

## Answering the Call: A Doctor's Duty at 30,000 Feet

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It's never a sound, but the shift that wakes me. The air feels different, like the moment before a storm: movement where there was stillness, tension where there was calm. Then comes the subtle choreography of the murmur of passengers, the swift, deliberate footsteps of flight attendants moving with purpose, the hush of uncertainty settling over the cabin. I've been here before. Each time is different yet always marked by that same sequence of whispered exchanges, a sea of focusing eyes, a clustering around one seat, and the increasingly frequent pass of flight attendants up and down the aisle. Even half-asleep or distracted by an in-flight movie, I feel it: the way the space contracts, the current of urgency begins to hum. Then, as expected, the announcement "Is there a doctor on board?" forces me to sit up straight, coming to attention.

With a total of nine flights over 3 years, the same call has broken through the cabin on four flights. It is a moment that every physician both dreads and anticipates. Instantly, my mind floods with questions: Am I ready for this? Can I help? What if I make things worse? What will the other passengers think if I fail?

As the call continues to echo through the cabin, my body moves before my brain fully catches up. Making my way through the aisle, my mind scans the possible scenarios—fainting, heart attack, allergic reaction—and I start to consider how altitude, dry cabin air, and pressurization might be affecting the body. But just beneath those clinical questions, others surge up, quieter but just as urgent. What if something goes wrong? Am I really protected by the Good Samaritan laws? In these unfamiliar settings, the fear of legal repercussions always lingers.

Even with legal protections like the Aviation Medical Assistance Act of 1998,<sup>1</sup> which shields health care providers from liability unless gross negligence is involved, hesitation remains. In the air, resources are limited, decisions are immediate, and there may be no colleagues to consult. But despite these challenges, I've come to understand that moments of uncertainty are part of the job. Medicine often operates in a gray zone, where it's not about finding the perfect solution but making the best possible decision under the circumstances.

No matter how daunting the moment, I always stand up.

One such instance occurred on a flight to Colombia. I had just completed a long flight from New York City and was on a connecting leg when I noticed flight attendants hovering around a seat. Initially, I assumed they were assisting a mother with paperwork, but the familiar announcement soon followed. Without hesitation, I stood up and said, "My name is Dr Decaro. How can I help?"

The mother, her voice tight with panic, told me her 15-month-old's lips had turned blue. In that split second, my mind raced through possibilities. Was this a life-threatening emergency or something less critical? The child had no significant medical history and had been active earlier in the flight but was now difficult to awaken. I quickly checked her vital signs: heart rate of 120 and respiratory rate of 25, both normal for her age. She was asleep but could be aroused with stimulation.

Her lungs sounded clear, though I admit it wasn't an easy assessment. I've never traveled with my stethoscope on a plane, though I always carry a spare one in my car on road trips. In medical school, I learned how important reliable tools are; but on a plane, you have to work with what's available in the aircraft's emergency kit. The equipment they provide isn't the best, certainly not up to hospital standards.<sup>2</sup> The stethoscope was no exception: a simple, disposable model that made auscultation more challenging, especially over the background hum of the plane. Nevertheless, I could detect breath

sounds and felt confident that her lungs were clear. Moments like this remind me that resourcefulness and adaptability are as important as medical knowledge when working with limited resources.

After assessing the situation, I administered supplemental oxygen and explained to the mother that her child likely had carbon dioxide narcosis, a buildup of CO<sub>2</sub> that can cause drowsiness. The child quickly perked up, much to the mother's relief.

That experience settled into me like a quiet affirmation. Even with the fear of failing, of being judged, of not knowing enough, stepping in to help someone in a moment of crisis reminded me why I chose this profession in the first place. The flight attendants thanked me with a bottle of water and some peanut M&Ms, a small but appreciated gesture that reminded me of the humanity behind these moments.

Ultimately, each time I answer that call, I'm reminded of why I became a physician. It's not about the absence of fear or uncertainty but about embracing the responsibility that comes with the privilege of helping others, even in unexpected, high-stakes environments. These in-flight moments have reinforced my belief that medicine transcends the walls of a hospital or clinic; it's a practice that operates across borders, time zones, and even the constraints of a pressurized cabin at 30,000 feet.

The decision to act in such situations is inherently personal and situational. There is no definitive right or wrong answer, only the commitment to doing the best we can in the moment. It's okay to question oneself, weigh the potential for harm, and seek personal and professional protection. These reflections are not a weakness but part of being a responsible physician. They ensure that we act with the utmost care and respect for our patients and ourselves.

Ultimately, I don't rise from my seat for recognition or reassurance that I won't fail. I stand up because this is what it means to be a physician: to act in the face of fear, to bring order to uncertainty, and to serve others no matter where we may be in the world or in the sky.

Now, when I travel, I research the emergency medical kits aboard the specific aircraft and review management of the most common in-flight health complaints to feel just a little more prepared when uncertainty knocks at 30,000 feet. And who knows, maybe I'll even get bumped to first class for my trouble!

## REFERENCES

1. Aviation Medical Assistance Act of 1998, 49 U.S.C. § 44701 (1998).
2. Hu JS, Smith JK. In-flight medical emergencies. *Am Fam Physician*. 2021;103(9):547–552.