



# Update ME

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A brief update from the  
Civil Aviation Authority  
Central Medical Unit

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## Aircraft Accident Report: CAA 05/31

The CAA recently published a report into the 12 January 2005 fatal accident of Rolladen Schneider LS1-F glider, ZK-GIX, near Omarama.

The accident investigation report<sup>1</sup> noted that “Toxicology tests showed that the pilot had a blood THC level of 7 micrograms per litre. The report stated that this level would be consistent with the pilot having smoked the equivalent of a single cannabis cigarette within about 3 hours prior to his death and that the level of THC in the pilot’s blood was such that it is very likely that he was affected by the drug at the time of his death.” and concluded that “There was evidence of THC in the pilot’s blood, which may have compromised his fitness for flight”.

## In the courts: District Court Judgment

As mentioned in the July 2005 issue of this newsletter the Director of Civil Aviation has been involved in a judicial appeal concerning a medical certification decision. The case relates to the denial of a class 1 medical certificate to an airline pilot who has suffered recurrent episodes of neurocardiogenic syncope.

On 09 January 2006 His Honour Judge P J Butler delivered his reserved judgment on the appeal. Judge Butler concluded that “The appellant has failed to satisfy me that the issue of a medical certificate to him is not likely to jeopardise aviation safety”.

A variety of arguments were made during the hearings. One was that, in the context of the medical standards, the word *likely* meant ‘more likely than not’. Judge Butler stated “I do not accept that this is what the word ‘likely’ means in that context” and “I adopt, as I am bound to do, that interpretation of ‘likely’ as being a distinct

possibility but subject to the limitation provided by Hansen J in the aviation safety context”. Another argument suggested that the Director had an obligation to accept and implement convener review report recommendations. On this matter Judge Butler stated that “The Director is not bound to accept the convener’s decision”. On the issue of incapacitation risk Judge Butler concluded that “The proper approach to adopt in assessing the risk posed by the appellant to aviation safety is on the basis of annualised event rates not in relation to the flight deck”.

## From the literature: Fatal accident toxicology

A recent article from Aviation, Space, & Environmental medicine<sup>2</sup> reports “Out of 1629 fatal aviation accidents from which CAMI received biosamples, pilots were fatally injured in 1587 accidents. Drugs and / or ethanol were found in 830 (52%) of the 1587 fatalities. Controlled substances from Schedules I–II and Schedules III–V were detected in 113 and 42 pilots, respectively. Prescription drugs were present in 315 pilots, non-prescription drugs in 259, and ethanol in 101. Schedule I–II substances were detected in 5 of 122 first-class medical certificate-holding airline transport pilots. In addition to the controlled substances, many of the prescription / non-prescription drugs found in the fatalities have the potential for impairing performance.”

## ICAO audit results

During March the CAA central medical unit has been subjected to a routine audit, by ICAO, of our compliance with the provisions of Annex 1 of the Chicago Convention.

Initial indications suggest that a high level of compliance was observed although it may be some time before a final report is available.

<sup>1</sup> CAA aircraft accident report: [Occurrence number 05/31](#), Rolladen Schneider LS1-F, ZK-GIX, 11km south west of Omarama, 12 January 2005.

<sup>2</sup> Toxicological Findings from 1587 Civil Aviation Accident Pilot Fatalities, 1999–2003. Chaturvedi et al. [Aviat Space Environ Med 76\(12\):1145-1150](#) 2005.

## CAA Medical Help

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