

Doctors complain airplanes lack sufficient medical equipment

By Susan Okie

Washington Post

"Is there a doctor on board?"

Dr. John Knight, a surgeon from Shreveport, La., was on the first leg of a vacation with his family when the plane's intercom delivered that terse question. Thus began the worst medical experience of his life.

For the next 25 minutes, as the plane descended to Miami, Dr. Knight and a fellow passenger — a newly trained paramedic who had never before treated a patient — knelt in the aisle and tried desperately to resuscitate a 25-year-old woman, Lashann Royal of Deerfield Beach, Fla., who had suffered cardiac arrest.

But when Dr. Knight tore open the medical kit that the Delta Air Lines flight attendants handed him, he found a stethoscope and syringes but not the equipment he needed most: a breathing tube and a device to pump oxygen into the lungs.

Despite continuous cardiopulmonary resuscitation, the two men failed to revive the young woman. She was declared dead when the plane landed.

"The thing that's been so hard about this for me — I watched a 25-year-old girl die, essentially drown, with what I think is the ability to have made a difference," Dr. Knight said. "And I did not have the equipment."

Delta, which carries more passengers than any other U.S. airline, said in a statement last week that its planes are equipped with the medical emergency equipment required by the Federal Aviation Administration and that its crew followed all procedures correctly.

Reported medical emergencies on board U.S. airliners have increased almost tenfold in less than a decade, from three per day during the late 1980s to 29 per day in 1996, according to new data collected by the Air Transport Association.

Yet federal rules for medical equipment on large passenger airplanes have not been revised since 1986. Flight attendants are not required to be trained in basic rescue procedures such as CPR. Airlines are not even required to report medical emergencies to the FAA.

"I would say that the majority of airlines do not train their people," said James M. Atkins, a professor of internal medicine at the University of Texas Southwestern.

At a congressional hearing in May, representatives of medical organizations, a flight attendants' group and members of the public urged the FAA to make several changes.

They pushed for revising the list of standard medical equipment, requiring more extensive medical training for flight attendants and considering requiring that airliners that make long or over-water flights carry defibrillators — devices that can automatically administer an electric shock to a person whose heart has stopped.

Some have also asked Congress to enact a "Good Samaritan" law that would protect doctors and others from being sued after trying to treat a sick or injured person during a flight.

American Airlines began carrying defibrillators on its over-water flights in July. Tuesday, three weeks after Ms. Royal's death, Delta

announced plans to put defibrillators and an expanded medical kit on all flights starting this summer. American has said it will provide defibrillators and expanded medical kits on all flights by next year.

The medical kit on Dr. Knight's flight last month contained the standard items specified by the 1986 rule. They include a stethoscope, an instrument for measuring blood pressure, needles and syringes, and plastic tubes that can be placed in the mouth to keep the tongue down, as well as a handful of drugs to treat chest pain, low blood sugar, asthma and allergic reactions.

But the plane had no defibrillator, which offers the best chance of saving someone whose heart has stopped. In the absence of one, Dr. Knight looked for a breathing tube to administer oxygen.

"The problem is, if you're going to give mouth-to-mouth [resuscitation] too long, they're going to regurgitate," he explained. A breathing tube would prevent the patient from choking.

"If they're going to call a doctor to come forward but not equip him with the right stuff," Dr. Knight said, "why call the doctor?"

Many foreign airlines provide more extensive medical kits than U.S. carriers, and several — including Qantas, Virgin Atlantic and Air Zimbabwe — carry defibrillators. Earlier this month, a Virgin Atlantic passenger became the first person to be successfully defibrillated in U.S. airspace.

The medical kit now required by the FAA "is pretty minimal," said David K. McKenas, American Airlines' corporate medical director,

explaining why the company decided to add small, portable defibrillators on over-water flights.

"For American Airlines, we saw that we just did not carry the medical equipment we needed for what we were seeing," Mr. McKenas said.

The new report by the Air Transport Association indicates medical emergencies on airliners have become much more common in recent years.

Some experts have suggested the trend might be caused by a general increase in air travel, the aging of the population and more frequent travel by people with chronic illnesses and disabilities. The new information comes from nine member airlines — representing 90 percent of the U.S. passenger market — which collected data on in-flight medical emergencies during 1996.

There were 10,471 emergencies reported, an average of 29 per day. Heart disease accounted for 1,020 and was the most frequent category of emergency severe enough to divert a flight.

The report contains no information on how many people die during medical emergencies on U.S. airline flights.

"Nobody really knows that," said Jon L. Jordan, the FAA's federal air surgeon. A passenger who dies during a flight is not officially pronounced dead until arrival at a hospital or a coroner's office, and airlines are not required to obtain follow-up information, he said.

Mr. Jordan said that when the current rules for the in-flight medical kit were drawn up, some medical groups "cautioned us against

putting a lot of sophisticated equipment or medications on board aircraft," and warned that some drugs and devices, in inexperienced hands, "could do more damage than good."

Mr. Jordan said the FAA is analyzing a new set of data on in-flight medical emergencies and has not yet decided whether to propose new rules on medical equipment.

Dr. Knight said he is encouraged by Delta's decision last week to provide defibrillators and expand its

medical kit, but he thinks the FAA ought to require CPR training for all flight attendants and better medical kits on all airlines.

"This has changed my life," Dr. Knight said. "Every night since then, I have relived this. I'm not the sort of person to have nightmares, normally. You go through your training, you see people die all the time. But in a hospital, you slept at the end of the day because you knew that you had done everything you could have done. In this case, it's not that way."