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INFLIGHT EMERGENCIES

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Roughly 5 billion passengers fly commercially each year, about 1 billion of them in the US, and in-flight medical emergencies occur on approximately 1 in every 604 flights. Physicians and other clinicians on board are often asked to respond with little information and limited resources, in an environment with cabin pressurization equivalent to altitudes up to 8,000 feet, a lower partial pressure of oxygen, and low humidity. This lecture offers a practical approach to responding to in-flight emergencies. It starts with establishing who is available to help and it frames the responder's role around four tasks: assessment, basic stabilization, discussion of diversion, and communication with ground-based medical control. The talk reviews what is available on board, including the Emergency Medical Kit (AED, oxygen, basic airway equipment, IV supplies, and a limited, airline-specific formulary). It also covers the role of ground-based medical control services, which can assist with the ultimate diversion decision, particularly for unstable MI or arrhythmia, stroke, refractory hypoxia, persistent altered mental status, seizures, and hemodynamic instability. Because diversions occur in only 7–10% of emergencies, the talk emphasizes improvising with limited equipment and sound clinical judgment.

The second half addresses the legal and liability concerns that often keep clinicians from volunteering. It reviews the US Aviation Medical Assistance Act (1998), which protects responders who act in good faith and without gross negligence, including physicians not licensed in the aircraft's destination state. It also covers Good Samaritan laws, open questions about international flights and payment, and the fact that lawsuits typically target airlines, crew actions, or equipment availability rather than responding clinicians. The talk closes by identifying the behaviors that carry real risk: grossly negligent care such as dangerous medication dosing without an indication, misrepresenting credentials, continuing invasive care when safer options like diversion are available, and acting while impaired.

Keywords: In-Flight Medical Emergencies, Ground-Based Medical Control, Flight Diversion, Aviation Medical Assistance Act (AMAA)