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PALLIATIVE CARE AND SPORTS MEDICINE: CAN THE DECISION MAKING PROCESS EVER OVERLAP?

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Key Words
General interest, medical conditions and problems, reprinted.

The voluntary medical standards of the UK Sport Diving Medical Committee are supported by a small network of medical referees for specialist opinion, of which I am one. In October 1996, a 37 year old woman presented for a sport diving medical. She had metastatic malignant melanoma treated six months previously by pneumonectomy and chemotherapy. She was already an experienced diver and wished to go on a Red Sea holiday with her partner, before trying diving in Scotland again. Her partner accompanied her at the medical and was intelligent, articulate, and had a good understanding of the risks involved.

She was on no medication and her remaining lung showed normal function. The obvious theoretical risk in such circumstances is pulmonary barotrauma and arterial gas embolism. A stiff tethered lung might easily collapse and cause a fatal tension pneumothorax (she proved her exercise tolerance in the swimming pool). She felt physically cured and she wanted to be mentally cured by achieving her sporting goal.

However, medical reality suggests that metastatic malignant melanoma is never physically curable. What are the risks of sporting diving and can they be quantified precisely? In diving medicine, like many branches of medicine, there are few certainties, many grey areas, and not enough numbers to support decisions.

Faced with such circumstances, a doctor returns to first principles. Hippocrates said "First do no harm". I had no certain evidence to say it definitely would cause harm and indeed denying the opportunity of rehabilitation may prove harmful. Secondly, apply palliative care principles that revolve around quality of life rather than quantity of life. Thirdly, apply the principle of informed consent to the potential sportswoman and for her partner. He also had to understand the risks as the dive buddy and potential rescuer in a crisis.

I passed her fit and she returned 12 months later to recount her stories of the Red Sea and the West Coast of Scotland. She thanked me further for taking the medical risk and helping another patient with metastatic melanoma. She was full of life but only lived six months, when she sadly died from cerebral metastases.

Sport diving does not have the sporting heroes of competition sports. This sporting patient inspired many people in her short life and remains my personal sporting hero.

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BHA RESPONDS TO INCREASING BENDS PROBLEMS

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Numbers of recompression treatments of sport divers have risen over the past six years, according to the British Hyperbaric Association. Figures for treatments by its member-chambers were 262 in 1994, 270 in '95, 258 in '96, 349 in '97, 323 in '98 and 330 in '99.

Now, in response to this and other concerns, the BHA has launched a major campaign to give divers the best possible chance of overcoming decompression illness. Measures include introduction of two national 24-hour help lines, manned by diving doctors at all times, in England and Scotland; and production of a credit card sized advice card, giving details of the new phone numbers and simple advice on recognition and first-aid treatment of DCI. The association also plans seminars for sport divers to improve awareness of decompression illnesses, plus attendance at diving exhibitions and conferences.

"One of the big problems we have to overcome is the number of sport divers who present themselves late for treatment," Dr Andrew Colvin Chairman of the BHA, tells DIVER. "Our data suggests that the average delay of treatment in sport divers is in the region of 10-19 hours."

Delay by divers in either recognition or reporting of symptoms was the problem, he said. "It is well recognised