

## **MEDICAL ADVICE TO THE SCOTTISH SUB-AQUA CLUB**

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### **Key Words**

Asthma, diabetes, diving medicals, standards.

Recently the Medical Officers of the BSAC, Sub-Aqua Association and SSAC have formalised existing practice to co-operate closely on medical standards and policies. We have formed a UK sport diving medical advisory committee and have introduced a medical form which can be used by any club supported by the BSAC Medical Referee System. This is a common sense development which I believe the SSAC will gain substantially by.

I will continue to advise the NDO on broad medical strategies and developments as they arise, eg dive computers or Nitrox. I will also continue to deal with the majority of Scottish Medical Referee work for the Club as I am the local person. I have attended many diving medical meetings over the years and I am a member of the relevant American, Australian and European Diving Medical Associations. The United Kingdom has a world-wide lead in the subject of medical advice to sport diving clubs. We have a tradition of "professional amateurism". The life boat service, mountain rescue and SSAC are obvious examples where professional standards are obtained by amateurs on a voluntary basis. Similarly a number of UK doctors who are sport divers have been putting an enormous amount of time and effort into rational assessment of risk to promote safe diving.

The study of diving medicine originated with the Royal Navy and has been further developed by the off-shore oil industry. Different medical standards should be applied to occupational and voluntary activity. In sport diving we have the advantage that dives can be put off and there is a range of diving situations. Society encourages people to take whatever level of personal risk they wish in sporting activity providing they understand what they are doing and do not put others at risk. I see a big difference between an established diver who develops heart trouble but wishes to take an informed risk, and an adolescent who has asthma but wishes to take up diving without a true insight into personal risk. We encourage people to take up the diving but advise them against taking proven risks and certainly not putting buddy divers into hazardous situations.

Two examples illustrate the reasons for establishing a UK standard. Asthma and diabetes have been traditional bars to sport diving. However, people have been diving with these conditions despite what doctors have said. The Medical Committee over the past few years has been trying to question such dogmas and make real assessments of risk

by gathering diving incident information. Doctors who run recompression chambers have been pooling information on the symptoms and treatment of decompression illness in order to detect trends. Improvements in the medical care of asthma and diabetes have also helped. The number of people with asthma in the United Kingdom is steadily increasing. So more people with asthma are wanting to dive. Modern inhaler drugs and self recording monitors have revolutionised the treatment and quality of life for asthmatics. A well controlled asthmatic who is stable on treatment is probably not at the substantial risk of burst lung that was once thought. However unstable and exercise induced asthma could put the diver at substantial risk. We are now allowing carefully selected asthmatics to dive.

A similar process has happened with insulin dependent diabetics. The BSAC had a fatal accident a few years ago involving an insulin dependent diabetic and medical standards were questioned closely. Diabetics were banned from diving but they continued to lobby and protest their "innocence" to the medical committee. Again, improvements in diabetic treatment and monitoring have substantially reduced the chances of a diabetic coma occurring during a dive. The BSAC has a register of diabetic divers and the Medical Committee is attempting to produce hard evidence as to whether the risks of diabetic diving are real or imagined. This contrasts strongly with the rest of the world where asthmatics and diabetics continue to be completely banned from sport diving. However, we have an excellent record of diving safety in this country and the low level of "medical incidents" caused by illness rather than decompression sickness is not something that we would wish to lose. It is important to understand that I am not advocating an "anything goes" policy for medical standards and that epilepsy and drugs acting on the Central Nervous System will have to remain complete bars to sport diving.

The Medical Committee and Medical Referee System is working to maintain sport diving safety by continually reviewing medical standards and accumulating information on which to base the medical standards. Diseases, treatments and diving are all continuously changing so the whole process requires systematic review.

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