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Dear Editor,

I am most concerned about the differences between the AMA and SPUMS that are suggested by published letters and statements. As one of the participants in the Standards Australia committee decision that triggered this situation, I hope that the following personal view may perhaps assist in refocusing the debate in a more positive direction.

Diving medicals

I believe that the bureaucracy of Federal AMA would concur with the desirability (as opposed to the absolute requirement) for suitable training for medical practitioners undertaking diving medicals. I have recently written to Dr Wilkins of the AMA urging him to publicly support this view.

The need for training in underwater medicine arises from the lack of training offered in normal medical education and the peculiarities of the physics and physiology of the diving. Those who believe that an informed diving medical opinion is possible in the absence of such training are presumably themselves misinformed or uninformed about diving medicine and its differences from most other fields of medicine.

However there are some individuals, without formal medical training, who have gained significant, appropriate and useful knowledge of diving medicine through their work.

Occupational health nurses, military medics, non-medical physiologists and technicians are examples of persons who may have the skills necessary to ask the basic questions and perform the mechanics of a standard diving medical examination. By following a strict set of guidelines, most applicants without any deviations from "ideal health" could probably be identified by such persons. It is understandable, therefore, why some GPs without an understanding of diving medicine may feel insulted when it is suggested that they do not have appropriate skills for performing a diving medical.

The argument for trained examiners should centre on the need for counselling of diver candidates and for the judgement, further investigation and interpretation that is necessary when deviations from "ideal health" are detected.

In my experience this seems to apply for 90% or more of divers; nearly everyone has some health factor that at least requires further questioning and consideration. I believe that it was this point of view that resulted in a change of opinion amongst some of the representatives at the Standards Australia committee meeting who had supported questionnaires rather than medicals until Dr Knight and I explained the reasons for our opposition to this.

Two differing views exist as to the "purpose" of diving medicals, with both having been aired in this journal and sometimes confused within the one document.

The traditional view is that diving medicals should result in the examiner deciding upon a verdict of "fit" or "unfit".

The alternative view of diving medicals holds that the examiner is an adviser who assists the diver to make an informed decision whether to accept the risk of diving or not. There is of course a continuum of "degrees of fitness" and wide variation in the amount of risk that different individual divers see as acceptable.

The first view is routinely applied to occupational medicals, the second more commonly to the situation of return to recreational diving after an incident. With regard to entry level recreational diving medicals it would appear that opinion is split amongst doctors, instructors, instructor agencies and potential divers. It should be noted however that the basis for the second alternative is individual risk acceptance which should be of an informed nature. Without an adequate diving medical it is difficult to argue that a diver training candidate can give informed consent to training.

Much of the discussion regarding training for diving medical examiners uses terms such as "requirements". This is very open to misinterpretation when not qualified as to who "requires" the medical or the training for the examiner.

Requirements may be dictated by legislation, Australian Standards, Codes of Practice, professional standards, the speaker's own interpretation of safety standards etc. It should be remembered that recreational diving itself is basically unregulated in most States so there are no "requirements" for a medical examination in a legal sense nor therefore for training of the examiner.

"Requirements" in Australian Standards (clauses containing "shall") are merely guidelines for good practice and evidence for court hearings after an incident unless the Standard is called up by legislation or regulation. There is a valid point of view that suggests that there should not be regulation of recreational activity unless the public good is significantly at risk, and diving has been compared with other unregulated activities which appear to carry equal or higher risk.

I believe that these important underlying matters as to the purpose and place of diving medicals require further debate, as it is differences on these points that I believe

underlie many differences of opinion and obscure the desire of all to promote continuing improvements in diver safety.

The Australian Standards Committee Decision

As has been suggested, I personally support the proposal that medical practitioners carrying out recreational diving medicals should have appropriate training. I did have some concerns however about the wording used in the draft Standard that was presented to me when I was asked to join the recreational diving committee. In my postal vote on the draft I stated that I believed that appropriate editing could have resolved these concerns without losing SPUMS intentions. A large number of negative votes were received however, necessitating a further committee meeting to resolve these. In discussing the matter with Dr Wilkins of the AMA before this meeting I understood his opinion to be that formal training of diving medical examiners was highly desirable and possibly inevitable in the longer term. Nevertheless, he was apparently mindful of the position forwarded from some branches and felt that an absolute requirement for course completion should not be supported in the context of the draft's inflexible wording and two year time frame.

As it turned out, it did not prove necessary for me to resolve the differences between my personal position and my understanding of the AMA's during the meeting. The chair chose to separate the question of whether a medical examination was required at all from that regarding the training of the medical practitioners who would perform such medicals. During discussion of the former question, I supported Dr Knight's and SPUMS point of view and, I believe, helped convert the views of some of the diving instructor representatives who appeared to have an "anti-medical" opinion based upon some rather unfortunate misunderstandings.

It became clear however that some of the representatives' preparedness to accept diving medicals at all was conditional upon training for medical examiners being "recommended" rather than "required". This created the situation where my supporting an absolute requirement for SPUMS approved training would have divided the committee in such a way that a degree of consensus allowing publication of the Standard could not have occurred. A pragmatic decision thus seemed appropriate. A vote against the second question was registered by all committee members except Dr Knight and one other, enabling the first question to be carried in the affirmative, allowing the draft Standard to pass on for publication.

It was hardly the AMA alone that was responsible for diving medical training for examining doctors being recommended rather than required! I would have preferred a rewording of the section in question and further debate, however in the context of the situation I was happy that the best achievable outcome had been reached, publication of the Standard with all its other important requirements rather than an indefinite stalling resulting from the probable necessity to re-open the public submission phases of the Standards development process. I hoped, and still hope, that time will see rapid extension of appropriate training for medical practitioners who advise divers and diving trainees, and trust that the AMA will join SPUMS and others in supporting this aim.

Standards Australia committees and the AMA

The appropriateness of the AMA having a representative on a diving committee has been questioned. It is my understanding that the AMA has historically supplied a representative to various Standards Australia committees as a public service, usually at the request of others, in order to assist in public health promotion matters. This has certainly been my understanding in relation to the various diving related committees on which I have served for some years now and most of my input to these committees has been of a general nature, in no way needing to represent the "views of the AMA" in any political or member's advocacy sense. I believe that it has been very useful to have a number of medical representatives on these committees as much that is discussed requires medical opinion.

As such I welcomed Dr John Knight's addition to these committees as SPUMS representative. Input and even attendance from NH&MRC, government and Naval medical representatives has unfortunately been limited and erratic in recent years. Obviously SPUMS is an appropriate body to supply a representative, however it seems worthwhile to spread the burden of supporting travel and accommodation for multiple medical representatives across a number of sponsoring bodies. The matter of training for medical practitioners performing recreational diving medical medical examinations has been the first occasion on which I have been asked to present a specific AMA point of view. I can see few other matters on which the AMA and SPUMS would differ, and would thus hope that such differences would not arise in the future.

I make the plea that both parties leave the past behind by accepting that the present Australian Standard has been published and cannot be altered until its next review. Surely energies could be combined to promote diving safety, including that which would follow from promotion of medicals performed by appropriately trained practitioners. Co-operation is required regarding acquisition of the necessary epidemiological data to answer some of the many questions that can be validly asked about the assumptions underlying many of our present fitness "standards". Debate is required about the purpose, applicability and legal standing of the medicals we perform.

Ian Millar