LETTERS TO THE EDITOR

RECOMPRESSION FACILITIES AT PALAU AND CHUUK

Director Emergency Medical Services
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8/1/97

Dear Editor

I was very interested in the review of the recompression facilities in Palau and Chuuk by Dr Wong in the December 1996 issue. I was the senior Diving Medical Officer for the US Navy in Guam from 1990 through 1993, and treated many cases referred to our facility from these locations. The difficulties in arranging timely transportation and minimising delays to recompression were always accentuated by the remoteness and relatively primitive facilities available on these islands. It was most reassuring to hear that Palau now has a multi-place chamber, especially since their previous monoplace had proved to be somewhat unreliable during my tenure in Guam. Reviewing the statistics of diving accidents from 1993 to 1995, I suspect the apparent low number for 1993 may reflect that many DCI cases were still being referred to Guam for treatment.

I would like to correct one discrepancy regarding the chamber in Chuuk. This facility was being used in 1990, although it was used rarely since the assigned personnel had significant knowledge deficits regarding maintenance and proper recompression theory. I flew there, as an emergency, in October 1990 to treat a "decompensating" patient who had been undergoing a Table 4 that was discontinued when the chamber "ran out of oxygen". The US Navy sent myself, the Master Diver and 2 first class divers, with a supply of oxygen cylinders, to assist. Although still relatively new, the chamber was already in disrepair with improperly maintained compressors and leaking oxygen BIBS (built in breathing systems). The "operator" also believed that "bad air settles" and so switched oxygen cylinders whenever they were only half full. We spent one day doing maintenance and repair, the patient being quite stable and without overt signs of DCI on our arrival. I concur that it is a tragedy that this chamber remains unused, especially given the limit-defying profiles common in Chuuk, but until appropriately trained and knowledgeable operators are available it is safer for it to remain dormant.

My thanks to Dr Wong for providing an in-depth and timely update about Micronesia. It remains a divers' paradise and, with continued assistance, it will become a safer place for those of us who enjoy its waters and beauty.

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Key Words
Decompression illness, hyperbaric facilities, letter, treatment.

TRAVEL INSURANCE FOR DIVERS

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2/10/96

Dear Editor

Recently I went overseas with fifteen other divers to wreck dive at Vila and Santo. The dive company concerned advised members to take out travel insurance. While diving on the *SS President Coolidge* three experienced divers took electrically powered scooters to 69 m with a bottom time of 14 minutes. At approximately 0900, one of the divers (after ascending to 55 m) had difficulty breathing, became confused, took off his BC and tank, refused an octopus regulator and began convulsing followed by vomiting and coughing up blood. He remained unconscious and apparently ceased breathing.

He was taken to the surface over a period of approximately two minutes. His weight belt was dropped and his tank, BC and mask were left behind. No decompression was performed and the unconscious victim was given EAR on the surface. Breathing restarted in about two minutes. After assistance on the beach, the divers were placed in a utility vehicle and taken to the local hospital. No oxygen was available on the beach, as it was in the minibus picking up another group of divers. All three were treated with continuous oxygen and the near-drowned victim was treated with intravenous fluids, IV antibiotics and IV steroids.

Soon after I arrived at the hospital I rang the Hyperbaric Unit in Townsville and was informed that, with the permission of the insurance company, an appropriate aircraft would leave Townsville and arrive at Lugainville at midday local time. I next received a telephone call from Melbourne from a representative of the insurance company and medical recovery team requesting facsimile copies of the insurance certificates of all three victims plus my medical report. The representative was informed that I did not have access to the facsimile machine at the hospital and that the fax machine at the local hotel could not be operated by the staff on duty at that time.

The names, dates of birth and insurance numbers were passed to the representative, but this was insufficient to activate a recovery program and eventually the insurance documents were faxed to Melbourne. The matter was further complicated by one of the divers stating that his insurance was with an American company, Diver Alert Network (DAN), however he was also insured with the same Melbourne company as the other two divers. It was not until 1545 that I was informed that a pressurised aircraft would be leaving from Melbourne later that afternoon.

In the meantime a tele-conference was held with a representative of the insurance company and a doctor from the hyperbaric unit in Melbourne and a further tele-conference was held with DAN and their medical officer in the United States. As the airstrip at Santo normally closes at 1900, the acting medical superintendent drove to the airport to keep the control tower operational until the relief plane had arrived.

The medical team arrived at about 2345. The three divers, all on oxygen, were put in an ambulance where they waited for one hour as the medical relief team waited on a call from their Melbourne office. It was not until 0110 that the ambulance drove off to the airport. The time between the incident and the departure for Sydney was therefore about 16 hours. The reason they were sent to Sydney was due to the chamber nominated by the insurance company and the relief team.

The message to all divers outside Australia is that they should be careful to check with their insurance companies, before departure, as to where they will end up in the event of a diving accident. Obviously if one is diving in the northern Pacific region the closest chamber would be Townsville and the shortest distance for the aircraft to travel would also be Townsville or Cairns.

Fortunately all three divers recovered completely from decompression sickness as did the diver his near drowning. They returned to Brisbane, in a pressurised aircraft, four days after their admission to the hyperbaric unit in Sydney.

About two weeks after we left Santo two apparently experienced divers entered the SS President Coolidge at engine room level, became disorientated and were drowned. Their bodies were recovered the following day.

William Douglas

Key Words

Death, decompression illness, diving accident, legal and insurance, letter, rescue, transport.

DIVING FOR THE DISABLED

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Dear Editor

I would have to disagree with a number of comments made by Dr Marwood in his letter to the Editor.[1] First, "political correctness" has nothing to do with the struggle of minorities to find some measure of equality in our society. Secondly, those with physical disabilities have been among the last to seek redress from discrimination. This has been difficult because not only must we accept them as our human equals but in some cases we must make physical alterations in the environment to accommodate them.

Dr Marwood is concerned about a diver with a physical disability being paired with him or another able bodied diver in case a rescue is needed. At the Open Water level, even able bodied students are only taught basic rescue skills such as air sharing. This is a skill that must be performed adequately for anyone to receive certification. More difficult rescue procedures are reserved for advanced courses. Certainly, if one is paired with an individual, able bodied or otherwise, on a dive boat and there are reservations about that person's ability to perform the dive safely, then one has the responsibility to bring that to the attention of the divemaster. If one is uncomfortable being paired with a person with a physical disability, ask the divemaster to be paired with someone else.

The impression is given by Dr Marwood that paraplegics or double amputees are unsuitable buddies. What is overlooked is that these individuals, especially if they are wheelchair bound, often have tremendous upper body strength. Further, to go to the trouble of getting certified, they are usually extremely well motivated and have practiced their skills more diligently than the average dive student. The person who has a C-card but has not been diving for five years or the spouse who reluctantly took a scuba course would probably be a worse buddy than a disabled person who has kept in shape and dives regularly.

Dr Marwood suggests that a new level of qualification be recognised. Such a system has been adapted by the Handicapped Scuba Association (HSA) but it does not necessarily solve the problem. Consider those individuals who were fit to dive at the time of their training but subsequently developed a medical problem. It is safe to say that not everyone who has developed seizures, chronic obstructive airways disease, poorly controlled diabetes or even cardiovascular disease has thrown away their certification. In addition there is a growing group of divers who were certified and then sustained an illness or injury which led to a physical disability.