

## Sprite, Please

At 50,000 Feet

It was 8 AM in late September, 2001, my first day off in 8 weeks since starting my internship. I was aboard Delta Flight 911 from New York City to Miami. Although I had been nervous about flying only 2 weeks after 9/11, I fell asleep as soon as I fastened my seatbelt for takeoff. But as we know, there is no rest for the intern, not even at 50,000 feet.

“Is there a doctor on the plane?”

Before I knew where I was and why I was running, I found myself heading to the front of the plane, blurry-eyed as all the passengers pointed me in the opposite direction.

“The back is the other way,” one of the passengers said.

I was the first one to arrive at the obtunded elderly man who was slumped in his chair between 2 anxious neighbors.

*Just keep walking, Greg, I thought. Pretend you were going to the bathroom.*

“Are you a doctor?” The steward asked.

“Yes.”

“Do you have ID?”

“No.”

“Well, then you won’t be able to help.”

*I don’t see any other volunteers.*

He paused. “OK, show us your ID later.”

Suddenly, the code was underway. We lowered the patient to the floor by the bathrooms, and the steward dragged out the emergency kit. Amazing technology: the handy little defibrillator, the self-inflating blood pressure cuff, and a grab bag of critical medicines. With some effort, we readied the equipment for use—as if that were the hard part.

“Doctor, what should we do?”

*How in the world should I know? It’s OK, Greg. It’s OK. Take a deep Zen breath, Greg. You can do this... Focus, breathe, assess.* As for the patient? I went through the ABCs. He was breathing comfortably, he had a normal sinus rhythm, and he was normotensive.

“Doctor, what should we do? Do I need to tell the pilot to make an emergency landing?”

*Do I want to make an emergency landing?*

Before answering, I knew I needed to reassess the patient and make a plan. Just as I looked towards him, he awoke. As I did my neurologic examination and rechecked his vital statistics, he quickly perked up. I heaved a sigh of relief.

The man had not had a stroke or a heart attack. He had simply fainted. Now that he was awake, the crisis was averted. Perhaps feeling the need to make an intervention, I said to the steward, “Please give him some oxygen.”

After a few minutes, the emergency was over. We escorted the patient back to his seat, and before he sat, he broke into a little Cajun-style tap dance for the crowded aircraft. The plane erupted in applause. I glided back to my seat, all eyes on me, taps on the shoulder, and enormous smiles. After a few minutes, the steward came up to me.

“I want to thank you for all you did here today,” he said. “Is there anything we can do for you? Just name it.” I was still stunned, and I felt humbled by his gracious gesture.

“Sprite, please.”

As I walked through the terminal to meet my friends, I soared with pride. For the first time since starting my internship, I was thrilled to be a doctor. I was proud not for the intervention I made, but for the privilege of being able to make it. Mostly, I was proud of being an airplane passenger whom everyone was glad to have on board 2 weeks after 9/11.

When I got home, I told my parents and my friends. They all laughed, smiled, and shook their heads, acknowledging the remarkable event. Without fail, every single one of them said, “You should have asked for first class.”

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