## Letter to the Editor Asthma and scuba diving

## Dear Editor

It would be churlish to fail to respond to the provocative suggestion contained in The Editor's Offering<sup>1</sup> that the absence of a response to the ANZ Thoracic Society's discussion paper should be taken to mean that Robyn Walker's paper<sup>2</sup> should be accepted as the final word on the subject. It is possible to read her paper as a description of the differing views on this problem that exist in Australia, New Zealand, and the UK without finding any convincing evidence of a proven relationship between the presence of 'asthma' and its relevance to the fatal dive outcome.

The paper quotes Neuman et al as finding a fatal accident rate of 1 asthmatic in 2,132 deaths, and the UK experience has reportedly not found any scuba diving fatalities as a consequence of the BSAC's relaxed attitude to asthma. It would be easy to show that there is a far higher relationship between age over 40 and cardiac deaths in divers than that of deaths related to asthma, so if the objective is to reduce diving-related deaths the former condition offers an obvious management option.

With respect to the ANZ Thoracic Society's views, it would be helpful to have a detailed report of any examination it has made of fatalities involving asthmatics before reaching its conclusions concerning asthma and diving. It is generally accepted that there are many asthmatics who scuba dive without [reported] asthma-related problems. This does not mean that asthma is a harmless condition, merely that it is not necessarily a significant factor leading to scuba diver deaths. The National Asthma Council of Australia reportedly estimated that about 40% of Australians at some time will have symptoms to which the 'asthma' label can be applied, so there is clearly need for more work before it becomes possible to identify the group who are at special risk.

In many of the cases described in my provisional reports where the decedent had a possible history of asthma, there were significant other factors that played a critical part in converting a survivable incident into a fatality. I am aware that this letter will 'stir the possums' but, as this is probably the result the Editor had in mind when he made his comment, I am prepared to act the part of the 'devil's advocate' to get the discussion going. 'Asthma' is diving medicine's shibboleth and it is clearly time to reconsider the matter taking into account available case reports. To start discussion the following data may be of interest:

•	New Zealand	1959–1999 <sup>3,4</sup>
	119 scuba deaths	5 with asthma history
•	Australia	1950-20015-9
	279 scuba deaths	18 with some asthma history.

It should be noted that in all of the New Zealand cases the divers were either grossly inexperienced or were untrained, and there was only one case in which asthma could be implicated.<sup>8</sup> In the Australian series there were two in which asthma could be implicated [81/1, 84/5], in one of them the victim having previously been advised his next diving incident could be fatal. In two there was insufficient evidence as to whether or not asthma may have been a factor [98/4, 96/2], while in the remainder there was no reason to implicate asthma.

## References

- 1 The Editor's offering. *Diving and Hyperbaric Medicine*. 2006; 36: 173.
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- 4 Walker D. Provisional report on New Zealand diving-related fatalities 1984-1985. *SPUMS J.* 1986; 16: 43-54.
- 5 Walker D. *Report on Australian diving deaths* 1972-1993. Melbourne: JL Publications Ltd; 1998.
- 6 Walker D. *Report on Australian diving deaths* 1994-1998. Ashburton, Vic: Divers Alert Network [DAN] S.E. Asia Pacific Ltd; 2002.
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- 8 Walker D. Provisional report on diving-related fatalities in Australian waters 2000. *Diving and Hyperbaric Medicine*. 2006; 36: 62-71.
- 9 Walker D. Provisional report on diving-related fatalities in Australian waters 2001. *Diving and Hyperbaric Medicine*. 2006; 36: 122-38.

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## Key words

Letters (to the Editor), asthma, deaths, scuba diving