

Is There a Doctor in the House?

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The big day was fast approaching. Our daughter Kim was getting married in 2 days, September 9, 1999. A year prior, Kim decided to have a small wedding in Jackson Hole. Why Jackson Hole? As it turns out, my mom and dad had been going to the Triangle X ranch since the mid-50's and their love of this valley had been infectious to succeeding generations of Sterns.

Mom, who was 88 at the time couldn't have been more excited to attend the wedding. She had a deep love for the west, its lifestyle, the incomparable beauty, and fond memories of fishing and pack trips which she shared with Dad. Mom no longer travelled independently and months earlier I arranged to pick her up at her home on Grandin Place. It came as no surprise that she was waiting for me, luggage in tow, standing in her driveway. She immediately reminded me I was ten minutes late and that we might miss our flight to Salt Lake City. Like the loving mother that she was, she had packed my favorite watercress and egg salad sandwiches, crust removed, each sandwich individually wrapped in her trademark wax paper, and placed in a brown paper bag complete with napkins. As Dad used to say: I was "in high cotton."

Upon arrival at CVG, I got Mom a wheelchair, and had her wait with the luggage while I parked my car. The wheelchair, proved to be a salvation in making the long trek to the gate. The attendant who pushed her knew all the tricks, taking her to the front of both the check-in line as well as the long TSA line. Despite Mom's worrying, we arrived at the gate a full hour before departure.

Boarding went off without a hitch. However, we took off about 45 minutes late due to the proverbial 'minor mechanical problem'. Flight time to SLC was about three and ½ hours and Mom had become anxious about making our one-hour connection to Jackson Hole. I convinced her we'd make it with the assistance of one of the terminal's golf carts which I had reserved months earlier. She relaxed, soon became engrossed in a book, as I recall, *The House of Medici*.

Likewise, I settled in and was watching one of my all-time favorite movies: "The Great Escape" with Steve McQueen. Suddenly the video

screen went dark--- “Announcement in Progress”. A flight attendant blared: “Is there a doctor on board? My pulse accelerated. I immediately realized there was an in-flight medical emergency. Then I thought, next to a pathologist or a psychiatrist, I was out of my league. I had graduated from medical school 30 years earlier and had not handled a medical emergency since residency. I no longer saw myself as a real doctor, I was a superspecialist, a hand surgeon who was used to working in an operating room with a team of medical specialists. In short order, I was posed with an ethical dilemma. Should I volunteer my now basic skills as a physician or wait in hopes that someone else would volunteer. My Jewish mother didn’t see it that way. She’d always been terribly proud of *her son-the doctor*; I could do no wrong. Almost spontaneously, she reached for the overhead call button alerting the flight attendant indicating that there was in fact a doctor on board. Like a tall dog after a meat wagon, the flight attendant appeared. My day of reckoning had come. She asked me if I was a physician to which I sheepishly responded in the affirmative. Her hurried voice and serious appearance indicated there was a serious problem. I unfastened my seatbelt and followed her to the back of the plane.

When I got there, there was a middle-aged woman supine in the galley of the plane. Overhead lighting was suboptimal, she appeared pale, her eyes were open, and she was lying in a pool of blood. I couldn’t imagine what was going on, Miscarriage? Recent surgery, Self-inflicted---highly unlikely?

When all else fails; take a history. The flight attendant had already done this and told me the passenger had undergone a routine colonoscopy the day before and a few polyps had been removed. She was told there would be no problems if she flew the following day. As it turned out, nothing could have been further from the truth. About thirty minutes into the flight, the passenger related that she felt queasy. She unlatched her seatbelt and headed to the rear bathroom. Apparently, her knees buckled, she temporarily lost consciousness and fell to the galley floor.

The diagnosis was clear, *hypovolemic shock*, an emergency condition in which severe blood loss results in the heart’s inability to pump sufficient blood to the vital organs to keep them functional. I immediately went through the ABCs of resuscitation.

AIRWAY- unobstructed

BREATHING- normal

CIRCULATION- I could not get a pulse at her wrist but she had a fair carotid pulse at about 115 beats per minute. I asked the flight attendant if there was a blood pressure cuff and a stethoscope available-she responded affirmatively. Her blood pressure was 85 over 40-a confirmation of hypovolemic shock. I asked for some pillows and elevated both legs. The flight was also equipped with a green cannister of oxygen, and I applied nasal prongs.

She needed two things: eliminate the source of the bleeding and replace blood loss. Neither was immediately possible. The next best thing was to get fluid into her by starting an I.V. I later learned that the Federal Aviation Administration requires airlines to carry a basic minimum amount of medical equipment, materials, and medications, which the crew is instructed to provide to physicians upon request. I asked the flight attendant if this plane was equipped with an IV set up. I was in luck----kind of. It turned out that the total volume of fluid (500 milliliters) was insufficient for this circumstance. In addition, the flight was equipped with only one IV needle which was of small caliber and not reusable. If I failed to successfully insert the needle into a partially collapsed forearm vein, her life would have been further jeopardized. And finally, I hadn't started an IV in at least 25 years. It brought to mind one of my all-time favorite expressions: "Other than that, Mrs. Lincoln, how was the play?" I placed an elastic tourniquet around her arm and got a vein to pop up. Miraculously, the needle slipped right in. At this point, I retook her blood pressure; still in shock but holding at 85 over 40.

At this point, there was about an hour and a half remaining in the flight. The attendant asked me as to how I should advise the pilot. I told her I didn't think diversion was necessary but strongly suggested he put the pedal to the metal. I later found out that the ultimate decision was up to the captain, not the physician.

The next hour or so went by uneventfully. She remained conscious and her vital signs slightly improved presumably because of the IV fluids she was receiving. Just before touchdown the captain requested that everyone remain in their seat so that an EMT team could expeditiously evacuate the patient. Once the flight landed, we taxied to our gate in about 3 minutes. The EMTs were waiting and boarded. I provided a status report, the patient

was placed on a stretcher, and quickly carried off. I later learned that following transfer of care, medical doctors are prohibited from receiving monetary compensation for their efforts; however, they may accept gifts from the airline including travel vouchers and seat upgrades. In my case, I received a warm thanks from the captain and his crew. Mom was beaming: "my son the doctor." Although I'll never know the outcome, I had an inner happiness--- I had done the right thing.

In reflecting back, my initial reluctance to provide care was morally wrong. One of the pillars of modern medicine is beneficence; that is; a physician has an obligation to place the best interest of the patient above his or her own. In this in-flight medical emergency, I was obligated to provide care, especially in the absence of other medical specialists, as my care was better than no care at all. Medical liability always looms when a doctor-patient relationship is created; however, in such circumstances, unless treatment is grossly negligent and deliberately harmful the chance of a successful lawsuit is quite small.

Bottom line: always do the right thing.

