Early in their first year of training at Louisiana State University Health Sciences Center (LSU), Heather Duplessis and Lauren Bagneris learned basic life support training. They didn’t expect to be using those skills during their summer vacation, however.

But that’s what happened. In route to Greece, the two rising second-year medical students encountered an emergent situation on a flight and, with no physicians on board, offered support to a sick passenger who fainted. Accounts of the news went national, making Duplessis and Bagneris med student celebrities for a few weeks.

AMA News caught up with the two aspiring physicians recently and got their account of the events on the plane and what lessons medical students can take away.

AMA: What happened on your flight?

Bagneris: When we were on the plane, Heather and I were doing our work because we are also pursuing our MPH at the same time as our MD, and so we were doing our practical experience work. My sister turned around, she was sitting in front of us, she said ‘hey y’all someone needs your help.’ Heather and I looked out to the aisle and that’s when the flight attendant said, ‘is there any medical professional on board?’ So, Heather and I started looking around the plane to see if a fully trained medical professional stood up and when we realized nobody was, we identified ourselves as medical students.

We emphasized that we were students going into our second year and the flight attendant said, ‘we’ll take what we can get.’ We stood up and went to the passenger and that’s when we started assessing the situation. We started off by trying to calm her down, making sure she was OK and then we started asking about her medical history, including what medical conditions she had previously and what she had done that morning. We realized she was most likely suffering from low blood sugar. She hadn’t eaten that morning and she indicated she was diabetic, so we luckily had people on the plane to help.
They got some juice and a fan to cool her down.

Then we communicate with the doctors on ground via the flight attendant to get her vital signs. We took her pulse, measured her blood sugar—because she had her own kit—and we took her blood pressure as well.

After that she started feeling much better. We had half a flight left to New York for our connecting flight to Greece. So, we sat down and got back to doing our work. The flight attendants and other passengers thanked us.

Learn how adversity drives one medical student’s congressional advocacy.

AMA: Are you surprised at how big a story this has become?

Duplessis: That definitely caught us both off guard. We didn’t expect it to make the news at all, let alone go viral. The amount of support and kind words and encouragement and motivation, it’s all been an amazing experience. A lot of those testimonies are much needed for us as we go into that second year of medical school. It is very energizing and motivating.

AMA: What lessons from your first year of medical school did you utilize in helping this patient?

Bagneris: We have practical skills lab all throughout first year. Starting as soon as we begin school, we get CPR and basic life support training. Even though we were primarily virtual this year in terms of the basic science classes we did still prioritize coming into school for our skills lab training. Luckily, Heather and I were partners throughout the entire year for all skills labs. We took blood pressures on each other and measured each other’s pulse, so anything that we were learning in terms of those necessary skills, we started practicing together at LSU. We were extremely grateful that we did get that training and that LSU prioritized that even in the middle of a pandemic.

AMA: What do you think this incident says of the aid medical students can offer in emergencies?

Duplessis: Our skills lab facilitator is amazing. He teaches everything in a way of framing it that we are going to need to use these skills one day. I’ve never felt under-estimated by my professors. If anything, they are very encouraging.

It’s also important for medical students to remain within the scope of their training. We wouldn’t have intervened if the situation was beyond our skill set. It’s important for medical students to make sure they are operating within their knowledge base.
AMA: There have been instances in which Black physicians have been denied the ability to treat patients during in-flight emergencies—lacking credentials was cited as the reason by the airline. As two Black medical students, did you feel supported by the crew during this situation?

Bagneris: It seems like different airlines have learned and understand that if someone says they have the skill set and feels comfortable in that setting to stand up, that they most likely can help. It’s important to trust those individuals. That’s what the crew did. They were nervous. Everyone on the flight knew they had to do whatever they could to help that passenger. We as medical students knew we could only help to the capacity of our own knowledge. As a student going into the health care the first thing you are taught is “first do no harm.” Anyone willing to help is likely to know that and will only help to the point that they can. That’s putting the passenger’s health and needs first.

Duplessis: We definitely felt supported by everyone on the plane. Other passengers were helpful. In no way did I feel like my skills to help this patient were diminished by the color of my skin, and I do hope the airlines have learned for that past experience.

AMA: As you begin your second year of training, how do each of you see your future in medicine?

Bagneris: I’m interested in pursuing cardiology, and I’m really interested in the public health aspect of the social determinants of health and how it affects heart health in minority communities. I’m currently the president of the cardiology interest group on campus and Heather and I are co-presidents of LSU Chapter of the Student National Medical Association, which is a minority national organization focused on increasing physicians’ ability to help underserved population. Duplessis: Right now, I think I want to go into maternal fetal medicine. We both have taken this interest in lifestyle medicine. I want to be able to emphasize that with my patients and hope to use it down the line to help influence maternal fetal medicine and high-risk pregnancy outcomes.