Letters

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In-flight medical monitoring

On a 9-hour flight home recently this week I was identified as a doctor and invited to administer metoclopramide by injection. Staff on board had reported a 'medical issue' to base advisors who diagnosed asthma leading to vomiting and advised the treatment.

While a raft of drugs was made available to me (together with an indemnity letter), monitoring equipment on an aircraft costing about a third of a billion dollars was notably sparse. An ancient cheap stethoscope accompanied an anaeroid sphygmomanometer — but the high ambient noise allowed only assessment of systolic pressure by pulse. Temperature was assessed as normal using the back-of-hand method and I was able to take a pulse and assess the respiratory rate as well as the colour of the patient. The history was consistent with a urinary tract infection with some suprapubic tenderness.

Without local guidance on interactions (and disagreeing with a remote diagnosis made thousands of miles away) I declined the invitation to administer metoclopramide, as there was certainly a risk of interactions with existing medication. I endorsed the continuing provision of bottled oxygen. At the destination a local paramedic took over care using an integrated monitoring suite that he carried on his bicycle.

As a former Royal Navy GP, I have experience of delivering care in varied environments at distance from support services but was frankly appalled that a multimillion dollar industry fails to provide inexpensive and up-to-date monitoring equipment and simple paper forms for aircrew to complete in taking advice from base. A proforma taking basic details including known pre-existing conditions and current medication would enhance care but equipment such as a pulse oximeter, thermometer, and automatic sphygmomanometer could be carried at less than a millionth of the cost of the plane and would probably reduce occasional expensive diversion events.

I will, in future, pack a pulse oximeter in my carry-on bag; others may wish to do the same. Following publication of this letter in the *BJGP*, I will forward a copy to CEOs of all UK airlines and to the Civil Aviation Authority.

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Responding to the war in Israel and Palestine

The paper by Gene Feder *et al* in the February 2024 issue of *BJGP* is a timely reminder, if one was needed, of the human suffering at times of war.[1] While all who share in the common humanity that binds us recognise the extent of dehumanisation that continues in the region since the events of 7 October 2023, we must remain mindful that wars, anywhere, lead to surrender of basic human values in pursuit of success or even vengeance on the battlefield. The extent of violence and murder of innocents in Bucha and other places in Ukraine springs to mind.

Doctors and medical personnel caught up in conflicts would remain true to basic human values born out of the unwritten covenant entered into when we embarked on the professional journey of caring for those in need. Faced with the extent of annihilation of persons and property that modern weapons can inflict, one cannot but despair at what has gone wrong and what can be done to alleviate pain and suffering.

One wishes medical personnel well, as you have done. But is expressing hope likely to make a difference? By writing, as you have done, you alert readers and the wider world that, as medical personnel, we too suffer in some small way. You serve to remind medical personnel in conflict zones of the need, first, to provide succour to those in need irrespective of which side of the conflict a patient is on. This hopefully brings home to them the unwritten covenant alluded to above, which recognises no divide.

Second, in the specific case of Israel and Palestine, those in the medical profession, removed from the conflict, could encourage physicians and others caught up in the conflict to use their influence to encourage leaders to break the cycle of violence and counter-violence that has become a way of life. In choosing to pursue this path, maybe at great personal risk to themselves, they are supported by the world medical community and the superior morals that speak to the prevention of war.

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Reference

1. Feder G, Khan A, Jewell D, Jameel S. Responding to the war in Israel and Palestine. *Br J Gen Pract* 2024; DOI: https://doi.org/10.3399/bjgp24X736257.

DOI: https://doi.org/10.3399/bjgp24X736785

The digital front door: demise of the 'therapeutic history'?

The well-intended promotion of digital solutions to improve patient access threatens the essence of what it means to 'be the GP'.[1,2] In the name of efficiency, patients are increasingly obliged first to 'talk' to a computer. This model overlooks the art of the 'therapeutic history', a sacred moment where patients put trust in the GP to hear and to interpret their story.[3] The value of 'doctor