IDLE TALK

MEDICAL FITNESS TO DIVE, A DISPUTED CONCEPT

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Professional divers are practical people increasingly plagued, they may well believe, by interfering non-divers. In the Armed Forces, and increasingly in commercial diving, they have learnt to accept and appreciate the contribution informed medical interest in their activities has produced.

Now, however the intrusion of the legal profession into fitness assessment threatens to introduce unpredictable changes in their job opportunities. Surprisingly there has been little interest in the obvious area of ensuring that only correctly trained and experienced divers are employed, at least till very recent years. Presumably there have been few damages claims made by victims of diving misadventures resulting in large payments of compensation. Now that old problem of industry, the "Bad Back", seems to have hit a jackpot payout for some diver (or the risk has been foreseen) and a panic response has occurred in some quarters. The reported policy (1) of some international diving companies to refuse to employ divers with certain x-ray appearances in their spines, regardless of their health record and the lack of medical basis for such an arbitrary decision, is in contrast with the omission of such criteria for employment by other companies.

This raises the question as to who should be involved in deciding such matters and whether there should be a range of "Diving Fitness" standards, from "should not be let out alone" to a type of "007" licenced to undertake deep open sea experimental dives. There is nothing to prevent some company setting a height standard or demanding post-exercise EEG, or Cold-, Bends-, or Anoxia-tolerance tests. This would lessen their need to prevent cold, understand decompression, and avoid anoxia.

It is of some interest to remember that when Commander Cousteau desired to select the 5 men for his underwater habitat in the Red Sea (2) he "chose men with the appropriate (marine research) qualifications and did not specially care whether they were experienced divers or not. Age and physical condition did not matter much either: the oldest man in the party was the cook, Pierre Guilbert, forty-three, who is stout, unathletic, and has mild atherosclerosis." While not suggesting that everyone can buck conventional wisdom as strongly as can Commander Cousteau, this approach has much to commend it. The idea that one should select out a bends-resistant diver group for experimental work evidently did not appeal to him. He thereby demonstrated the true safety of his concept of habitat management, not merely its possibility using exceptional physical specimens.

Another important demonstration of the need for individual consideration of all the circumstances before making wide exclusions of whole groups is the question of diabetics who dive. It should be obvious that diabetes is a condition of very varying severity affecting people of very varying personality and intelligence. The BS-AC Medical Committee, consequent on its interpretation of CMAS policy, has recently strongly urged that all diabetics should be banned from BS-AC membership even although they have many years of documented trouble free diving.

This is in the belief that the club's insurance cover would be invalidated if they were allowed to continue to dive. If safety was really the consideration some evidence of the dangers of diabetes should show in the BS-AC Incident Reports, which have been collected over many years.

Certainly diabetics can die, but so can the untrained, the careless and the red haired. But they will not lose their Insurance cover. A strange approach to a possible problem, to omit to seek the facts. The lay committee is said to have forced a modification of this medical decision.

It is arbitrary decisions such as these that stimulate the exceptional people to "do their own thing". The most remarkable, many may believe, is the example of Dr Nic Flemming (3). Despite traumatic paraplegia he not only re-learnt to scuba dive but organised and took an active diving interest in more scientific diving expeditions that most divers have made dives. His paper on the selection and training of paraplegics to dive is known to many SPUMS members.

It is persons like him and Commander Cousteau who make us stand back a moment from the easy position of Absolutes to think of the real question, the best road to increasing safety in diving.

REFERENCES

1. Low Back X-ray and Diving Fitness, Report of an ad hoc committee. SPUMS Jnl. 1980; 10(4): 4-5.
2. Cousteau: World without sun. Heineman, 1965.
3. Flemming and Melamid. Scuba diving course for Paraplegics and double leg amputees. SPUMS Jnl. 1977; 7(1).

HYPERBARIC OXYGEN CONFERENCE

The Sixth Annual Conference on Clinical Application of Hyperbaric Oxygen is scheduled for June 10-12, 1981 at the Memorial Hospital Medical Center for Health Education. This clinically oriented conference will discuss the currently accepted uses of hyperbaric oxygen in plenary sessions, and will also include original papers, workshops, sound slides and scientific and commercial exhibits.

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