

Adventures at 35 000 feet

Garth Dickinson, MD

SEE ALSO CONTROVERSIES, PAGE 276

Several years ago I was flying home from the west coast, where I had been a representative of CAEP at the annual Royal College meeting. In those lean years, CAEP was not just dollar conscious, they counted quarters, dimes and nickels. I was flying on the cheapest fare available, booked months in advance. Given my privileged economic status, I was seated beside a young mother, also a doctor, and her joyously inquisitive 18-month-old child. My facial hirsutism, normally a source of terror to young children, fascinated my infantile, lap-dancing neighbour, who gleefully tore at my beard whenever mother loosened her grip. As the flight attendant pushed the welcoming orange juice toward me, dodging the bouncing baby, it slopped onto my lap. It was going to be a long flight.

An hour later, my facial hair considerably thinner, I was leaning away from the yo-yo with hands on the seat next to me, feigning sleep. An angelic voice uttered the words "Dr. Dickinson." I looked up to encounter a radiant smile and bright shining eyes. A beautiful woman had taken over the body of my flight attendant. Had she been transformed into a stewardess? "I am sorry, you've made a terrible mistake, I'm not travelling business class today," I thought. "Yes?" I said.

"We have a passenger in some distress; could see her?" I never intentionally fly as "doctor." This flight had been booked for me. As I walked to the back of the plane, I realized the plane was seriously infested with doctors, all returning from the same meeting. I greeted half a dozen and recognized at least another 10. Well, if I needed a consult, all the specialities seemed to be covered and it would probably take them less than 2 hours to respond.

My patient was gasping. She had one of those weird orange plastic oxygen masks, usually only seen in the safety video, on her face. I was reminded of playing "telephone" as a child, two tin cans attached by a string. Her tubing was attached to the overhead panel. Maybe the captain

had one of those orange things over his ear, listening.

I introduced myself, knelt down in the aisle and took a history. It soon became clear that the problem was 10% COPD and 90% fear. At that time, the Air Canada first aid kit consisted of a few band-aids and some acetaminophen. Since I had no doctor props, I took a pulse and did some kind of pseudo chest exam, all the while chatting and administering the profession's most efficacious therapy, high dose reassurance. Treatment was a success, and when my patient removed her mask because it was interfering with her telling me a story about her third cousin, it was time for discharge.

Back in my seat, I was thanked profusely by the flight crew and handed a form to complete, so that Air Canada could contact me and properly thank me for volunteering to help. It had to be a free trip! As I filled in the spaces on the form, I could feel the Caribbean sand between my toes. My youthful new friend had fallen asleep in his mother's arms and the orange juice stain on my pants was now dry and would probably wash out. Things were looking up.

Air Canada never did contact me, but my patient did. She called the hospital and arranged to consult with me after one of my shifts. She was off to the UK to visit her daughter and needed my advice for the flight. I prescribed some common sense and confidence that all would be well, she responded with that most potent of patient reports, sincere, high dose appreciation.

My toes were cold all that winter, and the only thing that came between them was sock lint. But even as I trudged through the slush, a warmth would fill my chest and a smile would strain my chapped lips, as I thought of my grateful patient and a happy mother-daughter reunion on the other side of the Atlantic.

Correspondence to: gdickinson@cromedica.com

Senior Associate Editor, *CJEM*