-minute vaccinations rather than respond to serious emergencies. Pittsburgh International Airport had such a clinic when it opened in 1992, but it closed more than

a decade ago. Since then, the airport's fire department has responded to medical emergencies, and in serious cases patients are transported elsewhere for care.

Statistics on the number of emergency medical responses at Pittsburgh International show a definite rise in recent years, even as the airport's overall passenger traffic has fallen.

In 2005, 776 EMS calls were made at the airport, while 10,478,605 passengers traveled through it, for a rate of .074 calls per thousand. In 2006, 800 calls were made amid 9,987,310 passengers (.0806 per 1,000). In 2007, there were 831 calls amid 9,822,588 passengers (.0846 per 1,000). The first five months of 2008 saw 300 calls for 3,587,950 passengers (.0836 per 1,000).

Now EMS calls can be triggered by a range of issues, and these figures include calls for airport personnel as well as passengers.

But they may also indicate a trend that may be cause for concern. At the very least, further study is warranted to both track the incidence of medical emergencies, as well as what effects the added stresses might be having on travelers.

This is not intended to be a rap on airlines or their cabin staff, who can attest how difficult it is to be prepared to deal with any medical emergency, especially 30,000 feet in the air. It is, however, fair to wonder why they are hesitant to track or reveal data on what is a matter of public health.

At the very least, it behooves individual travelers to take advantage of available measures to both avoid unnecessary in-transit stresses and to ameliorate their physical effects.

After all, it's less the actual stress that does the damage than how you let it affect you.

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