

LETTERS TO THE EDITOR

PUBLICATION OF SPUMS POLICIES

Hyperbaric Medicine Unit
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13 January 1998

Dear Editor

I write to express some concern about an aspect of the current editing of the SPUMS Journal.

Under "SPUMS Notices" there is a segment entitled *The SPUMS Policy on Initial Management of Diving Injuries and Illnesses*. There are five authors and this appears merely to be an article.

In the first segment under "An Introduction to SPUMS Policies" there is what appears to be an attempted explanation of the rationale for society policies. However, it would seem that these "have been the product of individuals or small working groups", also workshops, and in future, the newly formed ExPresidents' Committee will be asked to develop some "Society Policies".

As a long-time member of this Society, I believe that a "Policy" is a document which should:

- 1 reflect best practice and
- 2 represent the views of the Society, or of its representatives.

It follows that nothing should be published as a Society Policy unless it has been presented, at the very least, to a formal meeting of the Executive Committee and ratified by them, as representatives of the members, as representing the views of the Society.

The views of individuals, however worthy, knowledgeable, and prominent in the society, should not, in my view, be labelled as policies of SPUMS without going through this process.

I hasten to add that I have little problem with the content on a personal note, but I believe that to push out individuals' views as the Society's Policies without any form of endorsement by the Society or its elected representatives reduces enormously the validity of the so-called Policies.

I make these remarks as constructive. If the Society is seen to allow any member, ex-member or friend of the in-group to write a piece, and then publish it as Society Policy, the Society will inevitably lose credibility.

I hope you will accept these comments as constructive, from a long-time member and occasional critic!

Harry F Oxer
Director

Key Words

Letters, policies.

Editor's Comment

In fact the Committee did consider the document and decided that it should be published at its meeting in Adelaide on November 1st 1997. However as the next meeting of the Committee has not yet occurred the Minutes of that meeting are not being published in this issue of the Journal. Dr Oxer can rest assured that the Committee has acted on behalf of the membership in the way that he desires.

A DIVER SUPPORT NETWORK

13 Rockwall Place
West Pennant Hills
New South Wales 2125
12/1/98

Dear Editor

Some time ago I had a diving accident overseas, which resulted in neurological decompression illness (DCI) which was successfully treated before I returned to Australia.

After my return I found it difficult to access a co-ordinated means of contacting medical professionals and therapists who were divers and who I felt would be more able to understand the nature of the post-traumatic stress that I was experiencing. I would also have liked an opportunity to discuss my accident with a sympathetic diver who had experienced a similar incident.

I wish to bring to your readers' attention the idea of a Diver Support Network which would offer a range of easily accessible services such as:

- 1 A means of putting an injured diver in touch with a sympathetic diver who has shared a similar experience. This would enable the diver to talk through the incident and help make re-entry to diving that much easier.
- 2 Provide a list of doctors and therapists who are divers and therefore more able to understand the nature of the diving environment and any on going problems the diver may be having. These would include anxiety disorders or post-traumatic stress.

To provide such a Diver Support Network there is a need for volunteers. The staff at the Hyperbaric Medicine Unit at the Prince of Wales Hospital, Randwick, who have helped me a lot, support the idea of a Diver Support Network. Both John Kershler and Greg Melbourne have agreed to act as contact person for the Network. Please phone them on 02-9382-3881 (0730-1630 Monday to Friday).

We need

- 1 Divers who have had a diving accident and are willing to share their experiences to help another diver.
- 2 Divers who have had a diving accident and need someone to share the experience with.
- 3 Doctors and therapists who are divers and are willing to provide professional assistance to divers after a diving accident.

If you would like to be part of this network please phone John Kershler or Greg Melbourne on 02-9382-3881 (0730-1630 Monday to Friday).

Tricia Johnson

Key Words

Accidents, letters, stress, trauma, treatment.

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9/2/98

Dear Editor

I refer to Ms Tricia Johnson's letter of 12/1/98.

The establishment of a Diver Support Network, as outlined by Ms Johnson is being supported by the staff of the Hyperbaric Medicine Unit, Prince of Wales Hospital.

In the first instance we would like to hear from persons interested in being part of this initiative in support of divers who have suffered from decompression illness.

Depending on the response it is intended to compile a directory to be used by those who feel the need for some further consultation after the hyperbaric treatments have been completed.

The contact person is John Kershler, Hyperbaric Technician, phone 02-9382-3881 and fax 02-9382-3882.

John Kershler

Key Words

Accidents, letters, stress, trauma, treatment.

DIVING FOR THE DISABLED

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Dear Editor

For the past two years we have examined the effects of snorkelling and scuba diving on people who have neurological diseases such as paraplegia, quadriplegia, hemiplegia, spina bifida, spasticity and traumatic amputation.

The purpose of our work is to establish snorkelling and scuba diving as new ways to help people rehabilitate themselves as, unfortunately, the rehabilitation system in Germany is being reduced.

At the beginning of the program each patient should develop his, or her, own sensibility for water and its characteristics. By using neoprene clothing and "ABC-equipment" (mask, snorkel, fins) these patients get the most possible independence.

The first breath under water is taken from equipment provided by the therapist. After few lessons the patients get in contact with the scuba diving utilities. Later on, the patients are taught to use their own equipment in a most independent way.

To evaluate the patients abilities and skills there are different exercises to manage: from cleaning the mask under water up to rescue a dive partner who simulates unconsciousness.

Snorkelling and scuba diving by the disabled has shown some effects which should be followed up in the coming years.

Social aspects

Scuba diving is a life-time sport which can be learned at any age.

Scuba diving offers the possibility of mixing with non-disabled people in an equal way.

Scuba diving is rehabilitation without the necessity of a medical centre or therapists.

Medical Aspects

Relaxation of muscles and reducing spasticity.

Relief of the weight support shoulder of wheelchair users.

Inhalation and exhalation training for the diaphragm and the rib muscles.

Increase of the lung's vital capacity.

Are there any similar works or research projects in the South Pacific ? We are very interested in starting international correspondence and co-operation! I can be contacted by telephoning +49-(0)551-45916, faxing +49-(0)551-3898013, or e-mail at MHELLWI@Stud.