

# The 15<sup>th</sup> Annual Downeast Ophthalmology Symposium

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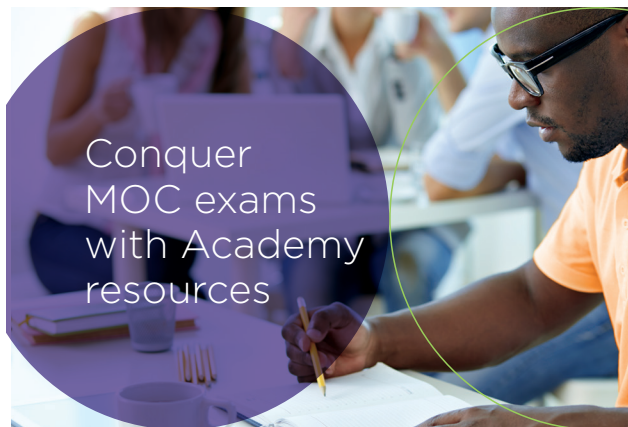
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## Letters

### A Unique In-Flight Emergency

The recent article "Prepare for In-Flight Medical Emergencies" (Clinical Update, January), reminded me of an incident several years ago.

I was on a flight reading a *JAMA* report on artificial mitral valve fractures when a flight attendant came running down the aisle calling for a doctor. A disheveled young man, deeply cyanotic, was lying face down on the floor in front of the bathroom. An ER nurse and I knelt and were moving him onto his back when a woman ran up behind us. In a loud voice, she said, "I'm his wife, and before you get started you should know that he's a lawyer and hates doctors." My assumption was that she was distraught when the large irregular scar on the center of his chest became visible. The thought that he had a cracked mitral valve flashed through my mind.

We had started CPR and he was less cyanotic and was sputtering.

"Do you have an artificial heart valve?" I asked.

"No," he said forcefully.

"What is the scar on your chest from?"

"Oh, that. The doctor didn't know what he was doing!"

"What do you mean?"

By this time, our patient was more animated, and the other passengers were staring at us.

"I was skating on a pond when I was a boy and fell through the ice. It took 20 minutes to get me out, and by the time I got to a hospital there was no pulse or blood pressure. The first doctor who saw me did everything wrong."

"What did he do wrong?"

"He opened my chest and massaged my heart. He could have done closed chest massage!" he hissed emphatically through his clenched teeth.

By this time the nurse and I were edging away and considering which false names we would give him. It turned out that he had an upper respiratory infection. The combination of that cold, with reduced oxygen level in the plane's cabin, and urinating caused postural hypotension and his collapse.

The lessons that might be derived from this experience are the following:

1. The idea of privacy while kneeling over a patient in the aisle of a plane with dozens of people trying to see what you are doing is a nice, but entirely unrealistic, goal.
2. Don't expect gratitude, or even appreciation, from the patient. The grateful individuals are usually the flight crew and the people who will not be delayed by a medical emergency landing.
3. Despite this, we, as physicians, have a moral obligation to assist to the best of our abilities.

*Philip Lempert, MD  
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