

WMA RESOLUTION ON MEDICAL ASSISTANCE IN AIR TRAVEL

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1. 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, including older passengers and other individuals at increased risk for health emergencies. In addition, long-duration flights are common, increasing the risk of in-flight medical emergencies.
2. The environment in normal passenger planes is not conducive to the provision of quality medical care, especially in the case of medical emergencies. Noise and movement of the plane, a 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 and other factors create extremely difficult conditions for diagnosis and treatment. Even the most experienced medical professional is likely to be challenged by these circumstances.
3. 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.
4. Even well-trained flight personnel are 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 to train them specifically for in-flight emergencies.
5. Physicians are often concerned about providing assistance due to uncertainty regarding legal liability, especially on international flights or flights within the United States. While numerous airlines provide some kind of liability insurance for medical professionals and lay persons who will provide voluntary assistance during 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 a sudden medical crisis. The financial and professional consequences of litigation against physicians who offer assistance can be very costly.
6. Some important steps have been taken to protect the life and health of airline passengers, yet the situation is far from ideal and 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.
7. National Medical Associations have an important leadership role to play in promoting measures to improve the availability and efficacy of in-flight medical care.

8. Therefore the World Medical Association calls on its members to encourage national airlines providing medium and long range passenger flights to take the following actions:
 - a. Equip their airplanes with a sufficient and standardised set of medical emergency materials and drugs that:
 1. are packaged in a standardised and easy to identify manner;
 2. are accompanied by information and instructions in English as well the main languages of the countries of departure and arrival; and
 3. include Automated External Defibrillators, which are considered essential equipment in non-professional settings.
 - b. Provide stand-by medical assistance 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 available to assist.
 - c. Develop medical emergency plans to guide personnel in responding to the medical needs of passengers.
 - d. 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.
 - e. Provide 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.
9. The World Medical Association calls on its members 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 of the flight.
10. The World Medical Association calls on its members to encourage their legislators to enact legislation to provide immunity from legal action to physicians who provide emergency assistance in in-flight medical incidents.
11. In the absence of legal immunity, the airline must accept all legal and financial consequences of providing assistance by a physician.
12. The World Medical Association calls on its members to:
 - a. educate physicians about the problems of in-flight medical emergencies;
 - b. inform physicians of training opportunities or provide or promote the development of training programs where they do not exist; and
 - c. encourage physicians to discuss potential problems with patients at high risk for requiring in-flight medical attention prior to their flight.
13. The World Medical Association calls on IATA to further develop precise standards in the following areas and, where appropriate, work with governments to implement these standards as legal requirements:
 - a. medical equipment and drugs on board medium and long range flights;
 - b. packaging and information materials standards, including multilingual descriptions and instructions in appropriate languages;
 - c. medical emergency organisation procedures and training programs for medical personal.