

Heartbeats in Flight: A Real Look at Cardiovascular Risk



In aerospace, we've spent decades engineering for everything—redundancy, automation, procedural discipline. But the human element remains the most variable and arguably the most vulnerable. One risk that rarely gets front-and-center attention yet quietly shadows every flight is cardiovascular health—both for those flying the plane and those riding in the back.

This isn't about overreacting to outliers. It's about asking tough questions before the crisis hits. Because when a cardiac event happens at altitude, the consequences escalate quickly—and the outcome often hinges on what was done (or not done) well before the wheels left the ground.

What Happens When the Pilot Goes Down?

Last year, a King Air pilot collapsed from a heart attack mid-flight over California. His wife, a non-pilot, was forced to land the aircraft herself. With help from ATC, she managed to get the plane on the ground. It's an incredible story of composure under pressure—but a heartbreaking one. Her husband didn't survive.*

Stories like these aren't meant to scare—they're shared to remind us that preparation matters when the unexpected becomes reality.

Pilots are subject to rigorous medical certification, yes—but even that system has its limits. A standard electrocardiogram (ECG) also known as an EKG, doesn't catch everything. A clean bill of health at your last exam doesn't mean much six months later, especially as age and workload creep up.

Questions to ask yourself:

- Are your senior captains getting proactive cardiac screening beyond regulatory minimums?
- Have you reviewed your incapacitation protocols with your team recently?
- Could your crew coordinate effectively in the event of an in-flight medical emergency?
- Are pilot training cycles incorporating medical scenario drills, including in-flight incapacitation?

Tip: Encourage simulator sessions or tabletop exercises that rehearse medical scenarios. Preparation builds confidence—and saves time when it counts.

Passengers Aren't Immune Either

We sometimes forget that it's not just the crew at risk. Passengers can have just as much to lose when it comes to in-flight cardiac events.

On April 29, 2025, aboard a KLM flight from Uganda to Amsterdam, a passenger began showing classic signs of a heart attack. Fortunately, a cardiologist returning from a medical mission was onboard and able to intervene. Using gear, he had with him; he stabilized the passenger mid-flight—likely saving their life.**

Right place, right time. But let's be honest—that's not a strategy.

Most private aircraft aren't required to carry AEDs. Many don't. Crew CPR training? It's optional unless you've mandated it internally. And medical screening for passengers? In most operations, that's left to chance or last-minute disclosures—if they happen at all.

What you can do:

- Offer passengers a voluntary pre-flight wellness disclosure or "fit to fly" guidance.
- Ensure your aircraft is equipped with AEDs and emergency oxygen and that your crew knows how to use them.

- Include basic cardiovascular emergency response in crew training—even brief refreshers can help.
- Keep medical kits current and consider stocking basic medications (e.g., aspirin) with proper medical oversight.
- If flying internationally, identify alternate airports or diversion strategies in case advanced medical care is needed en route.

These don't require overhauling your operation. But small steps today can close critical gaps tomorrow.

So What's the Practical Takeaway?

This isn't about regulatory panic. It's about professional readiness.

Here's a balanced checklist for operators—what's required vs. what's smart:

 Action	 Regulatory Status	 WYVERN Recommendation
Oxygen systems above 12,500 ft	Required (FAR 91.211)	Baseline—check your equipment and crew training regularly
AED onboard	Not required (Part 91)	Carry one. Full stop. It's saved lives in flight.
Crew CPR and incapacitation training	Not required in most cases	Train everyone. The right 2 minutes can change everything.
Advanced cardiac screening for older pilots	Not required	Strongly recommended for pilots 40+ or with known risk factors
"Fit to Fly" guidance for passengers	Not required	Offer it. It shows care—and prevents inflight surprises.
SMS integration of health risk	Emerging best practice	Use your SMS to track and manage crew medical readiness, not just operational risk

Final Thought

Safety isn't just about dashboards and documentation—it's about people showing up ready. It's about a copilot who knows what to do when the captain slumps over. A crew

member who can use an AED. A company that talks about wellness before it's in the headlines.

At WYVERN, we don't just talk about safety as a system—we talk about it as a culture. A lived thing. One that shows up in the way we train, lead, question, and prepare. So the question isn't whether you have a safety manual. It's whether it's helping someone make a better decision tomorrow.

Because when the unexpected happens at altitude, it's preparation that keeps us safe.

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References

Wife.lands.plane.after.pilot.husband.suffers.heart.attack.mid_air; (2024, 10 08). Retrieved from Newsweek: <https://www.newsweek.com/wife-lands-plane-husband-heart-attack>

**Galgano, T. (2025, 05 18). A.man.had.heart.attack.symptoms.on.a.flight; A.cardiologist.and.a.pocket_sized.tool.on.board.may.have.helped.save.his.life; Retrieved from CNN US: <https://www.cnn.com/2025/05/18/us/plane-heart-attack-cardiologist>

Hearts.in.the.sky;understanding.the.cardiovascular.implications.of.air.travel; (2024, 09 20). Retrieved from PubMed: <https://pubmed.ncbi.nlm.nih.gov/39301896/>