

Should your members be interested in attending or being kept up-to-date with details of the symposium or be able to assist in identifying people interested in attending and/or presenting a paper could they please contact:

Mr Peter Harmond
Conference Administration Co-ordinator,
Council Secretariat and Intergovernmental Services
Branch, Division of Workplace Health and Safety,
PO Box 69, Brisbane, Queensland 4001
Telephone: 07 227 4647
Facsimile: 07 239 6956

Your co-operation in this very important workplace health and safety initiative is greatly appreciated.

David Windsor
Chairman
Diving Industry Workplace Health and Safety Committee

The Committee at its last meeting decided that SPUMS would strongly support this symposium. SPUMS has already supplied labels for a mailing by the Conference Co-ordinator to all those who were on the SPUMS Journal mailing list in December 1993.

PERILS OF PELILEU

Alexandra, 201 Wickham Terrace
Brisbane,
Queensland 4000

Dear Editor

Diving on the edge of a drop off in a current that is likely to carry you away into deep water, away from the ledge, is generally associated with hazardous diving. Such a place is the Pelileu Wall and Pelileu Corner south of Palau.

To my knowledge a number of unpleasant incidents have occurred at this dive site and I believe that there are other incidents in the past that have not been reported. It is therefore appropriate to record the very real hazards of this dive site for future visitors to the wonderful diving of Palau.

Dr Chris Lourey and I were told of this near disaster, only a few hours after the divers were rescued, by Debbie Tabb, who had been diving at the Pelileu corner on the 20th March 1993 at about 1600. when she and her six companions, including the dive guide, were swept away.

The man in charge of the dive boat was unable to see them due to the sun in the west and, not having a radio and being nearly out of fuel, he returned to Pelileu for assistance.

Boats and a sea plane searched the area. The pilot flew up and down to Angur on several occasions without sighting the seven in the water, who had tied themselves together with their weight belts, blew their whistles, held up their coloured fins and put up a safety sausage which fell to pieces after half an hour. By an absolute fluke, the pilot was returning to Pelileu from Angur after giving up the search when, tilting the aircraft towards the west, he spotted a strobe from the camera of one of the seven divers who were being swept south-west towards the Philippines. They were picked at 1930 that evening.

The Filipino pilot later told me that he had no idea which way the currents were taking the divers but that he had found five other divers some months previously who had been swept as far south as the reefs immediately north of Angur Island in an area where the currents are so bad that the fisherman can fish there only two weeks each year.

He also told me that five American divers had been swept away from Pelileu and by chance the current had brought them ashore unaided near Blue Corner. There is no doubt that many other similar incidents have occurred at this dive site and perhaps other readers can add to this litany of near disasters.

The main lesson to be learnt from this story is that when diving in a third world country, boats are sometimes not equipped with radio or appropriate search procedures and that divers should be forewarned before entering such potentially dangerous dive sites.

William (Bill) Douglas

IS SCUBA DIVING SAFER THAN SWIMMING AND LAWN BOWLS?

Diving Medical Centre
66 Pacific Highway
St Leonards
New South Wales 2065

Dear Editor,

In the SPUMS Journal,^{1,2} we are told that "recreational scuba diving has a lower injury rate..... relative to swimming and bowling". I do not believe this any more than I believed "driving was more dangerous than diving" which had a run a few years ago.

In the 1980's, the diving industry claimed that the deaths in scuba diving were minimal in number. Unfortunately they assumed that there were far more divers than there really were. The myth was exploded by Monaghan and others³⁻⁷ in the late 1980's, when the denominator had to be almost halved, increasing the fatality rate proportionately.

The authors of these papers^{1,2} should be aware that the injury rate as stated in the original report⁸ was, in fact, figures from emergency room statistics, and these do not usually include such occurrences as:

- 1 the death of a diver, who did not detour through the emergency room en route to the morgue;
- 2 recompression treatment for decompression illness;
- 3 divers injured on live-aboards, remote areas, or tropical islands
- 4 divers who, very sensibly, elected to be treated by diving physicians.

These should be included if one is documenting recreational scuba diver injuries (being somewhat old fashioned, I still consider death to be an injury).

Also, most swimmers and bowlers would probably spend more time participating their sport than the average scuba diver. No allowance was made for this factor.

Carl Edmonds

References

- 1 Richardson D. Current philosophy and practice of emergency ascents training for recreational divers. *SPUMS J* 1993; 23 (4): 214-221
- 2 Richardson D and Cummins T. A training agency perspective of emergency ascent training *SPUMS J* 1993; 23 (4): 225-230
- 3 Monaghan R. Australian diving death rates comparison with USA and Japan. *SPUMS J* 1989; 19 (1): 24-25
- 4 Monaghan R. The risks of sport diving. *SPUMS J* 1988; 18(2): 53-60
- 5 Mano Y, Shibayama T, Minzuno T and Ohkubo J. Safety of sports diving: Comparison of novice and expert divers. Chapter 5 in *Man In The Sea, Vol 2*, edited by Yu-Chong Lin and K.K. Shida. San Pedro, California: Best Publishing Company, 1990
- 6 Edmonds C and Walker D. Scuba Diving Fatalities in Australia and New Zealand. *SPUMS J* 1989; 19 (3): 94-104.
- 7 Edmonds C, Lowry C and Pennefather J. *Diving and Subaquatic Medicine. 3rd Ed.* Oxford: Heinemann/ Butterworth, 1992
- 8 *Accident facts 1991*. National Safety Council (U.S.A.)

SPUMS POLICY ON EMERGENCY ASCENT TRAINING

Diving Medical Centre
132 Yallambee Road, Jindalee
Brisbane, Queensland 4074

Dear Editor,

I have just read with some considerable trepidation the SPUMS policy on EAT in the Journal.¹ There are several legal implications of this policy which I feel require urgent clarification. In view of increasing medical litigation I feel that SPUMS members must be protected from class actions etc. which could arise from publications (especially concerning contentious issues) of this sort.

My concern in this matter is based on my belief that at some stage in the not too distant future, SPUMS could be held legally responsible for recommending EAT (along with any consenting individual diving doctors and instructors) in some class action or similar, when litigation follows an injury or death which is attributable to EAT.

I personally, do not wish to be associated in any way (which may affect me legally) in such actions with any such policy statement, especially one that I totally reject as being inherently unsafe, and which shows considerable inconsistencies. It is even quite possible that I, or other doctors who disagree strongly with this policy, could be acting on behalf of the injured party against SPUMS.

With this in mind, and on behalf of many other members (often unsuspecting members who do not even know of the dangers of EAT) of SPUMS, I request that SPUMS urgently obtain expert legal opinion (in writing and published in the Journal) concerning the legal ramifications on individual members of this policy statement which has been made by the Society of which they are a member (and which policy may well be totally contrary to their own beliefs), but which could well result in SPUMS being required to defend this policy in a Court of Law.

Does membership of SPUMS confer legal obligations even despite public denouncement of this policy by certain members, or is resignation from the Society the only safe alternative? If there is a legal commitment, then ALL SPUMS MEMBERS MUST BE NOTIFIED ASAP OF THESE LEGAL OBLIGATIONS and be given the opportunity to either resign or accept these dangerous (in my opinion) responsibilities.

The inconsistencies within this Policy Statement appear quite incongruous. This is especially so regards "buddy breathing" (paras 3b and 7). It would also appear that the instructor has been allowed "carte blanche" regards minimising the number of ascents that instructors/ assistants have to perform (para 6). Does this mean that one instructor can supervise EAT with several (?how many)