

# Aerospace Medical Association

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U.S. Department of Transportation Dockets  
Docket No. FAA - 2000 - 7119  
400 7th Street, SW  
Room Plaza 401  
Washington, DC 20590

## TO WHOM IT MAY CONCERN:

The Aerospace Medical Association (AsMA) respectfully submits the following comments in response to the U.S. Department of Transportation's request for comments on the Proposed Rule for Emergency Equipment (Docket No. FAA - 2000 - 7119).

What constitutes appropriate inflight medical care capability has been a controversial issue for the past 15 years. Differences of opinion among the medical community exist because no comprehensive database describing inflight medical events and deaths exists. For that reason, the few articles that have been published in the medical literature over the years have been necessarily parochial and anecdotal. Even if there were comprehensive data, incidence rates (and frequency) of inflight illness and death would be vanishingly small when viewed in the context of 600 million passengers flying annually aboard U.S. air carriers.

Nevertheless, with the anticipated increase in air travel and a commensurate increase in elderly passengers and passengers with preexisting disease, it would be reasonable to have onboard adequate emergency medical equipment for the treatment of the more common serious illnesses including cardiac arrest. Furthermore, this is a growing expectation of the traveling public and physicians, particularly those who are called upon to treat an ill or injured passenger inflight.

The Proposed Rule very well satisfies this need by requiring air carrier operators to carry automatic external defibrillators (AEDs) and enhanced emergency medical kits on large passenger carrying aircraft. Based upon reports in the literature, there is a high degree of certitude that at least several passengers will be saved every year. The AEDs are automatic or semiautomatic, easy to use, easy

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to stow, and can be safely used by flight attendants with just a few hours of initial and refresher training. The proposed enhanced medical kit would allow a physician to better manage pain, allergies, asthma, angina, and various cardiac arrhythmias.

AsMA supports this Proposed Rule and strongly recommends adoption. However, we would propose that a medication for seizure control be included and that provisions be made for periodic review of the emergency medical kit contents and their use so as to make appropriate changes accordingly. Thank you for the opportunity to comment.

Sincerely,



Russell B. Rayman, M.D.  
Executive Director

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