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Short Commentary

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Some Unusual Emergencies

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Commentary

Emergencies are emergencies after all, and can present in so many unfathomed ways, which can at times be quite baffling. Many times a doctor may be faced with an emergency when not in a hospital environment, and he or she may be quite unprepared for the type of emergency that may be brought in. There may be times when one may not be so well conversant with a few unusual emergencies. Then there could be circumstances when there may not be any commensurate help or medicines available. Or worse still, a doctor may find himself or herself in the midst of a situation when he or she has not only to support and help with all anything that might be available, and also take a decision that could affect many other people in so many different ways. The only way to get along with such unusual situations and emergencies is to avoid one's own nervousness, and not to doubt your own capabilities because perhaps you could be the last person who may help, if anyone can, and everything then depends on your understanding of the situation and the knowledge and expertisethat you have that can be put for humanitarian cause.Shying away, ducking, and shrugging off could well be safer and easier alternative, but then one would be placing a patient at risk and perhaps being a doctor the conscience will never allow it, and it might be telling you to do whatever best you can in the interest of the patient's life.

Long ago I was selected on merit and assigned to go abroad inNovember 1993 by an Air India flight to Johannesburg, from where I was to change the craft to reach my destination in another country. The journey and the night was tiring as the flight had taken off at early dawn and I had not even taken even a short nap till then. I had just caught some sleep and were mid-air over Indian Ocean, when I heard a call from the air crew requesting for a doctor's help.Mid-air emergencies can be quite tricky as such, and with lack of back up facilities, non-availability of gadgets and medicines increasing the gravity of the situation and some panic as well [1-4]. There was this large group who were to get down at Durban, when one aged lady from that group had started having severe precordial chest pain, and the aircraft was in the air. This lady, who was a patient of angina and on treatment, was most probably having severe angina, and it was truly difficult to exclude myocardial infarction.Besides the severe chest pain that she was having for over 20 minutes or so and restlessness, she was sweating and was also feeling sick; and was slightly short of breath.With just a stethoscope that the air crew gave me, my impression was a myocardial infarction, until proved otherwise.There was Aspirin available in the first aid box, and on enquiry I found that the patient had her own supply of sorbitrate that she had in her hand baggage. That was all that I could use, along with some reassurance. On deck oxygen came very handy.A bit composed and reassured, I made her lie in a semi-reclined and propped up position as the co-passengers had willingly vacated their seats for this lady to stretch her legs.

Luckily, she became much better in just about five minutes, and I found that her breathing had eased and she was no more feeling sick and the sweating had stopped. She could talk then. Soon we were to land at Dar es Salaam in next ten minutes. The crew wanted to drop this patient at Dar es Salaam for better treatment and for the safety of the patient, but then the patient and all her group members requested the Captain of the flight to drop them off only at Durban which was about one and a half hours and also the next destination of that flight. Already an ambulance with the medical crew was waiting at the stairs of the plane to take the patient to their hospital in Dar es Salaam. It was then that the Captain sought my advice on what should be done as that group was becoming difficult and reluctant to drop down anywhere short of their planned destination. It was one of the most difficult moments for me then, and all that while there was this group and the patient staring at me with lots of expectations, and the rest of the passengers and the whole crew appearing to have glued their ears to what I would say.My words would probably have been final, and the patient may have found herself stranded and left to fend for herself in a foreign land. But then feeling a bit reassured by her present state, I told the Captain to take off the plane to Durban as the patient was quite comfortable and the pain having settled down and we still were also within the 'golden period'. My decision paid off and soon this patient was carried off in a stretcher when our plane landed, and all that while all the co-passengers had kept on

clapping in unison, and this lady blessed me for all the little help that I could offer to her in her times of need.Once the flight took off, with no more worries anymore, I went off to catch my sleepof just about an hour. I woke up when the Captain announced that the plane was beginning to touch down at Jo' Burg. To my surprise, I found a really big and nicely wrapped up big bottle of Champagne placed by my side, and the crew told me that the Champagne was a gift to me from the crew and the Captain had come along with all his crew to thank me, but had decided against disturbing my sleep and had therefore left this bottle by my side as their token of good gesture.

My further journey that day took me to my destination in another country. Soon after landing in the Sub-Saharan Africa, and on assuming my charter of duties as a medical officer, I was taken aback by some of the peculiar type of emergencies. Soon I was to realize that there could be some other type of emergencies as well that are not so routinely observed elsewhere, and from then on,they kept coming in almost unstoppably. In a lighter vein, it was a continental change for me. I was to realize soon that while until then I had been quite confident of handling any emergency, and I thought that I was quite experienced as well, I had much to learn.Besides attending to the usual emergencies and infectious diseases that I was so familiar and competent, I started getting a run of emergencies which I was not so familiar with. It started with an adult being brought in shock and severely mauled by a panther that had escaped from its captivity. His neck, back, shoulders and thighs had deep gashing wounds as he was attacked by that panther on his back. I was shaken probably as badly as that patient, as I had experience of bites and scratches from smaller animals like monkeys, dogs, rats and cats, etc. Yes, I could manage that 'case' and he had recovered fully in two weeks' time, although fatalities as well as complications are known [5-8]. But before my nerves could settle down properly, a few days later another adult was brought to me after he had sustained a python bite over the abdomen and he was rescued with difficulty from the grip and its coil. This patient had actually gone very near to that python, for both's comforts. Non-venomous snakes and python bites should be managed with appropriate care [9]. Luckily the peritoneum was not perforated, and the coil and squeeze injury took some time for full recovery.

All this while I had continued to receive many other emergencies as well, that I was comfortable and experienced in managing. I was slowly getting tuned to my new environment, and praying God for sparing me with such challenges. I remember very well that on the day when I received two patients who had been spewed with venom by a spitting cobra, I had given some extra time for prayers. Now there was this first adult on whom a spitting cobra had spewed venom, but that was on the clothed body parts and some spray over his arms when he tried to save his face from the venom.He had then caught this spitting cobra, and had brought it in a sack to show me what had troubled him. While he was narrating his problem to me, and I was busy examining him, another patient was rushed in who had accidentally opened up the sack in which this spitting cobra was held. Venom of spitting cobra can be dangerous [10].Before this inquisitive person could realize his folly, this patient had caught a spray of venom from that very spitting cobra directly in his eyes and over his face. As this had happened just a few seconds ago, I could help him quite effectively, and had asked my staff to go and release the spitting cobra in a jungle. On a lighter note again, by then I thought I had faced enough of the unusual emergencies, and like many other God fearing people, I too prayed to God for small mercies with all sincerity and some respite did follow thereafter.

In those times, there were no such readily available and reliable facilities like the internet, and one had to go by his or her own knowledge and experience and maybe by some advice and recommendations from a colleague who could be approached by telephone. Such facilities should definitely be used now as the internet and 'chat' with colleagues or experts who may be sitting far away as it would help if one is all alone. The points that I would like to make is that all those experiences did leave me a little wizened and slightly more experienced. It taught me never to lose my wits, call for help and check with peers and colleagues, and take their help and advice, and to manage with whatever is available while keeping the best interests of the patient in mind, if unable to transfer your patient to a hospital or to an expert.These days we have the benefit of better communications and also the internet. Video calls and live chat with experts can be helpful while an emergency is being shifted to a hospital.

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