

Is There a Doctor on Board?

by

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Words no one wants to hear. I know. I've heard that announcement on two airplane flights and one train trip. If you are a passenger on such a public convenience and you hear this call, you may feel pity for someone in distress. The person in distress may or may not have initiated the alarm. Consider a man having chest pain. His facial expressions give away his inner discomfort. His spouse realizes that something is amiss. She pries out of him that he's having a "little" chest pain. She realizes that this is something more. Reassurances that it's nothing are the opposite of reassuring. It's clear there is something seriously wrong. The flight attendant call button is pressed. Words of concern are exchanged, and the flight attendant realizes that this isn't something that is going to blow over. The announcement over the speaker system is short and to the point: Is there a doctor on board, if so, please ring your call button.

I was pleased to be invited to speak at the Maui Dermatology meeting. It was a big deal for a second-year resident to be offered this plum task. My wife and I had been to Hawaii before, but not to Maui. We drove from San Antonio to Dallas to leave our two children with my wife's folks and we drove to the Dallas-Ft. Worth Airport in a light snowstorm. This was January 1976, and I think you can imagine how special it felt to lift off in snowfall knowing you would be landing in Honolulu and changing planes to make the short hop to Maui. Your mind is on island time. Then the announcement: Is there a doctor on board, if so, ring your call button.

I looked at my wife and said I have to respond. There is a problem with responding. You don't have any of the tools of the trade with you and you have no medications to dispense. You have your wits and your knowledge, but little else. On this full 747, no other call button is activated. It's just me. The flight attendant verifies that I'm a medical doctor and escorts me to the business class section where a man is having chest pain. I take his pulse as I talk with him. I get a history of some vague heart trouble and ask about the quality of his chest pain. He tells me it's a pressure in the region of his sternum. No radiation to his arm as might be seen in a classic myocardial infarction but concerning. It could be a hiatal hernia and too much of that business-class free booze. His pulse reveals an occasional skipped beat. That too isn't diagnostic and can be just a premature ventricular contraction from too much caffeine or some other issue. He says he's feeling a bit better. I don't know if that is because some time has passed and he is genuinely better, or if just having a doctor to talk to eases his concerns. It doesn't matter to me. Better is wonderful news. I tell him I'll be back in coach if he needs me and that I'll check on him later. It's a seven-hour flight from DFW to Honolulu. I let the flight attendant know that he seems stable for now and there is no need for the pilot to change course. I told her I'll recheck him in an hour or so and I returned to my seat.

I hadn't been seated too long before the flight attendant stopped by my aisle seat and deposited two mini bottles of scotch and mouths, "Thank you." I thought great. Get the only doctor on board drunk. Well, just pace yourself, it's a long flight. I checked on the patient as I told him I would, and he still had some discomfort. I told him he should make his first stop the nearest hospital ER to get an EKG to see if this was cardiac trouble and returned to my seat. Two more mini bottles were deposited. The rest of the flight was uneventful, and several flight attendants thanked me as we exited the plane. No one was more thankful to be exiting than I was. This is not the position you want to find yourself in at any time. I was prepared to do CPR if required, but things didn't escalate to that level for which I am extremely thankful.

Several years have passed and I am attending a medical meeting in England. Our family home is no longer in San Antonio but in Atlanta. British Caledonian Airlines has a promotional fare for a new service from Atlanta to London and we take advantage of that to introduce our two children to European travel. We decided to take the train to Edinburgh, Scotland. And we treat ourselves to first-class train travel. First class is deserted. Second class

is packed. This is a rather long train, probably in the neighborhood of at least a dozen cars or more. This matters because the dreaded announcement came over the speaker system: Is there a doctor on board? I notify the conductor that I am a doctor, but American. "No problem, sir, come with me." I'm off to the very last car on this train where I find a young boy, about 10 years old on the floor between the train seats with anxious parents standing around and he's clutching his stomach. I explained that I'm an American doctor and I offered to help in any way I could. (I don't explain that there is almost nothing that I have to offer other than sympathy.) I figured I could at least determine if he had a condition known as a surgical abdomen. Signs and symptoms that suggested an operation was urgently needed. I bent down to speak with the lad and his first words were, "I'm feeling better." I thought to myself, "Yeah, me too kid." He didn't want to be examined and he wanted to just take his seat. I'll never know if this was someone in genuine discomfort or a kid just acting out and causing a scene to get back at his parents. I got to take the long walk back to first class. No, there was no complimentary bar service. I was happy to be back in vacation mode.

More time passes and the family is now in New Orleans. My father has been in the hospital in Houston for six months. One of those months in the ICU. All of this at Baylor Medical Center which is part of the Texas Medical Center in Houston. The world's largest medical complex. He received life-saving care, and he needed some time to convalesce. So, I arranged for him to stay with us for a while after he was discharged. We drove to Houston International Airport and boarded our short one-hour flight to New Orleans. We were sitting in the bulkhead row of coach and everything was going smoothly when in the middle of a conversation, my father's eyes closed, his speech stopped, and he was unconscious. I can't rouse him. It's my turn to hit the call button. The flight attendant asked if I needed to have her see if there was a doctor on board and I told her that was not necessary as I was one. She said the only thing they had on board was oxygen and she brought a canister and tubing, and we hooked my dad up to the O2. This was in the late 1980s and smoking had not yet been banned on airplanes. The flight attendant made an announcement that due to a medical emergency oxygen was now in use and all smoking materials needed to be extinguished and there would be no smoking for the remainder of the flight. I could hear groans. I was able to detect a pulse throughout this bit of medical drama, but it was weak. I guess six months in a hospital bed wasn't good preparation for air travel. With the oxygen, my dad slowly came around and was able to walk off the flight without difficulty and he did well the rest of the day. I had dodged another bullet.

More years passed and my wife and I were finishing an Alaskan cruise that departed Vancouver and ended at Seward, Alaska. From there we took the train to Anchorage. It's noon and our flight home doesn't leave until midnight. So, we rented a car as it was a beautiful fall day, the sun was shining, and you could see Mount Denali as clearly as a postcard. We decided to rent a car and drive in the direction of Denali just to see some more of Alaska. We drove about four hours and Denali wasn't getting any closer and we didn't want to risk being late for our flight, so we turned around and headed back to Anchorage. We hadn't gone far before we came upon a motor vehicle accident. It was clear that people were hurt. To stop or not to stop. Duty calls and you need to do what you can. I stopped and found a teenage girl who probably had a broken arm. Her mother was having a bit of an anxiety attack. The teen seemed stable and had a strong pulse. There wasn't a blood loss issue. Someone had already called for an ambulance, so there wasn't much to do other than try to calm the anxious with reassurance and wait for help to arrive. I was very relieved when I heard the ambulance. At this point in my career, I'm about 25 years from my medical internship. That was the last time I was dealing with emergency room issues. When the EMTs arrived, I made my exit and we returned to the airport and boarded our flight.

This midnight flight was on a large plane, not a 747. Probably a DC 10. Our flight took us to Minneapolis where we would change planes and fly home to New Orleans. Our flight left a minute or two after midnight, September 10, 2001. We had been in the air for about two hours when the announcement came. You know by now what was said. "Is there a doctor on board." I looked at my wife and said, "Not again." But before I could reach for my call button, others were ringing in. I counted them. Eleven call lights lit up. No need to be number twelve, I'd done my deed early on the highway. I've no idea what the issue was, but the plane continued to our destination, so it

didn't require us to divert. It's a good thing. You probably remember the events of the morning of September 11, 2001. Buildings tumbled, people died, and all airplanes were grounded. I could have been stuck in Alaska trying to figure out how to get home to New Orleans if there had been a slight delay in our scheduled travel.

I don't know how many other doctors were on the planes and trains when I answered the call. I suspect there were some and I don't wish to judge their non-response. There are liability issues for sure and there are Good Samaritan Laws that are supposed to protect you in such emergency situations. Those issues didn't enter into my calculations. Sometimes you act before you think. Why do you do that? I submit you do that if your training taught you to do that. It becomes your reflex. My training was to act and do what I could and let others do what they could as well. And to know the limits of my own ability. Do what you can. That's what I was taught. As you can see, I didn't do much. Yet, that little bit meant something to others on those days. I still dread hearing those words: Is there a doctor on board?

There was one other moment on an airplane that brought home the notion that we all hang by a slender thread. I was flying home on a Delta flight and as we were nearing our landing, I was listening to the music provided by Delta. This was a long time ago when headsets were plastic tubes that were hollow and connected to holes in your armrest. The sound was transmitted much as the sound of heartbeats was transmitted in a stethoscope. There were no personal devices to listen to your own music except for the Sony Walkman. The airline chose what you could hear and there were about 10 channels to choose from. As I am landing, a men's chorus starts singing "Eternal Father, Strong to Save." It's also known as the Navy Hymn. Each chorus ends with a plea for the Father to save "those in peril on the sea." It is a very moving hymn, but the second chorus comes on and the words are unfamiliar.

Eternal Father, lend thy grace to those with wings who fly thro' space.

Thro' wind and storm, thro' sun and rain,

Oh, bring them safely home again.

Oh, Father, hear our humble prayer,

For those in peril in the air.

Amen to that. But is Delta trying to tell us we're in trouble? I'm not sure whoever chose that selection for the soundtrack on this channel had heard this version of the tune. But on further reflection, that seems a fitting verse to contemplate when the announcement comes on and asks, "Is there a doctor on board?"

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