

Letters to the Editor

In-flight Medical Emergencies and Medical Legal Issues

Original Article: In-flight Medical Emergencies

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See additional reader comments at: <https://www.aafp.org/afp/2021/0501/p547.html>

To the Editor: We commend Drs. Hu and Smith for their article. The authors note that the Aviation Medical Assistance Act of 1998 protects the Good Samaritan health care professional because there has not been a court case for in-flight medical emergency care. We agree that litigation against physicians who provide in-flight medical emergency care is rare,¹ but physicians should not underestimate the potential for lawsuits. The Aviation Medical Assistance Act does not prevent a passenger or family member from initiating a lawsuit for their in-flight medical emergency care; subsequently, for the Aviation Medical Assistance Act's indemnity, physicians must demonstrate that they provided the standard of medical care. In one lawsuit for an in-flight medical emergency that the court dismissed, the physician acknowledged the personal financial losses, time to review documents, deposition session, and most of all, the significant stress related to the litigation.²

Airline companies in the United States are ambivalent about providing legal assistance for an in-flight medical emergency, and a physician's malpractice policy may not provide support for a legal defense.^{3,4} Good Samaritan status could also be jeopardized if the physician accepts any compensation from the airline, including nonmonetary gifts such as mileage points, seat upgrades, and travel vouchers.⁵

There is a moral obligation to treat an ill passenger during a commercial air flight; however, physicians should be aware of the extent and limitation of the indemnity provided by the

Aviation Medical Assistance Act, airlines, and malpractice policies.

Editor's Note: This letter was sent to the authors of "In-flight Medical Emergencies," who declined to reply.

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Corrections

Incorrect measurement. In the article "Management of Infants Born to Mothers with HIV Infection," (July 2021, p. 58) the HIV RNA load threshold for recommending a cesarean delivery was incorrect in the second sentence of the Perinatal Transmission section on page 58. The sentence should have read "Strategies to prevent mother-to-child transmission include giving antiretroviral therapy (ART) to mothers with HIV infection and their infants, scheduling cesarean deliveries for women with an HIV RNA load greater than 1,000 copies per mL or an unknown viral load at the time of delivery, and providing formula instead of breast milk to infants of mothers living with HIV." The online version of this article has been corrected.

Missing reference. In the article "Out-of-Hospital Birth," (June 1, 2021, p. 672) the citation for reference 60 was inadvertently omitted (page 679). The citation should have read: "Ecker J, Minkoff H. Home birth: what are physicians' ethical obligations when patient choices may carry increased risk? *Obstet Gynecol.* 2011;117(5):1179-1182." The online version of this article has been corrected. ■

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