

*Reply*

1423 Pittwater Road  
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Dear Editor,

I thank Dr. Cullen for showing that there has been at least one person who has read our paper<sup>1</sup> 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-

tioner's ability to perform satisfactory examinations for certification of a diver's fitness.

- 1 "Practise the science and art of medicine to the best of your ability and within the limits of your expertise."
- 2 "Evaluate your patient completely and thoroughly".
- 3 "Recommend to your patient that additional opinions and services be obtained when treatment is not within your expertise".
- 4 "Accept a share of the profession's responsibility to society in matters relating to the health and safety of the public, health education and legislation affecting the health or well being of the community".

As a general principle of the AMA holds that, except in emergencies when there is no reasonable alternative, medical practitioners should not attempt examinations, diagnoses or procedures which are beyond their ability or training. The important thing is for medical practitioners to be aware of their own limitations !

The AMA considers that the overall standard of general practice throughout Australia is very high. Given that many if not most of SPUMS' members are probably general practitioners who have an interest in hyperbaric and diving medicine rather than full time specialists in those arcane pursuits, SPUMS' repeated denigration of general practitioners appear unfortunate and inappropriate.

To an impartial observer, SPUMS protestations might even be construed as a cynical attempt to capture the market in diving medicals for its members. If you find such a suggestion hurtful, I assure you that the AMA considers no less repugnant any suggestion that its motives in opposing early introduction of certification requirement for diving medicals stem from cupidity rather than from ethical and professional concerns.

The AMA is unaware of extant or pending legislation which would require specific training for medical practitioners who perform diving medicals. Does SPUMS contemplate advocacy for such legislation federally and/or in the several states and territories? Alternatively, does SPUMS believe that adoption of some relevant Standard by SAA would ensure early passage of appropriate legislation, or does it consider that the mere existence of such a Standard might be sufficiently persuasive to cause non-qualified examiners to desist? (In the absence of legislation, AMA members, who subscribe to the Code of Ethics, might be disadvantaged by non-members, equally untrained, who continued to perform such examinations.)

SPUMS appears to resist any analogy between aviation and diving medical examinations. Nevertheless, it is a fact that an acutely disabled diver can at worst lose only his own life and perhaps that of several diving companions, while an acutely disabled pilot may crash an aircraft, costing

the lives of all on board and perhaps many others besides (e.g. in the case of an accident in a city, as occurred in Holland last year). Presumably for this reason, public authorities have long since required medical examinations for crews and have designated practitioners empowered to undertake them, while this has not yet been deemed necessary in the case of divers. Of course scuba diving is a recreational activity accompanied by considerable risk, but then so are mountaineering, hang gliding, bungee jumping and rug by. To date, no legislative requirement exists for any medical examination prior to those activities, let alone examination and certification by *soi disant* "experts".

### **Risk assessment**

SPUMS apologists appear ready to make statement such as that at the end of page 203 in the SPUMS Journal you enclosed:

"Some of these people died as a result of this failure to assess them properly."

What is the evidence for such assertions? What does SPUMS consider to be the incidence and total numbers of absolute and relative contraindications to scuba diving which should have been revealed by adequate history and physical examination but are missed by "non expert" examiners? While most clinicians "just know" some things to be so, proving them is very different (as the AMA has found in its attempts to have chiropractors excluded from treating visceral/somatic conditions because of their ministrations for such complaints).

### **Availability of services**

What are SPUMS' estimates of numbers of regular or occasional sports scuba divers throughout Australia? How often does it believe medical examinations for them should be performed? How many medical practitioners does SPUMS believe are now appropriately trained and experienced to undertake the necessary examinations? What is the level of congruence between examiners' and potential examinees' numbers and locations?

### **Availability of training**

The AMA would be grateful to receive from you details of training courses in hyperbaric/diving medicine which SPUMS believes would equip medical practitioners safely to perform diving medicals. Attending longer course is difficult for many AMA members. Attracting a suitable locum tenens requires considerable planning, and course and travelling costs may considerable. You will be aware that numerous general practitioners today earn only quite modest incomes.

## Conclusion

The AMA obviously takes most seriously any representations made on behalf of a reputable and expert body such as SPUMS. The purpose of the antecedent material is simply to ensure that SPUMS fully understands that there is another side to this debate. Perhaps you would care to contact the editor of Australian Medicine, the AMA's news magazine, to explore with her the possibility of writing an opinion piece on this matter for the magazine? That would be certain to stimulate discussion of it within the AMA. I should be happy to summarise the countervailing arguments for simultaneous publication.

I shall distribute copies of your letter and of this reply to all AMA Branches and members of Federal Council and invite their further comments on the matters raised. Formal dialogue between SPUMS and the AMA should at least allow both to be more aware of the other's views and the reasons for them.

Yours faithfully,  
Dr. P.S. Wilkins

Australian Medical Association Limited

*The above has been edited down from a letter, of four A4 pages, typed with single spacing, sent in response to the paper IS THE AMA REALLY INTERESTED IN PREVENTIVE MEDICINE? (SPUMS J 1992; 22 (4):203-206). The Editor's preliminary reply appears below.*

Dear Dr Wilkins,

Thank you for your letter of 13/1/93.

I enclose a photocopy of an article in the SPUMS Journal<sup>1</sup> which makes it quite clear that doctors without training in underwater medicine were not living up to your first quote from the AMA code of ethics. They were quite clearly outside their expertise.

This is not surprising as there is no discussion of underwater medicine in the undergraduate curriculum in most medical schools and is insufficient to prepare people to examine candidates for diving (one or two lectures) in the one or two that do include the topic.

SPUMS considers that a sports diver needs a diving medical before using compressed air but sees no need for regular medicals after that. SPUMS has no desire to restrict diving medicals to its members. In fact about half those who have done the necessary courses are not members of SPUMS. The whole exercise is to raise the standard of practice and protect prospective divers.

Unfortunately there **is** evidence from studies of diving deaths that "Some of these people have died as a result of this failure to assess them properly". It will take me some time to find and photocopy the cases and I wish to send this letter today before going to work. I will therefore write again when I have had the time to gather up-to-date information and references to answer your questions.

Most of the information you require is on file with Dr Darrell Wallner, the Secretary of SPUMS, of 114 Vasey Crescent, Campbell, ACT 2601.

I hope that before the end of 1993 we will be able to convince the AMA that SPUMS is only interested in promoting good standards of practice which will offer higher quality and safer service to diving candidates.

Dr John Knight  
Editor, SPUMS Journal

## Reference

- 1 Edmonds C. MMM, the Mickey Mouse medical. *SPUMS J* 1986; 16 (10); 3-4

6 Union Street  
Newcastle NSW 2300

Dear Editor,

I wish to reply to the comments made in the letter from the Assistant General Secretary, Australian Medical Association which makes reference to the qualifications required to be a Civil Aviation Medical Examiner. As part of his defence of the AMA's position that there is no need for certification of doctors who wish to perform fitness examinations of candidates who wish to undertake scuba diving, he states that a precedent exists where Civil Aviation Medical Examiners require no training to undertake that position. I have held my examinership in that capacity for a number of years now and when I was first appointed the position was as he stated.

However since Dr. Robert Liddell has taken the position of Director of Aviation Medicine, to gain a new appointment as an examiner one must have completed the Aviation Medical Course at Monash University which is of two weeks duration. All those of us who continue to hold our position as Medical Examiner however, are also required to attend a number of Aviation Seminars which are conducted in various centres around Australia and to attend at least one Aviation Medical Society Conference each three years. It has also been stated that it is preferred that we should also complete the Monash Aviation course. A comprehensive manual is provided by the CAA.

P. C. Arnold