

# WMA STATEMENT ON MEDICAL ASSISTANCE IN AIR TRAVEL

*Adopted by the 57<sup>th</sup> WMA General Assembly, Pilanesberg, South Africa, October 2006*

*Revised by the 68<sup>th</sup> WMA General Assembly, Chicago, United States, October 2017,*

*and reaffirmed with minor revisions by the 221<sup>st</sup> WMA Council Session, Berlin, Germany, October 2022*

## PREAMBLE

Air travel is the preferred mode of long-distance transportation for people across the world. The growing convenience and affordability of air travel has led to an increase in the number of air passengers. In addition, long-duration flights are becoming increasingly common, increasing the risk of in-flight medical emergencies.

The environment in normal passenger planes is not conducive to delivering quality medical care, especially in medical emergencies. Noise and movement of the plane, the very confined space, the presence of other passengers who may be experiencing stress or fear as a result of the situation, the insufficiency or complete lack of diagnostic and therapeutic materials as well as other factors often create extremely difficult conditions for diagnosis and treatment. Even the most experienced medical professional is likely to be challenged by these circumstances.

Air travel can significantly affect people who suffer from mental health challenges and resources for in-flight mental health emergencies are often lacking.

Most airlines require flight personnel to be trained in basic first aid. In addition, many provide some degree of training beyond this minimum level and may also carry certain emergency medicines and equipment on board. Some carriers even have the capacity to provide remote ECG reading and medical counselling services. The ICAO (International Civil Aviation Organization) standard requires medical supplies to be carried on airplanes, but the detailed quantity and contents are in non-mandatory recommended practices. Requirements for individual airlines are determined by the national aviation regulatory authorities. Detailed requirements of the cabin crew training program are also determined by the respective national aviation regulatory authority as ICAO standards states that "An operator (airline) shall establish and maintain a training program approved by the State of the operator."

Even well-trained flight personnel are often limited in their knowledge and experience and cannot offer the same assistance as a physician or other certified health professional. Currently, continuing medical education courses are available to physicians in some locales to train them specifically for in-flight emergencies.

Physicians are often concerned about providing assistance due to uncertainty regarding legal liability. While many airlines provide some liability insurance for medical professionals and lay persons who will provide voluntary assistance during a flight, this is not always the case and even where it does exist, the terms of the insurance cannot always be adequately explained and understood in an acute medical crisis. The financial and professional consequences of litigation against physicians who offer assistance can be very costly, though actual examples of this appear to be quite limited.

Some important steps have been taken to protect the life and health of airline passengers, yet this is far from ideal and still needs improvement. Many of the major problems could be mitigated by simple actions taken by both airlines and national legislatures, ideally in cooperation with one another and with the International Air Transport Association (IATA) to arrive at coordinated and consensus-based international policies and programs.

Constituent Members have an important leadership role to play in promoting measures to improve the availability and efficacy of in-flight medical care.

## RECOMMENDATIONS

The World Medical Association calls on its Constituent Members to advocate for the delivering of quality medical care in air travel, in particular:

### Airline companies

1. To encourage their national airlines companies, especially those providing medium and long-range passenger flights, to take the following specific actions:

- Equip their airplanes with a sufficient and standardised set of medical emergency materials and drugs that are easily identifiable packaging with instruction in English as well as consideration of other languages, and include Automated External Defibrillators (AED), considered essential equipment in non-professional settings, while ensuring that at least one crew member is competent in the use of that particular AED.
- Provide stand-by medical assistance, including a mental health component, that can be contacted by radio or telephone to help either the flight attendants or to support a volunteering health professional, if one is on board and willing to assist.
- Develop medical emergency plans to guide airline personnel in responding to the medical needs of passengers.
- Provide sufficient medical and organisational instruction to flight personnel, beyond basic first aid training, to enable them to better attend to passenger needs and to assist medical professionals who volunteer their services during emergencies.
- Provide sufficiently comprehensive insurance for medical professionals and assisting lay personnel to protect them from damages and liabilities (material and non-material) resulting from in-flight diagnosis and treatment.
- Accept all legal and financial consequences of any assistance provided by a physician, in the absence of legal immunity for physicians.

## National authorities

2. To encourage their national aviation authorities to provide yearly summarised reports of in-flight medical incidents based on mandatory standardised incident reports for every medical incident requiring the administration of first aid or other medical assistance and/or causing a change in flight plans.
3. To urge their legislators to enact Good Samaritan legislation to guarantee immunity from legal action to physicians who provide appropriate emergency assistance during in-flight medical incidents.
4. To advocate for the inclusion of potential challenges of in-flight medical emergencies in the ordinary emergency education courses for physicians.

## Physicians

5. To inform physicians of training opportunities or promote the development of training programs where they do not exist;
6. To encourage physicians to consider whether they wish to identify themselves prior to departure as being willing to help in the event of a medical emergency;
7. To incite physicians to discuss potential problems with their own patients who are at high risk for requiring in-flight medical attention prior to their flight;
8. To encourage physicians to determine if their liability insurance includes cover for Samaritan deeds;
9. To inform and motivate physicians to attend appropriate training programs so they can make informed decisions when declaring their patients fit to travel by air.

## International Civil Aviation Organization

The World Medical Association also calls on the ICAO to:

10. Further develop precise standards in the following areas and, where appropriate, work with governments to implement these standards as legal requirements:
  - Medical equipment and drugs on board medium and long-range flights;
  - Packaging and information materials standards, including multilingual descriptions and instructions in appropriate languages;

- Medical, inclusive of mental health emergency procedures and training programs for medical personnel.
11. Define global guidelines guaranteeing physicians immunity from legal action when providing appropriate emergency assistance during in-flight medical incidents and ensure its implementation by its Member States.