

MSAC seem to regard themselves as the hanging judge and jury because they have traditionally only assessed new technology. For hyperbaric oxygen treatment, this was the first time they had assessed an existing funded technology and they did not perceive that when funding is withdrawn, affecting particular groups, then there should be an appropriate appeals mechanism. MSAC then proceeded to attempt to forward our appeal submission to the National Institute of Clinical Effectiveness (NICE) in the UK. NICE were unable to assess the submission and as a result MSAC has now convened its own committee again to review the appeal against its own decision. Members of ANZHMG, Drs Mike Bennett, David Smart, David Wilkinson and Bob Wong, have again been invited to join the committee.

In the interim AMA has forwarded a letter to the Health Minister protesting about the inadequate processes generally of the MSAC and seeking a meeting with the Health Minister as a matter of urgency. MSAC has recently dealt a poor outcome for the profession for trans-oesophageal echocardiography in cardiac surgery. The profession lacks confidence that the MSAC is able to deliver fair and reasonable outcomes.

At this point, we do not have a definite date for the MSAC Committee Meeting however all members have again signed confidentiality agreements and the members will need to hold themselves separate from political processes taking place outside of the MSAC's proceedings.

(Editor's note: At the time of publication this committee had met, but no report has yet been published.)

2 Status of submissions to MSAC

Detailed submissions were made to MSAC covering soft-tissue radiation injury and hyperbaric oxygen, hypoxic non-diabetic problem wounds and transcutaneous oximetry. These were in sufficient detail to be reworked into publishable documents and this is occurring progressively in between other commitments for the ANZHMG members.

3 ANZHMG list of approved indications

The current list of September 2000 has not been altered and despite the changes to Medicare, ANZHMG believes that its list of indications is reasonable, based on available evidence and in particular when comparing HBO₂ evidence against the evidence for other available treatments.

(Editor's note: The list was published in the last issue of the journal. *SPUMS J* 2003; 33: 111-112)

4 Introductory course in hyperbaric medicine 2002

This course run by Dr Ian Miller was successful and preparations are underway for the course in 2003 (see page 179, this issue). The course complements other available diving medicine courses held around the nation in that the emphasis is 80% hyperbaric and 20% diving medicine.

5 Minimum data set hyperbaric medicine

There are moves in the Australian hyperbaric units to collect

a minimum data set. The ANZHMG executive is working on this and a discussion paper will be circulated in 2003.

6 HTNA ASM, Hobart 2003

This year's meeting is being held in Hobart in the last week of August at the Hotel Grand Chancellor Hobart. Invited speakers are David Elliott and Valerie Flook.

7 UHMS Sydney 2004

Mike Bennett and his team are to be congratulated on their success in being awarded the UHMS Conference in Sydney at the end of May 2004.

David Smart, Honorary Chairman, ANZHMG

Letters to the Editor

Children and diving

Dear Editor,

I was interested to read the June 2003 edition of the *SPUMS Journal*¹ with various articles concerning children in diving. All four of my children (now adults) were keen young snorkellers. Three of them went on to Open Water Scuba certification in their early teens.

I support the current *SPUMS* recommendation of 14 years for Open Water certification.² Younger children can clearly be safely introduced to scuba activities in a swimming pool. However, fundamental skills to be developed early are competent swimming, snorkelling and confidence in the open water environment. Once these skills are well established the addition of scuba equipment is a natural progression.

Thus one must ensure that all trainee divers (both adults and children) are not blindly reliant on a tank of compressed air and other scuba gear to survive in the ocean.³

Parents of children undertaking a scuba course preferably should be divers themselves. Unless you are a diver yourself, it is difficult to appreciate the challenges and risks as well as the joys of this sport.

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References

- 1 *SPUMS J* 2003; 33 (2)
- 2 Walker RM. Assessing children's fitness for scuba diving. *MJA* 2002; 176: 450
- 3 Davis M. The editor's offering. *SPUMS J* 2003; 33: 61