## LETTERS TO THE EDITOR

## DIVING FOR THE DISABLED

8 Sloane Street Hobart Tasmania 7004 5 September 1996

Dear Editor

It suits the current American fashion for political correctness to imply that "disabled" has no more significance than "black-skinned" or "Protestant". This idea does have its advantages, but it has to be questioned when applied to our interest, that of keeping the risks associated with diving to a minimum

I draw your attention to series of papers on training people with disabilities in a recent PADI journal (*The Undersea Journal*, 2nd quarter 1996). <sup>1-4</sup> Now this is a laudable enterprise, and PADI is to be commended for promoting it. But I question some of the conclusions and recommendations in this series of articles.

The theme of the PADI statement of policy (this is what the journal amounts to) is that disabled divers, even some quite profoundly disabled, should be given every expectation not only of obtaining a basic open-water ticket, but of going on to "Advanced" and even "Rescue" qualifications.

This all implies that disabled candidates shall have passed a full dive-medical examination and poses serious questions about the philosophy behind the examination. Just what is it that we are saying when we sign the piece of paper that the student will carry to the instructor?

There are the two very basic factors that Des Gorman stresses during his dive-medical classes: will the conditions be made worse by diving and will the condition increase the risk of diving to an unacceptable level? Clearly any disabled diver must be able to answer no to both of these, but there is a corollary to the second, one rather harder to assess.

When I visit an unfamiliar dive site and board a boat, I show a card to the operator and I am paired with someone I have never met, also carrying a card. There follows a brief familiarisation with his (or hopefully, her) equipment. Then we leap into the ocean, each with some confidence that, should we get into difficulties, the other will give us a hand and, *in extremis*, will at least have a go at saving our life.

Clearly a paraplegic, a double amputee or an intellectually handicapped diver is most unlikely to be able to offer the expected assistance, yet the PADI policy would

have him or her showing the dive operator the same qualification as everyone else and entitled to claim the same facilities. The operator is then left with the invidious decision to accommodate the disabled or risk a charge of discrimination (which is not as far-fetched as it may seem).

Let us be positive about this. The industry needs to remain rational while encouraging diving among disabled people. I have dived with amputees, with a paraplegic and with a young man with intellectual disability. I testify to the enormous boost the activity can give to self-confidence and self-esteem of the disabled. But it is necessary to temper political correctness with reality. Disabled means just that, someone who is in some respect less able. Diving may be adapted to special needs. The PADI Journal gives useful advice about this. But a disabled person is unlikely to give a positive answer to the corollary to Des Gorman's second question, that is "will the condition increase risk to the diver's partner? (Yes, all right, I know PADI calls them 'Buddy".)

It is my belief that a new qualification is needed, starting with medical assessment, continuing with special emphasis on individual needs; exit and entry techniques, buoyancy skills and so on. Qualification would be recognised with, perhaps, a D card. This card would permit the holder to dive with a divemaster, or accompanied by two well-informed and practised companions, but not to act as conventional 'buddy' (awful, un-Australian word). Clearly this suggestion runs closely parallel to the ideas put forward in connection with diabetes in the June SPUMS Journal.<sup>5</sup>

I suggest the theme "Diving for the Disabled" would make a most worthwhile subject for a SPUMS Annual Scientific Meeting in the near future. I am sure all the diving organisations, and not just PADI, would make contributions, and the subject should interest a number of specialists in rehabilitation who do not usually have contact with SPUMS.

Jim Marwood

## References

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- 4 Hemsworth G. Training divers with disabilities. *Undersea J* 1996; second quarter: 28-29
- 5 Lerch J, Lutrop C and Thurn U. Diabetes and diving: can the risk of hypoglycaemia be banned. *SPUMS J* 1996; 26 (2): 62