



PASSENGERS AND PATIENTS

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“A patient's journey begins as soon as she/he enters the hospital.”

WHY THE DIFFERENCE?

I spent most of my professional life in the aviation industry. Now I am active in the healthcare market and although I am fairly new to it, I find the comparison between the two sectors amazing.

According to Webster's Dictionary, airline definition is “an air transportation system including its equipment, routes, operating personnel, and management.”

They serve passengers.

According to Britannica, “A hospital is an institution that is built, staffed, and equipped for the diagnosis of disease; for the treatment, both medical and surgical, of the sick and the injured; and for their housing during this process.”

They serve patients.

Patients and Passengers are actually the same people. Anybody who is a passenger can become a patient and vice versa...

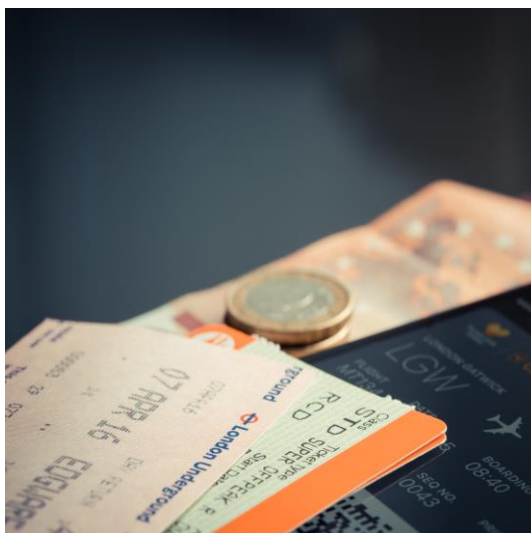
Both market sectors have complicated and expensive operations. Both are directly related to the safety of the end user. Both use technologies extensively. Both can be a matter of life and death. Both have been around for a very long time. Both are open to human errors. Both have high costs of personnel as well as equipment.

The question, now, is the following;

How come, then, global airline industry is governed by global standards and rules and anything that is related to especially safety is closely monitored but healthcare industry has extreme differences in standards of health care including patient safety as they differ tremendously from hospital to hospital even within the same country let alone in different countries on all continents?

How come airline industry has an advocate called IATA that develop global commercial standards upon which the air transport industry is built and healthcare does not have such an umbrella control mechanism?

After all, the end user actually needs the safety in both sectors.



In the airline industry, you can buy cheap tickets with a low fare airline and your need of transportation will be executed under the same standards for safety with other airlines charging a lot more for the air fare.

In the healthcare market, usually, you get the best care depending on what you can afford to get.

Airlines would not exist without passengers (except for cargo) and hospitals would not exist without patients.

Patients and Passengers are the same people but they face different standards in each sector!

Actually when it comes to human life, the risks are similar. When something happens in the air a lot of people lose their lives but the probability of the accident is not high, at the

hospitals the life of the patient depends on the severity of the illness and the treatment quality... Both has to manage safety of the people!

However, air transport has global standards and healthcare does not.

Below is an abstract from a report that has been published on the Internet in

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4710114/>

Domain	AVIATION	HEALTHCARE
History	<ul style="list-style-type: none"> • Hundred years 	<ul style="list-style-type: none"> • Hundreds of thousands of years
Key Raw Material	<ul style="list-style-type: none"> • Aircraft, usually less than 30 years old, serviced every few months 	<ul style="list-style-type: none"> • Human bodies, can live to around 100 years, check-up every 1-2 years or less frequently
Activities	<ul style="list-style-type: none"> • Pilots operate one or two types of aircraft • Episode usually lasts 1-10 hours, with same crew on board 	<ul style="list-style-type: none"> • Health care professionals have to deal with a wide variety of equipment, diseases and presentations • Duration of inpatient stay may be days or even years, with numerous changeovers of staff
Equipment	<ul style="list-style-type: none"> • There is a degree of standardisation of displays across aircraft • Most procedures are automated, with multiple back-up systems in place • Information such as weather conditions is automatically available 	<ul style="list-style-type: none"> • There is relatively little standardisation of design across medical equipment • Automation of procedures, and back-up systems, are somewhat variable, with much of healthcare being 'hands-on'
Service Users	<ul style="list-style-type: none"> • Passengers are healthy • Passengers usually have little knowledge of the crew or aircraft or airline • Crew rarely know names of individual passengers, and the captain will seldom console a passenger personally if things go wrong 	<ul style="list-style-type: none"> • Patients are sick, vulnerable and injured • Patients will often come equipped with well-researched information about their condition, their doctors and their hospital • Staff will know each patient well and may also become familiar with their families. A consultant will generally console a patient if things go wrong.
Service Delivery	<ul style="list-style-type: none"> • More homogenous • The same crew usually on board a flight • Pilots do not become acquainted with passengers, or have to console them if anything goes wrong • Comfort and luxuries rather than safety can be correlated with ability to pay • There are few subspecialties of pilots and crew 	<ul style="list-style-type: none"> • More heterogeneous with a number of subspecialties involved • Health professionals get to know their patients and build up a rapport with them • Care is personal and patients are often involved in treatment decisions • Quality of care can be related to the ability to pay, especially in developing countries • There are many subspecialties in healthcare
Safeguards	<ul style="list-style-type: none"> • Many safeguards are in place with a high degree of automatization and computerised support • There are strictly enforceable rules to exclude adverse effects of fatigue or alcohol on pilot's performance 	<ul style="list-style-type: none"> • Limited safeguards, hands-on work, and a relative lack of automatization and computerised support • Lack of strictly enforceable rules to exclude adverse effects of fatigue. Rules about alcohol are seldom made explicit or strictly enforced.
Safety	<ul style="list-style-type: none"> • Equal for everyone on plane • Fatalities can be over 100 at a time, and usually include the crew of the plane • The setting of targets is relatively infrequent, and rarely conflicts with passenger safety 	<ul style="list-style-type: none"> • Can correlate with ability to pay, especially in developing countries • Fatalities generally involve one person. Staff fatalities directly associated with patient care are very rare. • Targets may often be present, and may on occasions conflict with patient safety
Adverse Events	<ul style="list-style-type: none"> • Major adverse events are always investigated by a national body • Major adverse events are often featured in the media • Pilot immunity is often part of the reporting culture • Adverse event investigation reports are always published 	<ul style="list-style-type: none"> • Major adverse events are usually only investigated locally, though may occasionally be subject to wider investigation • Major adverse events ONLY occasionally feature in the media • Immunity is not necessarily part of the reporting culture, and disciplinary procedures are wide-ranging • Adverse event investigation reports are seldom published

One of the things that drastically changed the airline industry was the Internet. A lot of companies providing software applications disappeared or merged, on-line booking became the norm and Internet also gave full power of selection to the passengers. Basically the travel agents as we have known them before, don't exist anymore. A more knowledgeable passenger population took control of what they wanted. So the airlines started focusing on creating the best experience for them all the way from the starting point to the end point (and beyond) of their journey.

A similar trend is also happening in healthcare.

Patients are not the people they were years ago. They have a lot more knowledge. They have choices and they understand the choices (most of the time).

There is a lot healthcare industry and aviation industry can learn from each other.

The focus has to be solely on the patient. This means the safety and positive outcome includes a lot of different segments starting with the hospital building, Admission of the patient, all the way to the expertise of medical staff and thus their emotional state (being over tired is a major danger), medical devices used and their quality as well as affordability. Healthcare should be reachable by all.

Today, you see the airplanes mostly packed. Anyone who has a lot of money or little money can afford to get on a plane. Low fare airlines fly people at affordable prices with less food service- however when it comes to safety of the passengers everybody operates under the same rules globally. ATC does not differentiate routes based on what kind of an airline it is. The safety presentations, ticketing, and boarding the plane are also under the same rules.

As patients, we should also have a predictable reception to a hospital (whether a small or a big hospital), similarly trained medical professionals to treat us according to the standards and the rules of treatment should be transparent to the patient for ease of mind. In healthcare trying to relax with the worry of an operation is probably as important as the outcome. (Like the pilots that try to calm us by saying, “Now sit back and relax and enjoy the flight”).

Compassion of the people working in both sectors is also very important. Compassion is about caring....In health care it is even more important....

Some airlines have a lot of information about their passengers and they use it with compassion – such as birthdays, anniversaries etc.

When the people both industries are the same people, focusing on them and offer them the best and the most effective experience is crucial.

I believe as the new technologies emerge, this is possible.

I see the hope of getting these two industries to the level with great value for the end user can be possible with the effective application of block chain.

We still have many barriers that need to be overcome before block chain can be accepted as a mainstream technology: A lack of standards, challenges in communicating between different block chains, the need for off-chain development of open system interfaces, and getting intermediaries (who currently profit from controlling the data) to interface with block chains are all reasons to slow adoption.

Given that medical errors are estimated to be the third leading cause of death, improvements in the handling of health data is a time-critical necessity. These are early days, but with effort and experience, we can expect more of the technical limitations of block chain to be overcome and the broad range of advantages to become more compelling. There is so much inefficiency to remove and so many improvements to patient care within our grasp, that the future for block chain in health seems promising.



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If we look at the characteristics of the airline industry, they align very well with the capabilities of the block chain. Data sharing among multiple actors and touch points powers the travel journey. From booking to arrival, players can include airlines, online travel platforms, card providers, airports, immigration, government, hotels, car rental agencies and more.

Each actor requires, collects, stores and often shares traveler and operational information. In fact, a web of complex and seemingly endless data reconciliation is happening behind the scenes of every touch point of every traveler's trip.

With so many systems in play—airlines alone house data in many isolated systems from passenger service to crew management—data exchange is not always smooth. And in the airlines industry, not only are operational integrity and revenue generation at stake when something goes wrong, but so is safety and security.

Actually so is the case in healthcare...

So why wait?