



Louisiana Hand & Upper Extremity Institute APMC

OFFICE OF THE CHIEF COUNSEL RULES DOCKET

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January 15, 1998

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OFFICE OF THE CHIEF COUNSEL RULES DOCKET
1998 JAN 21 A 9:49

FAA
Administration
800 Independence
Washington, D.C. 20591

Dear Sirs:

I was involved in the incident aboard Flight 471, on Delta from Atlanta to Miami, on December 22, 1997. The equipment was far from adequate aboard this Delta 767. I am petitioning your agency for Part 11 of the rules for the Rule Making Act in order to alleviate this problem once and for all. This should require all operators to provide adequate equipment, as well as to have the Flight Attendants on these aircraft's trained in cardiopulmonary resuscitation. I am requesting that you open a rule making project immediately.

This incident can be referenced in the Washington Post article of, Thursday, January 15, 1998. I would also request that proceedings be started to enact a Good Samaritan Law aboard all flights so that physician's are not swayed in their decision making by the lack of a law at this time.

I look forward to a rapid response and will be happy to testify in any hearings necessary in this matter.

Sincerely,

John T. Knight, M.D.

JTK/lea

CC: Honorable John J. Duncan, Chairman
Subcommittee on Aviation
U.S. House of Representatives
Rayburn Building #2251
Washington, D.C. 20515

Mr. Jim Hall, NTSB

RECEIVED
OFFICE OF THE CHIEF COUNSEL
1998 JAN 26 P 12:07

Handwritten: John T. Knight

Handwritten: Daniel R. Knight



Louisiana Hand & Upper Extremity Institute APMC

OFFICE OF THE
CHIEF COUNSEL
RULES DOCKET
1998 JAN 21 A 9 49

January 15, 1998

NTSB
ATTN: Mr. Jim Hall
875 Frontage Road, SW
Washington, D.C. 20594

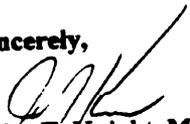
Dear Mr. Hall:

I am requesting that safety **recommendations** be given to the FAA regarding their minimum requirement for emergency **medical kits**. I was involved in the incident aboard Flight **471**, Delta Airlines **from** Atlanta to Miami on **December 22, 1997**. Please see the **Washington Post** article of January 15, 1998 for details

The recommendations should include basic **cardiopulmonary** resuscitation equipment, **such as endotracheal tubes, Ambu bags, suction, adequate oxygen and also automatic defibrillators**. This should happen **immediately**, as human lives will **be** lost as a **result**. **Furthermore, there** should be something done to allow for a Good Samaritan Law to take place aboard **aircrafts** as there is **on** land. If this does not occur then you will **find** that most physicians will not come forward in **the future**. I am asking **that this happen immediately** and I will be happy to come to Washington if **necessary** to testify about **this** incident and the appalling **things** that happened aboard **Delta** Airlines that were not even brought forth in the Washington Post article.

I look forward to a prompt reply **regarding this incident**.

Sincerely,



John T. Knight, M.D.

JTK/lea

CC: **Honorable John Duncan, Chairman**
F M

John T. Knight

Daniel R Knight

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- The Air Transport Association provides a breakdown of 1996 medical emergencies
- The Airline Pilots Association urges a cautious approach in adopting new medical standards.

In-Flight Medical Crises Outpace Equipment

By Susan Okie
 Washington Post Staff Writer
 Thursday, January 15, 1998: Page A01



"Is there a doctor on board?"

John Knight, a surgeon from Shreveport, La., was on the first leg of a vacation with his family on Dec. 22 when the plane's intercom delivered that terse question. Thus began the worst medical experience of his life.

John Knight said his attempt to rescue a woman during a flight was thwarted by inadequate equipment.

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For the next 25 minutes, as the plane descended to Miami, Knight and a fellow passenger – a newly trained paramedic who had never before treated a patient – knelt in the aisle and tried desperately to resuscitate a 25-year-old woman Lashann Royal of Deerfield Beach, Fla., who had suffered cardiac arrest.

But when Knight tore open the medical kit that the Delta flight attendants handed him, he found a stethoscope and syringes but not the equipment he needed most: a breathing tube and a device to pump oxygen into the lungs. Despite continuous



Douglas-Novak, a newly trained EMT, tried to help the resuscitate the woman on the Delta flight.

cardiopulmonary resuscitation, the two men failed to revive the young woman. She was declared dead when the plane landed.

"The thing that's been so hard about this for me – I watched a 25-year-old girl die, essentially drown, with

what I think is the ability to have made a difference.” said Knight. “And I did not have the equipment.”

Delta Air Lines, which carries more passengers than any other U.S. airline, said in a statement yesterday that its **planes are** equipped with the medical emergency equipment **required** by the Federal Aviation Administration and that its crew followed all procedures correctly.

Reported medical emergencies aboard U.S. airliners have increased almost tenfold in less than a decade, **from** about three per day during the late **1980s** to **29** per day in **1996**, according to new data collected by the Air Transport Association.

Yet federal rules for medical equipment on large passenger airplanes have not been revised since **1986**. Flight attendants are not required to be trained in basic rescue procedures such as **CPR**. Airlines are not even required to report medical emergencies to the FAA

“I would say **that** the majority of airlines do not train their people,” said **James M.** Atkins, a professor of internal medicine at the University of Texas Southwestern

At a congressional hearing last May, representatives of medical organizations, a **flight** attendants group and members of the public urged the FAA to revise the list of standard medical equipment, to require more extensive medical training for flight attendants and to consider requiring that airliners making long or over-water flights carry **defibrillators** – devices that can automatically administer an electric shock to a person whose heart has stopped. Some have also asked Congress to enact a “good **Samaritan**” law that would protect doctors and others **from** being sued after trying to treat **a sick or injured person** during a flight.

American Airlines began carrying **defibrillators** on its over-water flights last July. On Tuesday, three weeks **after** Royal’s death, Delta announced plans to put **defibrillators** and **an expanded** medical kit on all **flights** starting this summer. American has said it will provide **defibrillators** and expanded medical **kits** on all flights by next **year**.

The medical kit on **Knight's** flight last month **contained** the **standard** items **specified** by the **1986** rule. **They include** a **stethoscope**, an instrument for **measuring blood pressure**, **needles** and syringes, **and plastic tubes that can be placed in**

the mouth to keep the tongue down, as well as a handful of drugs to treat chest pain, low blood sugar, asthma and allergic reactions.

But the plane had no defibrillator, which offers the best **chance of** saving someone whose **heart** has stopped. In the absence of one, Knight looked for a breathing tube to administer oxygen. "The problem is, if you're going to give mouth-to-mouth [resuscitation] too long, they're going to regurgitate," he explained. A breathing tube would prevent the patient **from** choking.

"**If they're** going to call a doctor to come forward but not equip him with the right stuff," Knight said, "why **call** the doctor?"

Many foreign airlines provide more extensive medical kits than U.S. carriers, and several – including **Qantas, Virgin Atlantic** and Air Zimbabwe – carry **defibrillators**. **Earlier** this month, a Virgin Atlantic passenger became the first person to be **successfully defibrillated** in U.S. airspace.

The medical **kit** **now** required by the FAA "is pretty **minimal**," said David **K. McKenas**, American Airlines' corporate medical director, explaining why the company decided to add small, portable **defibrillators** on over-water flights. "For American Airlines, we saw that we just did not carry the medical equipment we needed for what we were seeing."

The new report by the Air Transport Association indicates that medical emergencies on **airliners** have become much more common in recent years. Some experts have suggested the trend may be caused by a general increase in air travel, the aging of the population., and more **frequent** travel by people with chronic illnesses and disabilities. The new information comes **from** nine member airlines – **representing 90** percent of the U.S. passenger market – that collected data on in-flight medical emergencies during **1996**.

There Were **10,471** emergencies reported, an average of **29** per day. Heart disease accounted for **1,020** of those. And while **fainting**, injuries and breathing problems were more **frequent**, heart disease was the most **frequent** category of emergency severe enough to divert a flight.

The report contains no information on how **many** people **die during** medical emergencies on **U.S. airline flights**.

“Nobody really knows that,” said Jon L. Jordan, the FAA's federal air surgeon. A passenger who dies during a flight is not officially pronounced dead until arrival at a hospital or a coroner's office, and airlines are not required to obtain follow-up information on medical emergencies or report them to the FAA, he said.

Lashann Royal had been feeling tired for several weeks before the Delta flight, her **family** later told the medical examiner investigating her death. Six feet **tall** and lanky, Royal was a former high school basketball player who worked as a secretary. A fellow passenger told the medical examiner that shortly **after** boarding the plane in Atlanta, she went to sleep.

It wasn't until the woman sitting beside Royal tried to awaken her, about a half-hour before the plane was scheduled to land, that anyone realized something was wrong and called for a physician.

Knight said he waited for about five minutes, then got up and asked **some flight** attendants standing at the **front** of the first-class cabin whether they had found a doctor. They had not, and only then did they lead him to Royal, who was lying in the aisle attended only by a fellow passenger. No one was administering **CPR**.

Delta Air Lines said in its statement that its **flight** attendants are routinely taught **CPR** as part of their initial training but that annual **recurrent** training only addresses basic **first** aid.

Douglas Novak, a San Francisco man who had just completed a training course as a paramedic, saw Knight hurry into the economy-class cabin. Peering down the aisle, he saw another passenger about to press on the unconscious woman's chest – but **from** the wrong position.

“It looked like he was going to start compressing the liver,” Novak recalled. “It scared the hell out of me, so I ran over there and got him out of the way.”

As the two men's families and other passengers watched in **fascinated** horror, Novak knelt at Royal's side and pumped on her chest while Knight blew air into her **lungs after** every five chest compressions. Between breaths, Knight called for the plane's medical **kit**.

A flight attendant brought out a box bearing a notice that said "To be opened only by a doctor." Knight tore off the

seal with his teeth but didn't find what he was looking for

“What she really needed . . . [was] a tube down her airway” to administer oxygen and protect her **from** choking, Knight said.

Sure enough, **after** a few more breaths, vomit filled the woman's mouth and partially obstructed her airway. Knight tried to clear her throat, spat the vomit **from** his own mouth and kept giving her breaths. “It was just fighting an endless battle,” he recalled.

Knight and Novak kept up their efforts until the plane landed and Miami paramedics took over. But Royal was declared dead on arrival at a Miami hospital. Her family declined to be interviewed for this article, saying they were still in shock over her death.

Initially, Knight was worried that Royal might have been infected with hepatitis or the human **immunodeficiency** virus, which causes AIDS.

“**I'm** thinking, **did** she die of a drug overdose?” he said. “I was fearing the worst.”

Royal tested negative for HIV and hepatitis viruses. Other tests found no evidence of alcohol or drugs – no cocaine, no amphetamines, no chemical reason for her heart to have stopped.

The only explanation for her death that doctors have **identified** so far is a relatively minor heart abnormality: mitral valve prolapse. **In** this condition – common in young women – the delicate flaps of the mitral valve, which separates the upper and lower chambers on the **left** side of the heart, are somewhat more mobile and “floppy” than **usual**. Most people with mitral valve prolapse have no symptoms. Some have episodes of chest pain or irregular heartbeat. On rare occasions, the condition causes sudden death.

Roger **Mittleman**, the chief medical examiner for Miami and Dade County, said Royal apparently died **from** natural causes. Pathologists are studying the conduction system of her heart, the specialized cells that **carry** electrical signals that coordinate the heartbeat. **If no further** abnormalities are found, he added, the medical examiner's office will probably ascribe the death to cardiac arrest associated with mitral valve prolapse.

Jordan, the federal air surgeon for the **FAA**, said that when the current rules for the in-flight medical kit were drawn up more than a decade ago, the agency proposed including more drugs and medical equipment. But he said some medical groups "cautioned us against putting a lot of sophisticated equipment or medications on board aircraft" and warned that some drugs and devices, in inexperienced hands, "could do more damage than good."

Jordan said the FAA is analyzing a new set of data on in-flight medical emergencies and has not yet decided whether to propose new rules on medical equipment.

Knight said he is encouraged by Delta's decision this week to provide **defibrillators** and expand its medical kit, but he thinks the FAA ought to **require CPR** training for all flight attendants and better medical kits on **all** airlines.

"This has changed my life," Knight said. "Every night since then, I have relived this. I'm not the sort of person to have nightmares, normally. You go through your training, you see people die **all** the time. But in a hospital, you slept at the end of the day because you knew that you had done everything you could have done. In this case, it's not that way."

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