



## Residents' Page

### "Is there a doctor on the plane?"

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From the beginning of medical school, I had heard many travel horror stories: the resident who had to deliver a baby at 10000 feet; the physician who had to manage a stroke patient during a trans-Atlantic flight. It all seemed to begin with those infamous words broadcast over the paging system: "Is there a doctor on the plane?"

I had decided to celebrate the completion of medical school with a vacation to Thailand. I booked my flight well in advance, and when the webpage inquired about my title, I excitedly chose "Dr." Time flew by quickly, I successfully passed the dreaded Medical Council of Canada qualifying examination, and it was finally time to travel. I was ecstatic to see "Dr Natalie Ward" on all of my tickets. Having graduated 1 week before, it was still a novelty, and I felt very important! The flights to Thailand were uneventful, except, of course, for the mad dash through San Francisco's airport to catch our trans-Pacific flight (my traveling companion and I made it with less than 5 minutes to spare). On the return flight, however, we had a medical emergency.

It all began about an hour after departing from Tokyo, with an unbelievable 8 hours remaining. A stewardess from first class came running frantically down to economy and collapsed suddenly in the opposite aisle. Well, that certainly got everyone's attention. Following her lead, several stewards and stewardesses came galloping down the aisle and stopped. They all appeared to be hovering over something or someone in the aisle. I subtly stretched and leaned out of my seat, trying to catch

a quick glimpse to satisfy my curiosity. I didn't have to wait long. "If you are a medical doctor, could you please present yourself to the nearest steward or stewardess?"

I frantically glanced around, hoping that "real" doctors would present themselves and the responsibility of managing the patient would not fall to me, a "baby" doctor. I began to worry that nobody would rescue me and I tried to remember how to manage an acute patient. Mnemonics started running through my mind: airway, breathing, and circulation and morphine, oxygen, nitro, and Aspirin. Was it 325 mg of ASA or two 81-mg tablets? What if it's a seizure; how do you load Dilantin again? Even worse, what if the patient needs defibrillation or cardioversion? What are those voltages again? No one came forward. Not one person. I anxiously turned to my traveling companion, eyes wide open. "Should I go?"

Not being in the medical profession and never having seen me in a medical environment, he replied, "This is an American flight and you're hardly a doctor. You'll probably be sued for malpractice."

His confidence in me was overwhelming! I vaguely recalled that doctors have a duty to present themselves in emergency situations, so I headed toward a stewardess. On my way, I glanced at the unconscious patient in the aisle and noticed that she was connected to oxygen and breathing deeply. Beside her was a defibrillator, equipment for an intravenous line, and a little black bag that I assumed was filled with medical goodies. I

gathered up my courage and confidently stated, “I am a doctor.”

The stewardess smiled, gave me a look that said, “Oh dear, do you want to be a doctor when you grow up?” and asked me to present proof that I was a medical doctor.

Proof?! Hadn’t I just passed my qualifying examination? The fact that I had miraculously managed to survive that awful day was proof enough! “Well yes, my medical degree is at home, on my wall.”

She didn’t seem impressed with my answer. I had even added the wall comment to sound more professional. I frantically scanned the other passengers and wondered how I could be the only doctor on the plane. Seconds seemed like hours as the stewardess looked at me, trying to determine just how badly they needed a doctor. Then I sensed a shadow looming behind me. My saviour had finally

arrived! He was an anesthetist and was going to take over the situation. He turned to me and jovially remarked, “Just graduated, eh? It was good of you to step forward.”

His gallant comment validated my effort to help save a life, and I walked back to my seat with a lift to my step. I was somewhat mollified by the fact that, as I was leaving, the stewardess was asking him to present proof of his qualifications, too!

Now, 3 months into my family medicine residency, I feel much more qualified to assess and manage acute patients on airplanes, as long as I only have to handle internal medicine;...I haven’t done my obstetrics rotation yet, so no trans-Atlantic deliveries for me, please! ❁

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