Director's Corner

"Is There a Doctor Onboard?" Doctoring and Prayers at 35,000 Feet

By Adina Kalet, MD, MPH

Given the theme of Spirituality in Medicine in this week's Transformational Times*, Dr. Kalet shares the most recent of many experiences she has had answering the overhead call on airplanes. In this case, the faith traditions of both the doctor and the patient led to a series of surprises and unique styles of gratitude for caring and kindness expressed in prayer …*

"We have a sick passenger. If there is a physician on board, please make yourself known to the flight attendant."

Given that I was listening to a movie through my headphones while my hands were busy knitting, the announcement just barely registered. We were three hours away from our destination, and a long, uncomfortable eight hours into our flight. After a few seconds delay, I untangled myself and headed toward the uniformed purser standing in the aisle.

"I am a doctor. How can I help?" She looked me over and nodded discretely toward the young, pale, diaphoretic, and mildly distressed bearded man slumped in his seat.

The flight attendant whispered, "He is asking for medication, but I can't administer anything without a physician's order." She gestured to her handheld device. "This is what we have available." She looked back and forth from the man in the seat to me. "We are over land now, so if you decide…" Her voice trailed off, suggesting that, on my say-so, they were prepared to land the plane.

"Give me a minute to assess the situation," I said. She offered to retrieve a blood pressure cuff and oxygen tank.

My new patient's religious garb, facial hair, and head covering told me that he was part of an Ultra-Orthodox Jewish family. I grabbed my sweater and covered my bare shoulders since, in

his culture—one I know intimately—modesty is paramount. In his community's view of the world, a secular-appearing, barefooted and bareheaded woman might be dismissed or treated with suspicion. I assumed he would avoid eye contact and refuse to let me touch him. To be trusted enough to make an accurate medical assessment, I needed to minimize the barriers.

Leaning over him, I introduced myself and asked him to tell me what was going on. I was happy to see that he was fully awake and alert, spoke fluent mildly-accented English, was willing to make eye contact, and seemed eager for my help. He described his weakness, dizziness, and nausea. After asking permission, I carefully and firmly ran my hand over the key locations (no belly, chest, or calf tenderness) landing on his wrist to feel for his radial pulse. I engaged him in conversation about his health and recent events as I monitored the cardiac rate and rhythm. He had been perfectly healthy and described no ominous symptoms.

The relatives surrounding him were eager to tell me that they had all spent the day before in a hospital emergency room with a beloved relative. As his uncle graphically described the details of how the old woman had fallen and had sustained a nasty, bloody gash, my patient became paler, his heart rate went up, and his pulse became "thready." Before long, he was dry heaving into a plastic bag. Clearly, the stress of hearing the story again was taking a toll. I expressed my empathy for the upsetting situation to the group. My patient's pulse slowed a bit.

The flight attendant handed me the automatic blood pressure device. As I wrapped the cuff around his arm, I confirmed he had eaten little, had slept poorly, and had not had anything to drink during the flight because the options were not guaranteed to meet his religious requirements. The machine finished its reading and, although not dangerous, his blood pressure was quite low.

We laid him as flat as the airplane seat would allow and elevated his legs. I assessed the width of the aisle just in case we needed to get him on his back. Happily, his blood pressure climbed a bit and his pulse headed toward normal.

The flight attendant pointed out that we were seven miles above the Earth, and some supplemental oxygen might help. We put the mask on him and started the flow. He "pinked" up immediately, and his nausea resolved. Soon, he was able and eager to drink fluids. As time passed, his symptoms resolved, and he felt stronger.

I spent a few minutes talking with his relatives, including the old woman with the fresh stitches and a bandage above her eye. I was able to fend off one of his aunts who offered several nonspecific pills she had in her carry-on bag. Everyone noticeably relaxed and soon I felt comfortable enough to return to my seat.

The flight attendant stopped by, reporting that she had told the pilot we were not anticipating an emergency landing. She offered me a gift from the airline which I tried to refuse but, in the end, I accepted some extra miles for my frequent flyer account.

After a while, the patient's aunt came by, an emissary from the senior male members of the family. She thanked me profusely for my help, then said, "Your smile and gentleness are a blessing from G-d! You didn't need to be kind, but you were." The family wanted to give me something in return for my kindness.

"No!" I said. "That is very kind, but this is my work. There is no need for gifts."

"Well, then," she replied, "you will be in our daily prayers." She nodded, thanked me again, and returned to her seat. I smiled, found my headphones, and went back to my knitting.

I was relieved that things turned out so well; they don't always. This was not my first rodeo. I have had a few opportunities to answer "the call" on airplanes, at the theater, and on the sidewalk. Given the settings, the medical intervention and decision-making options are severely limited. Had the situation worsened, and I had needed extra hands to help start an IV or do chest compressions, I suspect other healthcare workers might have appeared, or the trained crew members would have been there to assist. Depending on the acuity of the crisis, I might have recommended to the pilot that she land the plane.

But, on this day, that was not what was needed. In the end, what was most needed and appreciated was kindness. This experience, as well as medical student Sarah Root, in her essays in this issue of the *Transformational Times*, reminds me once again, through the words of Sarah's physician grandfather, "that medicine is not just a practice, but a privilege."

We reached our destination and headed our separate ways. I am humbled to know that there is a family, not so very different from my own, that is prayerfully grateful for our moments together at 35,000 feet.

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