



Flying and medicine: mutual lessons

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It is said the medical profession should learn from the aviation industry, which has a much better safety record. This is possibly because pilots get a mandatory 8 hours' sleep. They also have to rest between shifts, for longer than the hours worked. Pilots do everything in duplicate to ensure accuracy. Most importantly, the pilots know that if their passengers are going to die, they are going to die too. So, I think it is high time that medicine looks into emulating the aviation industry.

Next week, after rewriting my 11th revision for the *MJA* until 3 am, I am going to walk into my outpatient clinic at 12 pm (after my mandatory sleep-in) and tell my patients I was following safety regulations. Perhaps I should make an announcement on the hospital paging system:

Ladies and gentlemen, this is the doctor speaking — we apologise for the short delay. We're about 3 hours behind schedule but hope to make up some time through the day ...

I like the idea of having equal, if not longer, hours of rest after every shift. It means that when I am on call on Saturday and Sunday, I can take the next 2 days off. (Golf or tennis? The more I think about it, the more exciting it is.)

What about doing things in duplicate? Next time I check a pulse and find that it is 72 beats/min and regular, I will confirm it only after I have my registrar check it too. I can hear her saying, "right wrist flexed and pronated, radial pulse checked, 72 per minute" — and my reply, "Roger".

When we get into a plane, we are told where we are going, how long it will take, and exactly what time we will get off the plane. I think this is an excellent idea. Imagine telling a patient:

Mr Nair, you are going to the preoperative ward now to prepare for your surgery. Afterwards, you will be in the intensive care unit for 24 hours, and then stepped down to post-operative care. You will be leaving us in 7 days at 12:30 pm. Your surgeon will be —, assisting him will be —, and the anaesthetist will be —. To look after your comforts in the ward, we have the lovely Nurse — ...

Not everything is done better in aviation than in medicine though. For instance, all airline passengers (possibly except those in the front with the free French wine) are expected to exit the plane in the same condition as they entered. In medicine, we expect that they will leave in better condition. In this regard at least, the airlines should learn from us.

Once on the plane, there is the flight safety routine before departure. Imagine, during your first day at the hospital, watching a nurse demonstrating how to use a defibrillator. Having watched her do this once, you are then supposed to do it yourself the next time there is a cardiac arrest! I am not sure whether, in the panic of a "water landing", I can even put on the life vest the way they have shown me. Why can't airlines certify passengers before we board as

able to don the life vest, with recertification required every 6 months?

The seatbelt demonstration is another aviation routine that we do not need to emulate. Who does not know how to do up a seatbelt? (After all, I managed to drive myself safely to the airport so I could park in the ridiculously expensive car park.) If you don't know how to put on a seatbelt, should you really be travelling?

In medicine, we believe in evidence and scrutinise everything carefully. We do not take anything for granted. In flying, when requesting an exit seat (to more comfortably accommodate your obesity, osteoarthritis and sciatica), you are asked, "In the event of an emergency, are you willing and able to assist other passengers?" You agree, and they give you the seat. This is like believing the man with cirrhosis and delirium who lies about his alcohol intake! I

often wonder whether that fat man in the exit seat could even fit through the emergency exit, let alone help anyone else. Should we have a limit on the body mass index for exit seats? Should we have a stress test or fitness test before the seat allocation?

Then there are the oxygen masks. We do not tell chronic bronchitis patients, "In the event of your oxygen levels dropping, a mask will drop down above you" — we just give it to them. What about this idea of fitting your own oxygen mask before helping others? Just imagine if all doctors treated themselves first and then looked after the young, old and disabled. We are far more altruistic in our profession!

There is one final thing to consider in which flying is far superior to medicine: the airport lounge. If you are a frequent flyer with a gold or platinum card, you enjoy special privileges. If you are a frequent attender in the hospital, should you also have a special area for waiting, depending on your status? If you are a gold or platinum patient, unlike those with silver cards, you should not have to wait in the emergency department for 24 hours to get an inpatient bed.

I think it is time to review the whole thing. Clearly, we in medicine are good at some things; others, they do better in aviation.

Acknowledgement

This article was written in the airport lounge while waiting for a flight that was delayed due to "technical reasons". To research this article, I had to travel several thousand miles in business class from Sydney to Mumbai and back.

Competing interests

I have a platinum frequent flyer card.

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