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Flight Attendant's Perspective on the Medical Professional's Presence During In-Flight Cardiopulmonary Resuscitation

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A report on the operation of cardiopulmonary resuscitation during flight

This incident occurred on a flight, A330 fleet, from Jeddah, Saudi Arabia to Surabaya, Indonesia. The flight attendant found a passenger named Mrs. X in an unconscious state. Another passenger told her that Mrs. X slept for long and did not indicate any movement since departure from Aceh, Indonesia (the transit point). She decided to assess Mrs. X's pulse and breath. The attendant noticed that Mrs. X's pulse was irregular; hence, the participant did not sure whether Mrs. X was actually palpated the pulse or not. The attendant said: "At that time, we found that, the possibility was… but I didn't really sure since I'm not a doctor who can declare people's death." Realizing that Mrs. X was in a critical state, the flight attendant reported Mrs. X's condition to the purser to obtain his permission in order to perform CPR. Once allowed, she asked her colleague to maintain appropriate oxygen by using the bag valve mask (BMV); thereafter, she performed chest compression. She decided to provide CPR as she could not think of any other solution. She gave CPR for about 30 min prior to landing; however, no significant result was observed. Therefore, she stopped the CPR. The attendant confessed that initially she presumed that Mrs. X was dying. In addition, she also explained that Mrs. X had a considerably weak pulse, cold and stiff skin, and stinging smell like urine or feces on her seat, which were actually symptoms of death that, indicating CPR to be stopped; however, the attendant proceeded with the CPR as she was willing to save Mrs. X. The attendant said: "We cannot diagnose patient's condition and we do not know what kind of symptoms or diseases suffered by the victim. So, we are not really sure whether our clinical judgment to perform some medical interventions are appropriate or not". The statements uttered by the flight attendant describe certain limitations while managing in-flight medical emergency; however, she continued with the CPR until the plane landed. On arrival in Surabaya, the airport medical staff announced the death of Mrs. X and the attendant felt sorry for not being able to help her. This thing made the attendant felt in blue since she could not give any further medical intervention. She had to face a dilemma for not being able to do that. Consequently, she wished that there were medical professionals on board to decide the patient's actual clinical condition efficiently. Moreover, the attendant claimed the importance of medical professionals' presence on board and stated that the airlines should recruit medical professionals on flights.

Discussion

About 95% of the two billion airlines passengers suffered from health issues (1). Furthermore, a call center in North Carolina noted that there were 16 in-flight emergency cases for every 1 million airlines passengers (2). Cardiac arrest is one of these cases, which is a cause for mortality for about 1000 people during the flights (3). Cardiopulmonary resuscitation (CPR) can be demonstrated by the medical professionals or trained people such as flight attendants. Commercial flights usually do not have official medical staffs on board. Hence, whenever there are in-flight medical emergency cases, flight attendants should be trained to manage such cases. Flight attendants themselves are laymen who are trained to do basic medical emergency interventions, that is, even if they intervene in such cases, they cannot take an appropriate decision as the medical professionals.

During in-flight cardiac arrest, the flight attendants are mainly responsible to immediately contact the ground staff and voluntary medical professionals on board; besides, they also have a right to perform CPR (4). Certain airlines such as Air Canada and Scandinavian Airlines have policies related to medical supervision. They apply emergency telemedicine that involves emergency specialists as the commander (5). Furthermore, the specialists will assign some instructions for the flight attendants who manage the in-flight

medical emergencies (5). In contrast, in Indonesia, in case of any in-flight medical emergency, the flight attendants would announce on call asking for the presence of any medical professionals on board; however, no official medical professionals are recruited on board by the airlines for any medical casualties or emergency.

Attendant expressed that she had many senses while helping people with in-flight medical emergency like shocked while looking at the victim. Contrary, the participant also determined to take her responsibility as a cabin crew by helping the victim. Furthermore, she had to manage her dilemma before doing that.

The flight attendant has already expressed her suggestion on having in-flight medical professionals so that she can focus on her responsibility as a cabin crew. NBAA (2016) declares that commercial airlines are suggested to make policies that involve medical professionals in managing in-flight medical emergency (6). These will make flight attendants feel comfortable in serving the passengers. Consequently, the flight attendants need medical companionship while performing CPR on board. Hence, in-flight medical emergency management, which is part of prehospital management, can be guaranteed.

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