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Case Study

Flying the Unfriendly Skies: A Case Report

Brian E. Emmert Jr., BS, Alexander Rimar, MD, Maria Torroella Carney, MD *

Hofstra Northwell School of Medicine, Northwell Health System, New Hyde Park, NY

A B S T R A C T

We report the case of an older adult foreign national with severe respiratory failure who was brought via a commercial airline to the United States. Hospitalized and orally intubated in his home country, his son, a US citizen, decided to translocate his father to the United States. He purchased tickets for adjoining seats on a prominent international commercial airline and brought his orally intubated, stretcher-bound father onto the plane without any accompanying medical professionals, security screening, or preapproved transport. Despite this, they traveled to New York and phoned 911 upon landing, allowing him to bypass the standard customs procedures.

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Our instinctual desire to care for our parents can lead us down perilous paths. Although this proposition is often noble and necessary, if taken too far, it can endanger the health and safety of others. Here, we encounter the story of MR, a 72-year-old Bangladeshi citizen and on-and-off US resident, whose son's love and devotion threatened the health and safety of his father, himself, and 2 fully occupied commercial airplanes. The purpose of this brief discourse on MR's story is to inform the medical community of the occurrence of these and similar events and underscore the need for more stringent regulations to prevent in-flight emergencies, prevent the introduction of foreign infectious disease into the country, and protect the safety and efficacy of the US health care system. These types of situations can pose a threat to public health, thus requiring appropriate action be taken to ameliorate this preventable risk.

Case Report

MR, a Bangladeshi citizen and part-time US resident, has a history of heart disease, brain hemorrhage, prostate cancer, and lung cancer. While living in his home country, he was admitted to the hospital with exacerbation of chronic obstructive pulmonary disease and respiratory failure. MR required a trial of intubation and mechanical ventilation followed by a subsequent extubation and discharge home with oxygen. However, he was soon readmitted and was endotracheally intubated and placed on a ventilator. MR's banker son, Junior, was informed and traveled from his New York home to Bangladesh to be with and take part in his father's care. Upon arrival, physicians informed Junior that they could not discuss MR's respiratory condition because he was not

medically trained. Because MR was the center of Junior's life, he matriculated in a 15-hour course on ventilator usage, "becoming qualified" to be involved in his father's care. Eventually, he decided that the best medical care for MR would be in the United States.

To transport his father to America, Junior began inquiring about hiring a medevac service. This, however, turned out to be unaffordable. Next, he contacted commercial airlines, probing to see if any would be willing to transport MR. After completing the requisite Medical Information Form and submitting letters of consent from MR's Bangladesh physician that met the airline policy and procedures, 1 prominent international airline responded that they would be willing to transport MR. Junior purchased 6 first-class seats on a 1-way, 21-hour trip from Bangladesh to New York, including a layover in Istanbul. He then contacted the desired New York hospital but was informed that transport could not be arranged until after his father cleared customs. He then attempted to call the local emergency medical services but was told the same thing. He decided to simply call 911 upon landing.

To prepare for the trip, Junior observed his father's physicians control the ventilator, nasogastric tube, and suction device to learn how to use them while in the air. Because they were not traveling with any medical personnel, he needed to be sure that he would know how to manage these devices in the event of an emergency in the air.

On the day of the flight, an ambulance transported the orally intubated MR and his family to the airport and loaded him on a stretcher with his ventilator onto the commercial airplane. After a quick physical, emergency medical services deplaned, leaving the patient alone for the 2-hour trip from Bangladesh to Istanbul. Fortunately, this flight went smoothly. Upon landing in Istanbul, MR was greeted with another ambulance, which helped him switch planes during the layover. They soon deplaned, leaving them alone for the 19-hour trip to New York.

* Address for correspondence: Maria Torroella Carney, MD, Long Island Jewish Medical Center, Research Building, New Hyde Park, NY 11040.

E-mail address: mcarney@northwell.edu (M.T. Carney).

Things did not go as smoothly during the second leg of the trip. While in the air, MR became tachycardic and hypertensive. This medical event triggered a panic attack in Junior, his sole semi-competent caretaker. After pulling himself together a few moments later, he manually altered his father's ventilator in an attempt to stabilize him, using his very limited medical knowledge learned during the 15-hour course on ventilator usage.

MR and his family made it to New York safely. Upon arriving, Junior immediately called 911, and MR was immediately transported to a New York hospital. However, instead of being formally processed through customs, officers boarded the plane and confiscated MR's passport until they could verify that he was actually hospitalized in critical condition. He was neither quarantined nor examined by any physician (only paramedics) for infectious disease before being transported to the hospital.

Discussion

Although we commend the valiant effort of a son doing everything in his power to help his father, we strive to comment on the multiple risks and dangers present in this case in an effort to prevent such dangers from reoccurring. First, such a trip put MR at severe risk. Because there were no medical professionals accompanying them—Junior opted not to hire one because of the price—nobody was licensed or able to adequately care for MR should a crisis have arisen. Because of his unstable situation, critical care transport medical professionals should have been present. To elucidate this point further, consider the fact that MR was orally intubated. If turbulence occurred or MR became agitated, he could have been involuntary extubated, leaving him irreversibly unable to breathe because no one would have been able to reintubate him; MR would have died on that plane. Moreover, if MR had a more severe crisis than what occurred, the first aid that flight attendants

are trained to do may have been insufficient to assist him. Thus, by being transported on a nonmedical aircraft, MR's life was placed at serious risk.

The second main issue present is the fact that MR was so hastily transported to the hospital once arriving in America. Once the plane landed, customs officials boarded the plane and simply confiscated MR's passport for validation. Immediately after, paramedics rushed MR to the hospital, without first thoroughly screening him for infectious disease by a quarantine center because he did not come from an "infected" area or have a "life-threatening illness." With the variety of known and unknown diseases present around the world (Ebola, Middle East respiratory syndrome, and so on), it is important to ensure that persons entering the country are not infectious, especially, as in MR's case, if they have a respiratory issue for fear of easy transmission. Even if individuals do not come from "infected" locations, there is no telling with whom the person came into contact, especially if obtaining a thorough history is impossible. Thus, it is imperative that anyone who arrives to the country in such a poor state be thoroughly examined before he or she is transported to a hospital, especially if he or she is fairly stable. Failure to do so can lead to the transmission of foreign and undesirable disease within the receiving country.

Events like these pose a threat to the health of the general population. Without appropriate action taken to prevent the uncontrolled travel of ill individuals, people may presume that it is acceptable to freely travel across borders without prior approval from the receiving country or hospital, posing a public health risk of disease transmission. Thus, we recommend that more stringent regulations and policies be implemented for these situations to prevent in-flight emergencies and the dissemination of infectious diseases. Only then can we do our part to make the skies friendlier and healthier places.