

Question 4: With regard to candidates with diabetes...

- A. The problems facing non-insulin dependent divers are very much the same as those facing insulin-dependent divers.
- B. Divers with diabetes should have two buddies when performing decompression dives.
- C. An HbA1c of 7% would exclude a diver candidate.
- D. It is important that any diver with insulin-dependent diabetes should be unaware of any developing hypoglycaemia in order to avoid panic.
- E. Glucagon administration should be avoided in divers if possible because it may result in peripheral neuropathy.

Question 5: With regard to candidates with asthma...

- A. If a candidate with a history of asthma is passed as 'fit to dive', they should be supplied with written guidelines outlining ongoing monitoring and limits to their activity.
- B. It is better to assess with direct methods of bronchial provocation so that one can be sure the mast cells have been stimulated.
- C. A candidate with no wheezing or medication in the last ten years, yet who has abnormal spirometry, is permanently unfit for diving.
- D. Repeat bronchial provocation testing may be used as a measure of treatment response.
- E. Divers with well-controlled asthma who have been assessed as 'fit to dive' should be advised to have five-yearly diving medical assessments.

Answers should be posted by e-mail to the nominated CPD coordinator (for members of both SPUMS and the ANZCA Diving and Hyperbaric Medicine Special Interest Group, this will be Associate Professor Mike Bennett, <M.Bennett@unsw.edu.au>). On submission of your answers, you will receive a set of correct answers with a brief explanation of why each response is correct or incorrect. Successful undertaking of the activity will require a correct response rate of 80% or more. Each task will expire within 24 months of its publication to ensure that additional, more recent data has not superseded the activity.

Key words

MOPS (maintenance of professional standards), medicals – diving, medical conditions and problems, fitness to dive

Letter to the Editor

Free download, *Diving Medicine for Scuba Divers*

Dear Sir,

Our recent e-book, *Diving Medicine for Scuba Divers*, 3rd edition, was favourably reviewed in the last issue of DHM, and the reviewers' suggestions have been incorporated in the current on-line version. The whole text can be downloaded free from www.divingmedicine.info; there are no copyright restrictions. We encourage diving physicians to look at it.

Although written for non-professionals, it has applications for medicos as appropriate pre-course reading for diving medical courses, as it makes no presumptions regarding diving technological or medical knowledge. It does not circumvent the need for a more medically comprehensive course textbook. Secondly, it is suitable for giving to injured divers selected pages that describe simply the illness for which they are being treated; and how to prevent it in future. No matter how precise and clear the clinician may be, the anxious and naïve patient is likely to misinterpret or forget verbal information unless supported by documentation.

Thirdly medicos should consider making their courses, manuals, lectures and texts available in this manner. It is far cheaper than preparing manuscripts for formal printing, allows for unlimited colour illustrations, permits revisions and alterations on-site, encourages feedback and relieves one from the limitations imposed by editors and publishers. Since publication early this year, there have been over 24,000 downloads. Divers and dive clubs are encouraged to copy the whole text onto a CD/DVD or their mobile computers, share it with others and/or take it with them to dive sites. Thus, the full distribution, including diver-to-diver transmission, will never be known. We are delighted, and welcome feedback!

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Key words

Scuba diving, underwater medicine, textbook, general interest, book reviews

Editor's comment:

We hope that the authors' comment that the on-line process "relieves one from the limitations imposed by editors and publishers" does not imply that they see no value in the peer review and strong editorial guidance that a recognised publication can bring!