

LETTERS TO THE EDITOR

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3/9 Muriel Avenue
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Sir

I have for a long time now shared the following views with just a few of my close associates for fear of being publicly branded a radical (not that this is necessarily disputed!), but recent events compel me to speak out on behalf of, I believe, a large number of EXPERIENCED divers.

During my nearly two decades involvement in scuba activities, I have on numerous occasions endured the sarcastic, self-righteous attitudes of know-it-all theorists, neophytes, diving instructors, doctors and a variety of "professional" divers who felt that it was their God-given duty to teach me the evils of "breaking the Sacred Diving Laws". You know the "Commandments", never dive alone, never do decompression dives, never do two deep dives the same day, etc.

Such annoying (but understandable) noises have recently become more than mere jibes. I believe that we are now beginning to see the growth of an "Ultra-Conservative Wowsers" cancer and fear that, like a religion, such intolerant and disrespectful attitudes will dramatically affect us all if we do not DO something about it soon!

Let me hasten to add that I have the utmost respect for the work being undertaken by such diving medicos as Doctors Des Gorman and Carl Edmonds (both of whom I have known for some years). My interest in diving safety in fact prompted me to become an accident investigator for Dr Douglas Walker's "Project Stickybeak" in 1979, and since I recently published a book to do with South Australian accidents¹, I believe that I am far from ignorant of such matters. Sadly, this is not the case with 95% of even the most experienced people, because they rarely learn about more recent medical discoveries and still believe that publications like the "Divers Medical Companion" are fairly accurate and up-to-date (a view which is NOT shared by some diving specialists). I am also involved in a considerable amount of voluntary research diving, and the fact that I have safely performed more than 200 dives to depths in excess of 30 metres (fairly typical of the diving done by most Mount Gambier cave divers) should put me in some sort of position for commenting on these activities, unlike many of the critics!

The main problem is the "I know best" attitude which is being forced down our throats. I would not be at all surprised in the next 10 to 20 years to see this wonderfully conservative "Big Brother" country of ours introduce Dra-

conian laws which would ban recreational diving if on-site recompression chambers, surface-to-diver communication equipment and surface-support teams were not used in all dives beyond 17.9 metres.

Professional divers such as those in the police force are already required to follow such restrictive and expensive Australian Standards (no doubt for occupational health and compensation purposes), and I fear that desk-bound, autocratic "experts" and rule-makers will fail to see that recreational divers should NOT be slotted into the same category as professionals, since they wish to dive for FUN and are NOT being employed.

Too much ado about nothing? Signs of such disturbing trends became obvious to me recently when I took the often-promoted "responsible" action of seeking hyperbaric therapy for some suspected DCS symptoms (which appeared after I was forced to skip a few minutes of planned decompression to search for a missing diver). A senior medical supervisor with extensive training in hyperbaric medicine (but no personal diving experience or knowledge about my own) accused me of being irresponsible for doing a dive to 36 metres without all of the professionally-required support gear (even though our dives occurred within 15 minutes of a portable RCC), and I was further flabbergasted when a chamber operator came out with statements such as "We would ban all sports dives beyond 18 metres if we had our way" while condemning me for "wasting tax-payers' money"!

I cannot condone such ignorant and inflexible attitudes in hyperbaric or dive training circles, and I am fed up with lectures by inept, goody-goody novices who seem to have a propensity for quoting the "Sacred Diving Laws" ad nauseam. A responsible awareness of safe practices is one thing (and by all means, dive shops should ensure that novices are taught only the SAFEST practices in their BASIC courses), but people need to realise that there are different levels of diving skill and different ways to assess risk factors. I sometimes wonder just how far this conservative outlook is spreading when I see dive shop staff under-filling scuba cylinders for fear of accidental explosion occurring (even though they are in test and hold less air than aluminium cylinders when they are actually filled properly)!

The basic fact of the matter is that, contrary to many "experts" opinions, some of us DO happen to know what we are doing. We believe that we have the proper experience and knowledge to tackle the known risks responsibly, and we DO NOT like being told how we WILL or will NOT dive. We believe in following the RECOMMENDATIONS where possible, but I feel that some of you medical and professional diving people need to realise that one can be TOO obsessed with safety in recreational activities. Who would

enjoy skydiving if jumpers were forced to wear six parachutes, or rock-climbing if a standby helicopter had to be on site at all times?

By all means, PLEASE continue with your important studies and publish your findings as widely as possible, but ALSO try to treat us as being responsible and partially-intelligent people who deserve the same respect which you expect from us!

Yours sincerely
Peter Horne.

Reference

- 1 Horne P. South Australian diving fatalities 1950 - 1985. 2nd edition. Adelaide: Australian Underwater Federation, 1987

GROUPIE DIVING

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Sir

The review of Australian and New Zealand diving fatalities by Edmonds and Walker is a valuable contribution to the epidemiology of diving medicine. Not only is the presentation of data first class, but the authors have appreciated that epidemiological work is not an end in itself, but that the data gleaned must be applied back to the situation being studied.

The difficulties experienced in interpreting such data are well illustrated by the buddy diving concept. Our problem is that we have no denominator. Whilst the majority of fatalities were associated with poor or absent buddy diving techniques, we do not know whether the breakdown of good buddy diving technique per se results in greater numbers of fatalities, or whether the proportion in this report merely reflects the overall quality of buddy diving techniques in sport diving. I suspect the answer to be the latter. However, it really does not matter, if Edmonds and Walker's view is correct that good buddy diving is likely to result in a non-fatal rather than a fatal outcome for an incident. There is, of course, no evidence for this, but it makes sense.

Unfortunately, what data we have does not help us to resolve this one either! What is clear is that training techniques for buddy diving have failed abysmally since it seems likely so many sport divers pay lip service to the principle. This implies that the training schools need to reassess the way this aspect of diving is taught. A further dilemma is the question whether solo diving is inherently more unsafe. Some divers (including myself) would argue that there are circumstances in which solo diving is an acceptable, safe technique. I think this whole issue needs

very careful re-thinking by the educators in the sport diving industry.

Related to this, I want to pick on a particular bete noire of mine "Groupie Diving" (more than 3 divers together with a common leader or moniteur). The illogicality of this system, common to many SPUMS trips, is beautifully described by Edmonds and Walker in their section on buddy diving. There are several problems to Groupie Diving as it is run by many diving operators:

- 1 There is the implicit abdication of responsibility by the individual divers. This aspect is hotly denied by dive operators, but the "for we like sheep" mentality is assumed very rapidly. For instance, two dangerous incidents occurred during the diving at Uepi, before the SPUMS meeting at Honiara in 1987, arising out of this attitude.
- 2 There is an unacceptable level of risk acceptance for the dive leader. It is impossible to be truly responsible for 3, 4, or more divers at any one time underwater.
- 3 There is frequently no clear definition of individual responsibilities during the dive. Often only the leader knows the full dive plan and this may not take into account individual capabilities or wishes, etc.
- 4 There is considerable inertia in establishing a response to a diving incident. This involves bringing the problem to the dive leader's attention (distance, effort, intelligibility, etc.); checking all other divers, reaching a decision and finally, acting on that decision.
- 5 Responses to in-dive problems are often inappropriate. For instance, the designation of "low on air" divers to new buddy pairs (both low on air) for surfacing or the dive leader surfacing with the diver concerned and leaving the group leaderless or leaving him on the surface alone and then rejoining the group or ruining the dive for the entire group by surfacing everyone.

I believe that Groupie Diving is primarily commercially driven and arguments regarding its safety are merely a rationalisation of this process.

Whilst decompression sickness once again did not contribute to mortality, this is not to say it should be discounted. It is important to remember that sport diving decompression accidents carry a significant morbidity, as well as a major cost in their treatment and rehabilitation.

Finally, the discussion highlights the complex interplay of factors that contribute to diving accidents. It is very rare for one adverse factor alone to result in a tragedy. This being so, a rational approach to teaching dive accident prevention and management is feasible. This could follow the same broad principles as those underlying Bill Runciman's recent "COVER, A SWIFT CHECK" for an-