INTRODUCTION

At the AMA House of Delegates 2017 Annual Meeting, Resolve 3 of Resolution 516-A-17, “In-Flight Emergencies,” introduced by the Minority Affairs Section and referred by the House of Delegates (HOD), asked:

That our American Medical Association (AMA) support and advocate for a requirement that flight crews will no longer be required to verify a medical professional’s credentials before allowing that person to assist with an inflight medical emergency (IFME).

The original resolution explains that in instances of heart failure a lack of oxygen can cause brain damage in only a few minutes. “A person may die within 8 to 10 minutes and may experience cognitive deficits if deprived of oxygen for greater than 4 minutes.” Thus, the extra time it would take for flight staff to verify credentials of a passenger offering to render emergency medical assistance during an IFME could lead to a negative patient outcome.

This report will outline the current requirements concerning the verification of a medical professional’s credentials in the event of an IFME and existing AMA policies on physician identification of credentials and delivery of health care by Good Samaritans.

BACKGROUND

The Aviation Medical Assistance Act of 1998

Currently there is no federal law mandating that air carriers verify medical credentials or identification before allowing medical professionals to assist in emergency situations. - The law only requires that air carriers believe in good faith that an emergency volunteer is medically qualified, in order to not be liable for damages arising out of the acts or omissions of the passenger (e.g., a physician passenger) rendering assistance of a passenger during an IFME. In relevant part, the Aviation Medial Assistance Act of 1998 states that:

SECTION 5. LIMITATIONS ON LIABILITY. (a) Liability of Air Carriers.--An air carrier shall not be liable for damages in any action brought in a Federal or State court arising out of the performance of the air carrier in obtaining or attempting to obtain the assistance of a passenger in an in-flight medical emergency, or out of the acts or omissions of the passenger...
rendering the assistance, if the passenger is not an employee or agent of the carrier and the
carrier in good faith believes that the passenger is a medically qualified individual.

Online Forum

A comment on Resolution 516 was provided by a physician on the online forum. The commenting
physician expressed opposition to the resolution for a number of reasons. First, he drew from
personal experience and explained that a customary procedure already exists for a physician to
come forth with the appropriate medical documents before treating an individual. Next, he
explained that there are enough examples of individuals who attempt to act as a physician without
credentials to justify having a flight crew member verify identification in order to protect patients.
He also explained that credentialing should not be taken lightly. Lastly, he highlighted that most
commercial flights today have Wi-Fi capability and crews can easy and quickly check credentials
with state medical boards online. Note, the commenting physician interprets the requirement for
verification of a physician’s credentials as requiring either physical identification or by validation
through an online credential inquiry. As noted above, the law only requires good faith belief by an
air carrier that the passenger who volunteers to render assistance during an IFME is a medically
qualified individual. In practice, this could mean viewing physical identification or online
credentials or, could be achieved by requiring only a verbal statement by such passenger
concerning his or her credentials before allowing the passenger to provide assistance during an
IFME.

Relevant Current AMA Policy

Extensive AMA policies address IFMEs. Current AMA Policy H-45.997, “In-Flight Emergency
Care,” supports legislative provisions that grant any physician, other medical professional, or
airline employee, acting in the role of a Good Samaritan during an in-flight medical emergency, an
umbrella of immunity against legal or personal redress by the airline, the passengers, or the persons
involved in the medical emergency. Policy H-45.978, “In-Flight Medical Emergencies,” discusses
in-flight emergency medical supplies and equipment and implementation of comprehensive in-
flight emergency medical systems that ensure direct supervision by physicians with appropriate
training in emergency and aerospace medicine. Policy H-45.979, “Air Travel Safety,” encourages
actions to support education of physicians on available options if asked to render assistance during
an IFME to encourage full and effective participation when an IFME occurs.

In addition, there are existing AMA policies that address physician identification generally and
urges physicians to identify themselves by stating the full name of their certifying board. Note,
Policy H-405.987 only requires a verbal statement of credentials. Policy H-130.937, “Delivery of
Health Care by Good Samaritans,” describes basic guidelines to apply in instances where a
physician happens upon the scene of an emergency and desires to assist and render medical
assistance. Policy H-130.937 states, in part that it is the obligation of the bystander physician to
provide reasonable self-identification. This policy refers to situations in which a bystander
physician, parallel to an in-flight emergency physician, volunteers to provide emergency aid in
collaboration with EMS providers. While flight crews are not EMS providers or medical experts
this policy is instructive. Similar to the EMS team and physician, an in-flight physician and flight
crew may have to “work collaboratively” in assessing the medical emergency and providing
reasonable self-identification is appropriate. Note Policy H-130.937 only requires verbal or hand
signal verification of self-identification, not verification via physical identification or an online
credential inquiry.
CONCLUSION

Based on existing federal law (which does not require verification of medical credentials during an IFME), AMA policies described in this report, and industry guidelines on the topic of IFMEs and physician identification during medical emergencies, the Board of Trustees believes further efforts on this topic by our AMA are not necessary. It is reasonable for air carriers to determine the level and manner of verification of medical credentials (which could be achieved by a verbal statement) to establish a good faith belief that the passenger is a medically qualified individual before allowing a passenger to provide assistance during an IFME. This position would be consistent with existing AMA policies.

RECOMMENDATION

The Board of Trustees recommends existing AMA Policy H-45.979, “Air Travel Safety,” be reaffirmed in lieu of Resolve 3, Resolution 516-A-17, and the remainder of the report be filed.

Fiscal Note: Less than $500
REFERENCES

H-45.978, “In-Flight Medical Emergencies”
Our AMA urges: (1) urges that decisions to expand the contents of in-flight emergency medical kits and place emergency lifesaving devices onboard commercial passenger aircraft be based on empirical data and medical consensus; in-flight medical supplies and equipment should be tailored to the size and mission of the aircraft, with careful consideration of flight crew training requirements; and (2) the Federal Aviation Administration to work with appropriate medical specialty societies and the airline industry to develop and implement comprehensive in-flight emergency medical systems that ensure:

(a) rapid 24-hour access to qualified emergency medical personnel on the ground;
(b) at a minimum, voice communication with qualified ground-based emergency personnel;
(c) written protocols, guidelines, algorithms, and procedures for responding to in-flight medical emergencies;
(d) efficient mechanisms for data collection, reporting, and surveillance, including development of a standardized incident report form;
(e) adequate medical supplies and equipment aboard aircraft;
(f) routine flight crew safety training;
(g) periodic assessment of system quality and effectiveness; and
(h) direct supervision by physicians with appropriate training in emergency and aerospace medicine.

H-45.979, “Air Travel Safety”
Our AMA: (1) encourages the ongoing efforts of the Federal Aviation Administration, the airline industry, the Aerospace Medical Association, the American College of Emergency Physicians, and other appropriate organizations to study and implement regulations and practices to meet the health needs of airline passengers and crews, with particular focus on the medical care and treatment of passengers during in-flight emergencies; (2) encourages physicians to inform themselves and their patients on the potential medical risks of air travel and how these risks can be prevented; and become knowledgeable of medical resources, supplies, and options that are available if asked to render assistance during an in-flight medical emergency; and (3) will support efforts to educate the flying physician public about in-flight medical emergencies (IFMEs) to help them participate more fully and effectively when an IFME occurs, and such educational course will be made available online as a webinar.

H-130.937, “Delivery of Health Care by Good Samaritans”
1. Our AMA will work with state medical societies to educate physicians about the Good Samaritan laws in their states and the extent of liability immunity for physicians when they act as Good Samaritans.
2. Our AMA encourages state medical societies in states without "Good Samaritan laws," which protect qualified medical personnel, to develop and support such legislation.
3. Where there is no conflict with state or local jurisdiction protocol, policy, or regulation on this topic, the AMA supports the following basic guidelines to apply in those instances where a bystander physician happens upon the scene of an emergency and desires to assist and render medical assistance. For the purpose of this policy, "bystander physicians" shall refer to those physicians rendering assistance voluntarily, in the absence of pre-existing patient-physician relationships, to those in need of medical assistance, in a service area in which the physician would not ordinarily respond to requests for emergency assistance. (a) Bystander physicians should recognize that prehospital EMS systems operate under the authority and direction of a licensed EMS physician, who has both ultimate medical and legal responsibility for the system. (b) A reasonable policy should be established whereby a bystander physician may assist in an emergency situation, while working within area-wide EMS protocols. Since EMS providers (non-physicians) are responsible for the patient, bystander physicians should work collaboratively, and not attempt to wrest control of the situation from EMS providers. (c) It is the obligation of the bystander physician
to provide reasonable self-identification. (d) Where voice communication with the medical oversight facility is available, and the EMS provider and the bystander physician are collaborating to provide care on the scene, both should interact with the local medical oversight authority, where practicable. (e) Where voice communication is not available, the bystander physician may sign appropriate documentation indicating that he/she will take responsibility for the patient(s), including provision of care during transportation to a medical facility. Medical oversight systems lacking voice communications capability should consider the addition of such communication linkages to further strengthen their potential in this area. (f) The bystander physician should avoid involvement in resuscitative measures that exceed his or her level of training or experience. (g) Except in extraordinary circumstances or where requested by the EMS providers, the bystander physician should refrain from providing medical oversight of EMS that results in deviation from existing EMS protocols and standing orders.

4. Our AMA urges the International Civil Aviation Organization to make explicit recommendations to its member countries for the enactment of regulations providing "Good Samaritan" relief for those rendering emergency medical assistance aboard air carriers and in the immediate vicinity of air carrier operations.