

Airlines Split on Need for Medical Gear

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A health quiz for frequent fliers: You are cruising at 30,000 feet and go into cardiac arrest. Which airline carries the more sophisticated medical equipment to deal with the emergency?

a.) United Airlines

b.) Air Zimbabwe

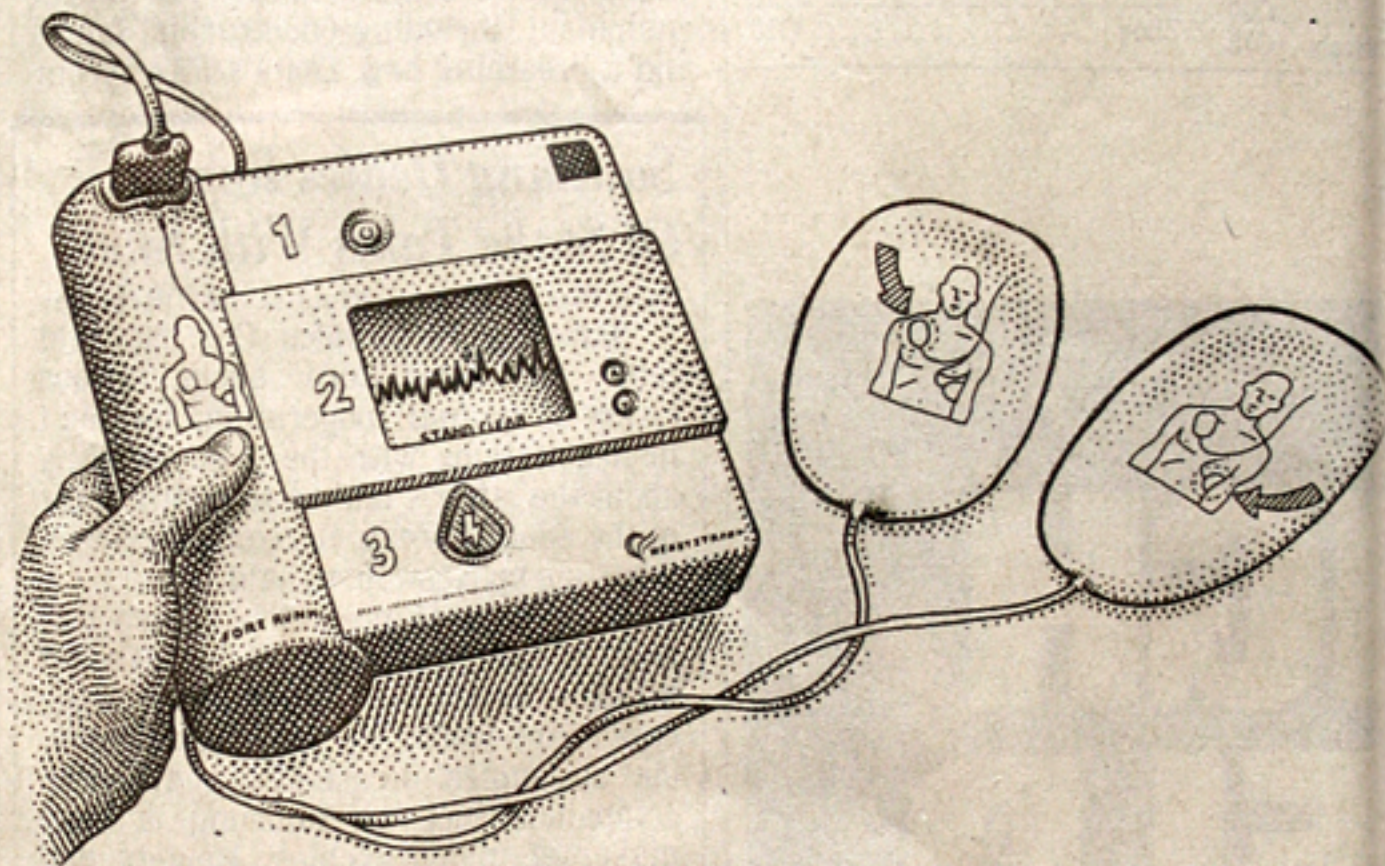
If you picked "a," you're dead wrong.

Air Zimbabwe is one of a growing number of foreign carriers that have equipped their jets with portable defibrillators, state-of-the-art medical equipment for treating cardiac arrest. Many overseas airlines also carry an array of medicines to handle emergencies like seizures and severe pain.

UAL Corp.'s United and Delta Air Lines have announced plans to place defibrillators on their planes this year. But for now, AMR Corp.'s American Airlines is the only U.S. carrier to carry such devices, and an expanded medical kit, on any flights. Indeed, until quite recently, most U.S. airlines have been reluctant to go beyond a list of basic supplies drawn up 12 years ago by the Federal Aviation Administration.

One big reason is fears of legal liability. Cris Bisgard, director of health services for Delta, explains: "If we don't have something on board, which would be generally accepted as appropriate, there's liability associated with it. [But] if there's something on board that could be easily misused or do more harm than good, we have liability on that end of the spectrum."

On Jan. 30, United was sued for negligence in federal court in Boston by a woman who blames it for not having a defibrillator onboard when her 37-year-old husband died of cardiac arrest inflight. United says its decision to add the devices was unrelated.



Devices like the Heartstream defibrillator are at the center of the debate over airline emergencies

Various state laws provide liability protection for those who render emergency assistance in good faith. But applying those laws on a plane is a muddle.

"You can make a case for jurisdiction being where the plane took off, where it lands, or where it's flying over" when an emergency occurs, Dr. Bisgard says. "It's just a mess."

While lawmakers in Washington are working to shield airborne Good Samaritans and to improve planes' medical equipment, the fact remains that a plane is far from an ideal place to perform anything but the most rudimentary medicine.

"How far do you go in making aircraft into flying hospitals?" asks John Hotard, an American spokesman. You can certainly go too far, says Myron L. Weisfeldt, past president of the American Heart

Association and chairman of the department of medicine at Columbia University in New York. "We'll quickly get to where every aircraft is like a coronary-care unit and that's ridiculous," Dr. Weisfeldt says.

The case in favor of defibrillators on planes won a strong piece of evidence on an American Airlines flight last week. The plane was still at the gate at the Dallas/Fort Worth airport when a 53-year-old passenger from North Carolina suffered cardiac arrest. A flight attendant and a paramedic revived him with a defibrillator. American, which now has the device on all international flights, plans to have the rest of its fleet equipped by November.

The debate over airlines' medical re
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sponsibilities is particularly urgent at a time when more elderly—and ailing—people are believed to be flying. According to a new study by the Air Transport Association, an industry group, U.S. airlines dealt with about 29 medical emergencies on average each day during 1996, far more than reported in earlier studies.

When passengers become seriously ill, U.S. airlines favor diverting flights to the nearest airport. During 1996, U.S. carriers diverted 557 flights for medical emergencies, nearly a third of those for cardiovascular problems, according to the ATA study, the first detailed analysis of its type. Forty-two passengers died on board, the study said.

In the case of cardiac arrest, time is of the essence: Doctors estimate that with each passing minute, the chances of survival drop by 10%. But it takes roughly 30 minutes to land a plane from cruising altitude.

"If you haven't got a defibrillator, you might as well stand there with your hat on," says Eric Donaldson, a physician and the general manager of aviation-health services for Qantas Airways the Australian airline, which was among the first carriers to outfit its fleet with defibrillators in 1991. Thus far, the devices, which use an electric shock to restore a heart's normal rhythm, have saved two of its passengers, Qantas says.

Delta unveiled its plans last month to begin equipping its flights with defibrillators in July, with the goal of adding the machines to all 558 Delta jets by the year 2000. Although the airline's executives say their decision resulted from a lengthy assessment, the company's announcement came on the heels of an in-flight tragedy. In December, a 25-year-old Florida woman died of cardiac arrest on a Delta flight from Atlanta to Miami, despite rescue efforts by John T. Knight, a Shreveport, La., surgeon who was a passenger on the flight.

Today, Dr. Knight is angry: He believes he may have been able to save the young woman's life if he had the proper equipment, including endotracheal tubing and a breathing bag. Delta's FAA-recom-

mended kit "was basically like a Band-Aid bag; it was just pathetic," he says. (A Delta spokeswoman says the company's kit met FAA requirements and its crew followed all procedures.)

Dr. Knight adds that anyone volunteering to help in such emergencies does so at some peril. "If [airlines are] going to call doctors, they need to let them know there's no Good Samaritan law in the air, and we don't have any good equipment."

Democratic Rep. John Duncan of Tennessee introduced a bill in Congress last November to protect airlines and individuals from liability when acting in good faith to assist during air emergencies. The bill also calls for the FAA to decide whether defibrillators ought to be required on aircraft and for better data collection on airline medical emergencies.

Similar concerns surround the use of medicine on flights. American and Delta are in the process of equipping their planes with drugs to treat seizures, congestive heart failure and other emergencies. Each flight's captain is entrusted with deciding who is permitted to administer such drugs, typically releasing the kits only to physicians or, more rarely, other medical professionals.

The FAA says it is reassessing its list of medical supplies that airlines must carry.

Meantime, Delta's Dr. Bisgard says the airline recently decided, in tandem with its move to adopt defibrillators, to add the endotracheal airways that Dr. Knight says might have helped him save the passenger from Florida. The trouble is that endotracheal airways are difficult to use in a controlled hospital environment, let alone on a jet bouncing about.

"Even anesthesiologists who do it every day still get tubes in the wrong places, so we didn't put endotracheal airways," on planes in the past, Dr. Bisgard says. But following urging by doctors who say the devices could help save lives, Delta is adding them to its expanded medical kits. Dr. Bisgard says: "If they, in fact, do more harm than good, we'll take them off."