

Come fly with me!

MIGA

The Medical Insurance Group



Even as a medical student you never quite know when you could become involved in a **medical emergency**

Matthew Rackham, a student member of MIGA, recently found out how quickly you can be left 'holding the baby' once people know you have had some medical training!

I remember in our first week of study one of the academic staff saying to us, "Know your CPR. Now you are a medical student people will expect you to do it if the situation arises." This isn't a story about administering CPR (which I am very thankful for) but it certainly pushed my reasoning skills.

In December last year I was flying to Perth when somewhere about 20,000 feet above the Nullarbor Plain a middle-aged businessman across the aisle from me turned a colour of grey that put his suit to shame. He was a big man, overweight and in his fifties and experiencing shortness of breath, chest pain and fluctuating levels of alertness. The cabin staff started to get a little nervous because there wasn't much else (except if he arrested) that they could do.

I think there is a common belief that all medical students know how to handle an emergency.

We all know it is a myth, but it seems to be a persistently common belief. We've all been asked to look at a lump or listen to a heart sound and if you're in an emergency the expectation on you might be to lead CPR.

It's only human to try to offload heavy responsibility onto someone who might know something more than you do, and a medical emergency is only one example.

As soon as I admitted that I was a medical student and might be able to assist in a small way I became their favourite passenger. However, when in a plane, I would generously estimate that the amount of useful knowledge that I have that could assist someone in this case is about 10% more than the cabin crew. For example, how useful is it to know about murmurs when the noise of the plane drowns out all other sounds? Can I work a defibrillator better than a Flight Attendant? How much oxygen should you give when the tank has only two settings "Off" and "High"? I took a brief history and simple observations but there wasn't much more I could do. However, this story did get interesting; MIGA wouldn't publish it if it was not!

Qantas pay an international medical services company to provide 24-hour medical advice to them. My history and observations were relayed to their consultant and the question

came back: "Do you think this patient will make it to Perth, or would they benefit from landing in Kalgoorlie and getting to a hospital about 10 minutes earlier?" They understood I was a medical student, but the pilot was prepared to land there if it was necessary and he had already brought the plane down to about 10,000 feet to improve the cabin oxygen level.

I felt the patient would make it onto the ground in Perth as he was now maintaining his consciousness but how was I to know whether that would last? The truth is I didn't know, I was just hoping. I've only ever seen one cardiac arrest before and that didn't encourage me to have to be a part of another one on that plane. The prospect of dragging a 100kg man halfway up the plane to that little alcove at the front to get enough space for CPR did not excite me at all. Thankfully he did make it to Perth; the airport traffic was cleared with the plane landing as a priority and they had an ambulance waiting. I breathed a sigh of relief.

When I spoke to MIGA after the flight they assured me I was covered in terms of my indemnity. **I have the free insurance that MIGA offer and although I didn't think I'd need it when I took it out, I'm sure glad that I did** after that unexpected incident! If those extra 10 minutes had made a difference to his health then my insurance might have been required!

By **Matthew Rackham**
Medical Student, University of Adelaide

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