



Fit To Dive?

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In our last edition Andy Clark told readers about the training and preparation undertaken by police divers. Now he asks how the system of self declaration of fitness by recreational divers is working ...

A DIVER'S first responsibility to themselves (and to others who may be affected by their actions) is a truthful answer to whether or not they are 'fit to dive'. Being 'fit to dive' was at one time a balanced assessment based on the information offered by that diver combined with the result of any medical examination carried out by their GP.

The GP in possession of all the (available) facts was able to make a declaration that he or she knew of no reason why the applicant could not engage in sport diving. Conversely, should anything suggest the contrary, the applicant may well have been denied the permission they sought.

Today however, governing bodies have decided to allow the undertaking of sport diving solely on the strength of a statement by the diver declaring themselves 'fit' for the purpose of sport diving.

Self-declaration diving medicals have been PADI policy since its early years. Indeed, training personnel for PADI will inform you that such a practice, under the guidance and advice of the Undersea and Hyperbaric Medical Society has been the norm probably since PADI's foundation and with little or no evidence to the detriment of its diving practice.

Self-declaration medical forms are reviewed annually and PADI requires Dive Masters (unconditionally and to

ensure an element of consistency for that qualification, and above) to undergo an annual medical (not necessarily with a diving doctor) and to remain medically 'in date' (within the UK - no such requirements are in place for divers abroad). PADI is a highly successful diving business with few UK diving incidents.

ScotSAC, BSAC and the SAA in consultation with the UK Sports Diving Medical Committee adopted the self-declaration option in 2000 but make no demands on any diver (of whatever qualification) to obtain a medical (unless referred). The exception to this recreational rule is where the diver is considered to be 'at work' i.e seeking financial gain - HSE stipulate that all such divers will undergo an annual medical by a diving doctor and will remain medically 'in date'. This applies to every diver deemed 'at work' regardless of their affiliation.

Although not formerly considered as a profit making organisations, it may have been construed by some that by adopting the self-declaration medical they were sacrificing safety for favour? After all, how many of us held the belief that PADI was, and probably still is, leading the sport diving fraternity and operating with a business interest? And how many suspected that the 'clubs' possibly uneasy at the success of PADI had to address the organisation of its practice in order to offer attractive competition?

Officially, they claim that adopting the self-declaration medical is a 'fairer system', and is designed not to penalise the fit diver with unnecessary and expensive medicals. The self-declaration offers certification to dive within best practice guidelines (as does PADI). Should the health of the diver have worsened since the last declaration, the diver is invited (on trust), and occasionally referred, to be assessed by a diving doctor.

Apparently, and remembering that diving numbers are relative and proportionate, statistics show that there has been no increase in diving incidents since

the introduction of the self declaration medical. Statistics also indicate that there is certainly no great divide between the safety records of either PADI or the clubs, a reflection on sound diver training and practice perhaps?

If you were to question whether there is any benefit to imposing regular medical examinations, PADI could see none and offered that the procedure of a diving medical could prove both expensive and laborious for the fit and responsible diver.

BSAC point out that having been examined by a non-diving doctor, those who (historically) failed medicals may not have been fairly assessed as the doctor in question may have had little or no experience in diving disease or illness and equally little understanding of diving physics and physiology. That said, we must not forget that GPs are more than capable of identifying matters concerning general fitness and those of either a cardio or respiratory nature - the presence of either enough to put one's diving future in the balance.

It may have appeared at first as though responsibility was a little lacking in the sport diving world. Self-declaration diving medicals (amongst the sceptics) seemed to serve only as disclaimers for the governing bodies. But in light of the evidence and arguments presented by the governing bodies and not disputed by HSE, we may question whether we were getting a fair deal when visiting our own GPs? Perhaps now, the new alternative is a much more attractive one where the responsible diver is concerned?

It is true that the self-declaration medical is open to abuse. I wonder how many would be tempted to overlook a medical condition if the acknowledgement of it threw the next seasons diving into jeopardy. It happens and it may always happen.

Perhaps, after initial fears, the sport diving fraternity can relax in the knowledge that the governing diving bodies are acting in favour of the diver and not as first thought to merely disclaim any

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which you are bound and it is the first step in acting as a responsible diver!

HSE claim that of all diving incidents, a significant number are medically related. It is also true that as a result of HSE investigations carried out into these 'incidents', there is concern at the number of cases that possibly link falsified

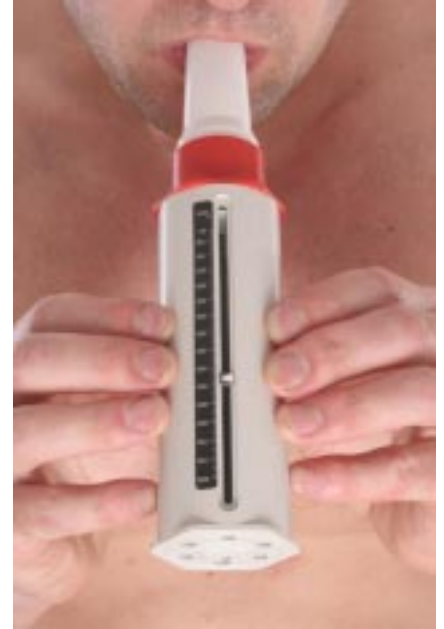
diving medical statements!

I wonder if these claims suggest that perhaps the system is not working. I wonder too if the claim indicates that the self-declaration medical in sport diving is not yet able to run on trust? Or is it just reality that the minority has and will always overshadow the good will and actions of 'responsible' divers?

In a recent report (DIVE magazine June 2006), the Maritime and Coastguard Agency (MCA) reported 'a drop in the number of diving fatalities (in 2005) but a rise in the number of diving related accidents on the previous year.' Of the medical emergencies reported, the MCA identified 27 that 'may not have been diving related', but 'arose from presup-

posing medical conditions.'

You may draw your own conclusions from such statements, but take note of MCA (together with the British diving Safety Group) advice when they 'strongly urge divers to maintain their personal fitness!' An unfit diver on the surface becomes a liability once submerged!



responsibility for the divers health and engagement in sport diving.

Quite clearly, the medical procedure is a two-way agreement - the governing bodies are putting their trust in their divers and in return expecting those divers to act responsibly when completing the declaration. Those who take to the water and who are not 'fit to dive' are not only placing themselves in potential danger but also anyone else who happens to be diving with them.

Whatever your medical condition at the time of completing your medical statement, it is worth remembering that by your admissions and your signature you are confirming all that you have stated is true to the best of your knowledge and belief. It is a legal document to

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