

Reply

1423 Pittwater Road
Narrabeen
New South Wales, 2101

Dear Editor,

I thank Dr. Cullen for showing that there has been at least one person who has read our paper¹ critically. Before dealing with the matter which appears to trouble him most, the requirement that a doctor must acquire some knowledge of diving-related problems before giving an opinion on the subject, I will answer the other matters he details.

First, as he provides no evidence to support this statement that this paper has been "fallaciously interpreted" by the majority of members of this Society. I cannot find a basis for discussion. Indeed, I have no evidence that anyone other than he has given it any thought, let alone been influenced by it.

Second, that the study was retrospective. As there is no way known to me to monitor a significant number of novice divers during their first year of diving to record their skills, understanding, experience, dive profiles, health, etc. it has been necessary to research the problem from the episodes of morbidity. It is sadly true that the only divers who come to notice have selected themselves by dying or attending for treatment of DCS or CAGE. As there is no data concerning the numbers of divers, their frequency of diving, their age and health profiles or types of dives they perform, it was thought appropriate to provide raw numbers rather than (meaningless but neat) statistics. Indeed it is my view that however small the statistical risk may be, if it can be reduced, it should be. It is unfortunate that neither the majority of SPUMS members nor any of the Instructor organisations have recognised the value of seeking out information and sharing it, and have continued resolutely to ignore all requests that they join the research project known as "Project Stickybeak".

While I doubt whether either of the authors would actually have said "failed" to 25% of these divers if seen in life, nevertheless, rightly or wrongly, the present rules in this area state that asthmatics, epileptics and insulin dependent diabetics (among others) should not be assessed as Fit to Dive. Some such people are passed as Fit to Dive by doctors ignorant of the reasons for such rules, and this could have legal and insurance consequences.

Dr Cullen is under no obligation to undertake Diving Medicals so his claim that he is forced to take post-graduate training needs to be moderated. It seems reasonable to require anyone offering an assessment of another's fitness to know the parameters of the job or activity involved.

I believe that there are three questions which should rightly demand our attention. First, is a Diving Medical necessary (if it is, then surely it should be performed with

awareness of what are the medical problems to be considered). Second, who desires this assessment and for what purpose, the Instructor organisations for insurance and/or liability reasons, or the applicant. The degree of potential risk considered acceptable is not a medical but a legal/insurance decision. Thirdly, my research (soon to be published) shows that about half the scuba-diving related fatalities in Australia over the past 20 years have involved those who were grossly inexperienced, and that the commonest adverse factors were low-air status and failure to ditch weights and/or inflate the buoyancy vest. Cardiac factors only become a significant risk factor in divers aged 40 years and over.

There is a good case for a radical review of the content and diving practice component of present basic courses and of the support made available to novices during their first few dives performed without benefit of supervision by an instructor. The medical factor usually is less critical to survival than the experience level, but all the Instructor organisations are likely to continue to require "a medical" for their own reasons. It is they, not the medical profession, who have the simplistic belief that "medical fitness to dive" is a simple YES/NO decision. Remarkably, in Australia, they do not require that this medical assessment is performed by an appropriately informed doctor.

I thank the Editor for this opportunity to clarify matters.

Douglas Walker

Reference

- 1 Edmonds C and Walker D. Scuba diving fatalities in Australia and New Zealand. *SPUMS J* 1989; 19 (3): 94-104.

AMA POSITION ON DIVING MEDICALS

Australian Medical Association Limited
42 Macquarie Street
Barton, ACT 2600

Dear Sir,

I am replying on behalf of the AMA and of the President to your letter of 6th January concerning SPUMS' views on medical certification of divers' fitness.

Ethical position

The most recent version of the Association's Code of Ethics (copy enclosed), although focused on clinical rather than preventive aspects of patient care, contains at least four statements, as follows, which bear on any medical practi-