ATTENDING TO EMERGENCIES: SERVICE BEFORE SELF

Scenario 1: It has been two hours since take off from Changi Airport and the plane is cruising steadily at an altitude of 40,000 feet. Comfortably settled into your seat, you try to balance that spoon of dessert as you attempt to eat and watch the movie at the same time, all the while taking note of the queue outside the lavatories five rows aft and the approaching attendant serving coffee ten rows in front. Suddenly, the movie screen freezes mid-action and a flight attendant's voice crackles into your earphones: "We are sorry to disturb you at this time, but we have a passenger who needs medical attention. If you are a doctor, please identify yourself to the flight attendants immediately."

You think to yourself: you are on a plane with 300 other passengers and nobody knows who you are. In any case, you are on your way to a large medical conference and there has to be another doctor on board. Also, what good can a doctor possibly do with no access to any equipment or medication high up in the air?

Scenario 2: It is a busy Monday morning in the clinic. Your small waiting room is packed with patients already standing outside due to the lack of space. You are attending to an elderly patient with an acute fever and multiple underlying chronic conditions. In the treatment room next door, is a patient on the nebuliser and you can hear her coughing and spluttering away, over and above the sounds of the wailing child outside who has been inconsolable for the past ten minutes. The queue list on your computer is getting longer. Suddenly, your clinic assistant opens the small window that connects the consultation room to the reception area. With an urgent look on her face, she reports that someone had just walked in to inform that a man had fallen into a "fit" at the food court nearby and needs medical attention immediately.

You think to yourself: you have ten patients waiting in line and someone could just call the ambulance. Moreover, why did that member of the public not go to another clinic much nearer to the food court?

Many of us can identify with the scenarios given above. We are trained professionals who deliver healthcare to our patients in all areas of society. However, we differ in our areas of expertise, training and experience. Having the title "doctor" does not mean that all of us are prepared to respond to emergency situations. Some of us might be currently working in or have recently rotated through A&E departments, and are well-oiled and trained in the latest resuscitation protocols, while some of us are working in purely administrative or research positions and may not have seen a clinical case for years, and may even hesitate to use an automated external defibrillator.

Indeed, each emergency situation is unique, unpredictable and thrust upon us when we are unprepared. What is the nature of the emergency? Are there others around or am I alone? What tools do I have at my disposal? These questions assume that we are willing to help, but before we even address these, we must first think about our willingness to step forward. Do I feel professionally competent to render assistance? Am I legally liable? Will my medical protection cover me if things go wrong? Do I have an ethical responsibility to attend to a patient when a doctor-patient relationship does not exist?

PROFESSIONALISM

As doctors, we are expected to demonstrate "professional" behaviour. What does this entail? Professionals are members of society who possess a body of specialised knowledge and technical expertise, acquired through a long and structured training process. Professionals regulate themselves and profess their best interests to society through a code of ethics. A profession has a contract with society, and in the case of medicine, it is the healing of the sick and mending of the stricken. Medical ethics is about doing what is good and right. In the context of a medical emergency, society therefore expects us to come forward to help, to set aside personal needs and put the needs of society first.

This ethos is so important that it is emblazoned in the SMA logo with the words "Service before Self", and has been protected by the SMA constitution since its inception in 1959.

DIFFUSION OF RESPONSIBILITY

With this in mind, let us consider the two scenarios above. The second scenario is quite clear: the doctor is operating in his clinic and is readily identifiable by the public. He has the necessary skills and equipment to respond and attend to emergencies, whether they are within or outside the premises. Although I am unaware of a legal obligation to do so, there are ethical reasons to help and attend to

Illustration: Dr Kevin Loy

PROFILE

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emergencies when they have been brought to the doctor's attention. He should therefore attend to the emergency as soon as other more urgent cases, if any, are settled in his clinic.

However, it is different on the plane as the doctor can readily assume anonymity among the masses. In a crowd of people, there is a natural *desire* to blend in and consequently, a strong psychological *resistance* to stand out and volunteer oneself. One is less inclined to take responsibility for a situation when others are present. This **diffusion of responsibility** has been well studied and documented.

A similar social phenomenon, known as the **bystander effect**, occurs when individuals do not render help to an accident victim when others are present. Studies have shown that the probability of help is inversely related to the number of bystanders. Driving past an accident scene, you have only seconds to decide whether to help or not before the scene disappears from your rear view mirror, and that decision is influenced by this phenomenon. The mind reasons that it is not your responsibility and that there are many others who will help, or that the ambulance is probably on its way.

EXCUSES DEBUNKED

When called to attend to an emergency on an aircraft, it is no excuse to think that equipment and emergency medication are not available. Contents of medical kits vary depending on the airline, but most major airlines stock an impressive array of first aid equipment and resuscitation drugs. Just take a look at Appendix B of the International Air Transport Association's medical manual found here: https://goo.gl/mw8AD2.

In terms of medical protection cover, local indemnity providers such as the Medical Protection Society (MPS), NTUC Income and Aon do provide coverage for Good Samaritan acts. I quote the MPS's Frequently Asked Questions dated June 2016: "In the unlikely event that you are sued as a result of a Good Samaritan act, you can apply for assistance from Medical Protection, no matter where in the world the action is brought."

In 2013, Ms Alessandra Connie Leong, a final year nursing student at Ngee Ann Polytechnic, responded to a road traffic accident and was presented with a Public Spiritedness Award by the Singapore Civil Defence Force. A motorcyclist had skidded and crashed into a lamp post, and Ms Leong performed roadside cardiopulmonary resuscitation on the injured motorcyclist. She placed the needs of society above her own, and upheld the high level of professionalism of the nursing profession. A few years ago, when I was attending to an injured motorcyclist near National University of Singapore (NUS), two young men approached to offer help, identifying themselves as medical students from NUS Yong Loo Lin School of Medicine.

I therefore conclude this article with the challenge to doctors who may still harbour lingering self-doubt regarding their own expertise – if nursing and medical students are willing and able to step forward and render help in emergencies, what excuse do you still have as a qualified medical doctor? ◆