

LETTERS TO THE EDITOR

PERILS OF PELILEU

CORRECTION

Owing to an editorial error the date of the incident, given as 20th March 93, in Dr William Douglas' letter "Perils of Pelileu" (*SPUMS J* 1994; 24 (1): 25) was wrong. The correct date was the 20th of **May** 93.

FURTHER PERILS AT PELILEU.

Some time in 1994 a party of five divers, four Japanese tourists and a dive guide, were swept away by the current at Pelileu Point. They were missed and searched for without success at the time of their disappearance.

Five days later some of the bodies were found floating. From the entries on a diving slate it seems that at least one young woman survived for three days. She recorded seeing boats close by, but the boats missed them, and seeing aeroplanes which did not spot them.

With the present surface cover, diving at Palau, where ocean currents occur, can only be described as a hazardous occupation.

THANK YOU SPUMS

The Committee of SPUMS at the AGM announced that all the diving safety equipment, oxygen regulators and masks, intravenous fluids and giving sets, as well as other gifts from members would be given to St Mary's Hospital Vunapope as the Medical Superintendent at the Government Hospital had, on a number of occasions, refused to meet a SPUMS delegation. Furthermore the profit from the registration fee, due to the overseas guest speaker having had to withdraw, would be spent on a robots oximeter and spare parts for St Mary' Hospital. A letter from the hospital's Medical Director appears below.

St. Mary's Hospital Vunapope
PO Box 58, Kokopo
P.N.G.
21/5/94

The President,
SPUMS.

Dear Des,

On behalf of St. Mary's Hospital Vunapope, I would like to express our appreciation for your generous donations, especially the pulse oximeter.

Without donations like yours, it would be difficult to provide the level of care we currently offer to the people of East New Britain.

G.A Davies

THE EMERGENCY ASCENT TRAINING DEBATE

32 Pleasant Drive
Mt Pleasant
Waterford
Ireland

Dear Editor

I have read with interest the articles and letters in the last two issues of the SPUMS Journal. I would like to comment again. I will start with Dr Douglas Walker's article *The no air problem in scuba diving*. This is a very good, informative article. One point that also runs through statements made in other articles and letters is that "Nearly half of the diving deaths in Australia occurred in grossly inexperienced divers". This statement is to me the key to the debate. Dr Walker makes the point, but I fear not strongly enough when he refers to G K Chesterton's words through his creation Fr Brown "it is that they can't see the problem". The problem that is being presented is that "Inexperienced divers run out of air at depth and die trying to get back to the surface". To rectify the situation the factors involved must be looked at

- 1 The training and experience of the individual.
- 2 The diving environment/buddies, that is who he goes diving with.
- 3 Is he a recreational diver ?
- 4 Is he a sports diver ?

These four factors are very closely interlinked and it must be accepted that there is a difference between "Recreational Diver" and "Sports diver" and also a difference between the diving environments of the two groups.

The recreational diver

This is a person who learns about diving through a training agency or holiday dive shop. He or she learns the bare essentials to get into the water with the group. His mentality is that "I'm paying my money, it's up to my Instructor to make sure nothing happens to me." This attitude would also prevail on dive boats, taking into consideration the experience such divers say they have had where the dives are lead by company employees. These

divers believe, because they know no better, that they have enough knowledge to dive safely. The dangers of diving are never really stressed enough in their training. How many agencies tell their customers "If you make a mistake you can die"? The need for experience (i.e. time underwater in various conditions) is not emphasised enough, so one cannot blame these people for going through their course and thinking at the end of it that they know enough about diving.

The sports diver

This is a person that learns about diving either from a club or dive shop or training agency but will always join a club afterwards. This person is interested in learning about diving and in wanting to be in a safe diving environment. This is the way we operate in Ireland and also in the BS-AC. These people learn slowly and are bound by the club's rules (which are common sense rules for safety). Everyone gets to know everyone else, at least within the group frequented, and they are only allowed to dive within their experience by club rules.

I believe the club diving environment is very important to safety. After a short time everyone's capabilities become known to everyone within the group. There are always experienced people to look after the inexperienced. I do concede that there are adventurers in every organisation and some people exceed their capabilities and worst of all bring others well beyond theirs and into difficulties.

The records show that the club environment is a safe place to dive. Dr Walker again points out that the training given to novices by dive shops is critically inadequate for the diving they think they can do. The standard for training of recreational divers is controlled by finance, how much is the market prepared to pay, how quickly can they be taught and how fast can the customer get into the water.

Anyone who is involved in Instruction will tell you that one can talk for days on a subject and get people to practise techniques in the classroom until they are very proficient, but dress them up in diving equipment and put them in the sea and you find that they have got to learn all over again. It is here in, this environment, that they need to practise and lots of it. This definitely is not achieved in 4 or 5 dives. It takes time to acclimatise to the diving environment, both physically and mentally. Remember when something goes wrong at depth you cannot call out for help, you cannot ask your buddy what should you do, you literally have seconds to assess the situation, decide on a course of action and ascend, all while the ravages of panic are rampant in your mind.

The SPUMS workshop on Emergency Ascent Training (EAT) was designed to develop a policy on EAT. Contrary to Dr Walker's belief, I believe that the objective

was achieved and it went a stage further. It put forward a number of solutions. The gap that is between the two beliefs is where the starting point is. You cannot have various standards of safety for EAT. You set the standards, as this workshop has done, then it is up to the instructors to train their students to achieve the level of competency necessary to be able to perform the tasks required, regardless of the time and effort it takes. Which option is best? That is the decision of the instructor, agency or club. One thing is certain, every diver must have some knowledge and experience of EAT. You cannot say to a novice that you must not get into a difficult situation where an emergency ascent is required until you have trained for it. That is ridiculous. Every diver going under water must be given the option of a way out if his air fails. I refer now to Dr Bill Douglas' remarks about my statement "divers should not run out of air". I say it again, they should not. If they were instructed properly they would not. The exception is mechanical failure. I am most surprised at his comments about divers swimming around each other checking gauges instead of enjoying the scenery. This seems to imply that its "un-diver-like" to check gauges. Should they guess when the air is low? Or wait until it is gone? In fact this is what is happening and this is why the problem is there. To say that the underwater scenery is more important than your air supply is not acceptable at all. Is this debate taking place because its "un-macho" to check gauges?

Another theme that seems to be suggested is that independent organisations that set standards of safety should drop their standards to cover the practices of the foolhardy or novice adventurers, who that do not bother to learn about what they are getting into, or because it is too expensive to train people properly to that level. All this is totally wrong. A common standard of safe diving should be set because anything below that level is unsafe.

I would like to question some statistics. The article in the December issue of the SPUMS Journal written by D Richardson and T Cummins stating that all the dives done during instruction had a very low level of injury reported. These are controlled conditions under strict supervision, laboratory conditions one might say. One would expect nothing less from competent instructors. BUT when they leave this sheltered environment they enter the statistics mentioned in Dr Walker's article in the March issue. That the provisional report on diving-related deaths show nearly half of these deaths in Australia occurred in grossly inexperienced divers. We are back to "what" or "who" is an "experienced diver". This seems to be the real core of the problem. It seems that there is not a common base line of instruction and experience that everyone is starting from together. Each agency and organisation seems to be starting from their own start point and not from a common one. With the result that there is no common ladder of progress with which to slot in experience or at which level everyone agrees that a diver is trained.

The workshop on EAT was acceptably conclusive in highlighting the main cause of the problem and in suggesting a number of options for both the diver and the instructor. The workshop also had a very real informative periphery i.e. all the well informed articles in December and March issues. This amount of attention given to the topic should and must make people think about the importance of the subject. This was a very worth while workshop. In comparison the UHMS Workshop did not produce this amount of detailed printed material.

I would like to suggest for future workshops that the chairperson(s) should write an article outlining their thinking and current thinking on the subject. Then invite written submissions. The workshop now has a large base of material to discuss. All the submissions together with the workshop report could then be published. In turn this would generate further discussion. This is the way this one basically worked and it worked well in my opinion.

Gerry Stokes

52 Albert Road
Devonport
Auckland
New Zealand
27/4/94

Dear Editor,

The discussion of out-of-air situations in diving by Dr Walker (SPUMS Journal 1994; 24(1): 2-5) is a good demonstration of the limitations of numerator research and a great advertisement for alternative methods of assessing diving safety to analyses of deaths and accidents. Both of the latter are numerator research models and the conclusions made by Dr Walker on the basis of such data are in my opinion untenable.

Dr Walker states that because nearly half of the diving deaths in Australia occurred in "grossly inexperienced divers", that an acceptable level of training is not being achieved "by a proportion of those certified." Further, he argues that running out of air is "a serious indictment of the training they have received." Both these statements have to be considered in context; that is the absence of data about the number of dives being made without incident and the percentage of the total dives that were made by grossly inexperienced divers. These data are needed as they are the denominators to Dr Walker's numerators. Market diving surveys show that most divers stop diving within a few years of being trained. It follows that most dives then will be made by novice or inexperienced divers. At face value, from Dr Walker's mortality data, inexperienced divers would appear to be under-represented among the diving fatalities.

Data from numerator research should be treated cautiously and any conclusions be made in this context. Measurement of diving exposure is urgently needed and numerator research should be attributed a relatively low priority in assessments of diving safety.

Des Gorman

This letter was shown to Dr Walker and he has submitted the following reply.

1423 Pittwater Road
Narrabeen
New South Wales 2101
20/5/94

Dear Editor

I would like to thank Dr Gorman for his critical attention to my paper,¹ although I find it rather strange that he has presented a longer criticism in Dive Log Australia.² Dr Gorman has raised fundamental concerns, the basics of any scientific or medical investigation. He appears to have forgotten Paracelsus' axiom, that the first step to cure is to know the disease. Nobody can investigate a problem until it has been shown to exist. The investigations which he deprecates act as an early warning system.

Dr Gorman disputes the significance of the proportion of deaths which occur in trained but grossly inexperienced scuba divers. He disagrees with my opinion that running out of air, which is in most cases due to the diver failing to monitor his or her air supply, casts doubt on the adequacy of training received. He casts doubt on the value of treating incidents reports as a significant element in attempts to improve the awareness of problems which are associated with dives where functional impairment, morbidity or even death has occurred.

I find his stance surprising as no diving problems have ever been predicted by researchers or medical specialists. Such people operate in the secondary, but highly important, phase by working on the problems after they have been identified.

Dr Gorman deserves a reasoned response to the critical points he has raised, particularly as he has brought the matter to the attention of the general diving public.

The dangers of gross inexperience

My paper did not provide full details of the training of the grossly inexperienced scuba divers (those who have made less than 6 dives since finishing their training) who died. As since 1980 divers usually have had to show