VIEWPOINT

Origami and Paper Airplanes
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- In Japanese, "oru" means "to fold" and "kami" means "paper." Origami, the art of folding objects out of paper without cutting, pasting, or decorating, has its documented origins as far back as 12th century Japan. There are 2 categories of origami: one is ceremonial in nature (folded decorations attached to gifts), and the other is for recreational purposes (birds, flowers, animals, and other objects that are more familiar to most of us).

- Pediatric hospitals are designed to look and feel less like traditional adult hospitals because hospitalized children (and their parents) when confronted with potentially serious or life-threatening illnesses are less equipped to deal with these stressors than adults. Thus, many hospitals design interior spaces using warm colors, provide common areas for patients to play and interact, and develop programs specifically designed to reduce the stress and anxiety associated with diagnostic and therapeutic procedures. Pediatricians also rarely wear their long white coats because it has the potential effect of increasing a child's anxiety and stress. Many pediatricians have little stuffed animals attached to their stethoscopes so as to occupy the child with something familiar during a physical exam. Try your hand at making a paper hummingbird with a pediatric patient -- it may be a good way to relate to your young patients.

- While the origins of origami are fairly well-established, the history of paper airplanes is less certain. The origins of flying paper objects probably date back to when the first pages of papyrus were thrown at the first "trash cans," but the first flying devices to use paper were kites made in China about 2000 years ago. Early hot air balloons, such as those fashioned by the Montgofier Brothers in France in the late 1700s, also used paper in their construction. Try your hand at making a paper airplane with a young patient.

- More than 100 people die while traveling in airplanes each year in the United States. Causes of death are usually myocardial infarction or pulmonary embolus. The lower atmospheric pressure in the airplane cabin that results in lower blood oxygen levels is seen as a predisposing factor for heart attacks. In addition, passengers are sitting down for extended periods of time, which may predispose individuals to develop blood clots in their legs. Therefore, recommendations have been developed for airline passengers who may be at risk for MIs and DVTs: stay well hydrated, avoid alcohol, and take a walk up and down the aisle every couple of hours.
References


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