

Cockrill Clip 5 Transcript

AUDIENCE: You are quite worried about Ayse and recommend that she goes to the emergency room as soon as she lands. You offer to accompany her. During the descent, Ayse has an abrupt onset of severe dyspnea and distress. She's having trouble talking and looks like she might pass out.

You check her pulse again. Her heart rate is 138, but now it's hard to feel. You check her carotid pulse, and it is also barely palpable. You ring the call button for the flight attendant and clearly state, please get some oxygen immediately. I am a physician in training. She is having a medical emergency. The plane needs to land as soon as possible and an ambulance needs to be waiting to take Ayse to the hospital.

BARBARA COCKRILL: Don't laugh. This will happen to all of you a number of times. How many times has this happened to you on an airplane?

JOHN MAYER: At least three or four times.

BARBARA COCKRILL: Yeah, not exactly like this, but the dreaded call is, is there a doctor on the plane? And then you look around to see who else is getting up and jumping and running over there, and it happens a lot.

So here's the question. What is the role of the physician health care professional in the non-clinical setting?

So let's just talk about this together. I just bring this up-- two years ago, in flying back from Montana, there was a young guy who had a first time ever seizure in his army fatigues, and he probably was dehydrated and had a sodium of 110 or something like

that. And I was on the plane and I had to tell them that they needed to land. And let me tell you, they were not happy. At all.

JOHN MAYER: Are you sure, Dr. Cockrill?

BARBARA COCKRILL: Yeah.

JOHN MAYER: That's \$50,000 I have to spend in fuel.

BARBARA COCKRILL: That's right.

JOHN MAYER: Are you sure?

BARBARA COCKRILL: And I didn't get a thank you. But this will happen. So what will we do with this young woman? You got to let somebody know.

AUDIENCE: Yeah, what do we do? I just really wonder. Because in theory, we don't have as much experience. But if something is happening, I assume it's reassuring to a patient on the plane, so--

BARBARA COCKRILL: So I think it's something for you all to think about. I think the main thing we can do is stay calm. No one else can stay calm on the plane. But you learn that, and then you triage. If there's somebody more experienced than you, you let them take over. If they were having a pneumothorax and you needed to stick a ballpoint pen in their chest, and Dr. Meyer were there, I'd probably step aside and let him do that.

AUDIENCE: I'm ready.

[LAUGHTER]

BARBARA COCKRILL: OK.

MATTHEW HEENEY: Only go on planes that have 300 seats. There's a good chance an interventional cardiologist is on the plane.

BARBARA COCKRILL: That's right. OK. A little sidetrack, but-- so I'll keep reading here. The plane is met on the tarmac at Logan, and she's brought to the emergency room by ambulance. A large bore IV is started and she receives a liter of normal saline before reaching the emergency room.

I just want to say, Connor, you're probably better off with an EMT almost on the airplane than you are with no-- OK. Has that happened to you on an airplane? Or somewhere? Many places.

AUDIENCE: There was one time where they did call for someone on a flight I was on, but fortunately there were like five doctors.

BARBARA COCKRILL: OK, good. You assume if you're coming to Boston there's lots of doctors on the plane.