Is there a doctor on board? Responding to in-flight emergencies

Most years, more people will die in flight for medical reasons than die in plane crashes.

With between 250,000 to 500,000 passengers in the air worldwide at any one time, it’s not surprising there are significant numbers of in-flight medical emergencies.

Luckily, industry estimates put the likelihood of at least one appropriately-qualified medical practitioner being on board and able to attend as high as 85 per cent.

Dr Rob Ray, from the Anaesthetic Group Ballarat, who is also a qualified commercial pilot and trained in aviation medicine, will address a meeting of rural anaesthetists and intensivists in Torquay, Victoria, tomorrow on what to expect when responding to in-flight emergencies.

While published figures are not available, Dr Ray estimates more than 1000 people will die in flight each year from an unexpected medical reason, compared to about 750 in a commercial plane crash.

Dr Ray has been called to assist in 10 emergencies and says most of the major airlines, particularly on long haul flights, have ample emergency equipment, training and protocols to deal with medical situations, including access to automatic external defibrillators and contact with ground-based emergency physicians for advice and instruction.

“This proactive approach by airlines has helped to save lives,” he says. “While airline staff are trained in using the defibrillators and first aid, having medically-trained practitioners on board certainly helps in these medical emergencies.”

Running from Friday to Sunday, the meeting “Staying afloat on the shipwreck coast: The return of the accidental intensivist” recognises that rural anaesthetists sometimes find themselves in charge of the retrieval, assessment, resuscitation and ongoing management of critically ill patients away from the resources of larger-centre hospitals.

Other speakers include:

- Dr Sandy Zalstein from the Royal Hobart Hospital, and also an army reservist previously deployed to Afghanistan, who has helped develop massive blood transfusion protocols in military situations. He will discuss a “damage control” approach to patients who are bleeding to death which focuses on controlling the bleeding and resuscitation to avoid adverse events due to depleting physiological reserve. Further surgery to restore other anatomical
functions is delayed, rather than done at the same time, and this increases survival rates.

- Dr Tony Sutherland from the Anaesthetic Group Ballarat who will discuss advance care planning as part of a session on end of life decisions. Dr Sutherland says advance care planning involves discussions by patients with their families and family doctor, often involving a facilitator. It empowers a patient to have their wishes or choices known so that medical care can be delivered in a manner that complies with their wishes. Dr Sutherland says discussions around death and chronic illness can be challenging for doctors and families, but evidence is clear that these discussions relieve anxiety and fear for patients about the inevitable outcome from relapsing chronic illness. This group of patients is now an increasingly important part of community and hospital care. He says such advance planning should be viewed as a form of informed consent when patients lose capacity and it should be respected by medical staff.

- Dr Nick Jansen from the Royal Melbourne Hospital, who is involved disaster planning in Victoria and has worked as a retrievalist, who will discuss responding to a major incident in a small town. He will talk about the role anaesthetists, retrievalists and other doctors can play in a major incident, such as the Kerang rail disaster, Black Saturday bushfires or other events that can overwhelm local health services.

- Dr John Woodall, a South Australian GP anaesthetist who provides locum services in Gladstone, Queensland, who will discuss several cases, including how to manage critically ill children in a rural hospitals. He will highlight how non-specialist anaesthetists provide an extension of specialist services to rural areas to ensure appropriate care during critical events.

For further information about the meeting, or to interview any of the speakers, please contact ANZCA Media Manager, Meaghan Shaw, on +61 408 259 369, +61 3 8517 5303 or email mshaw@anzca.edu.au. Follow us on Twitter @ANZCA.