

Welcome to a new year. In an effort to make useful and interesting information available in an easier-to-digest form we are experimenting with more frequent but shorter 'update' newsletters to complement the larger, but less frequent, issues of *The Medical Examiner*. These update newsletters will be limited to a length of one page. Ideas and comments are always welcome.

What is a smoker?

Use of the NZ National Heart Foundation cardiovascular risk assessment tables, and the similar computer program, requires determining whether the applicant is a 'smoker' or a 'non-smoker'.

The Framingham studies considered a smoker as being "someone who is currently smoking or who has smoked in the last 12 months". So, for the purpose of CAA CVS risk estimation using these NZ National Heart Foundation tools:

A **smoker** is anyone who has smoked any amount of any tobacco containing product during the previous twelve months.

Pilot incapacitation

What is the commonest cause of airline pilot incapacitation?

Given that cardiovascular, neurological, and psychiatric conditions are amongst the most frequent causes of denial of medical certificate applications we might be tempted to suggest they also cause the majority of in-flight incapacitation incidents. This is not so.

Two well-known articles report the results of large surveys^{1 2} undertaken during 1967 and 1988. Both surveys note gastro-intestinal problems as the most common reported cause of incapacitation. The results of these two surveys are strikingly similar.

Gastrointestinal symptoms account for the majority of reported incapacitation incidents.

Does the preponderance of GI causes mean that cardiovascular, and other potential causes of pilot incapacitation can be ignored? The NTSB report (MIA03LA182) of the 2003 Mooney accident off the Florida coast makes for interesting reading³.

The referenced articles will be available online for

¹ Buley L E. Incidence, causes and results of airline pilot incapacitation while on duty. *Aerospace Medicine*. 1969;40(1):64-70.

² James M and Green R. Airline pilot incapacitation survey. *Aviation Space and Environmental Medicine*. 1991; 62(11):1068-72.

³ http://www.ntsb.gov/ntsb/brief.asp?ev_id=20030917X01553&key=1

a short time⁴.

Extension of medical certificate

Section 27(E) of the Act provides the power to extend a medical certificate, under certain circumstances. While this capacity is widely utilised, a problem has come to our notice where it is not always clear that the new document is an extended medical certificate. It is important that the document is clearly marked to indicate that it results from an extension.

An **extension** needs to show that it is an extension.

This can be most easily done by either indicating that the *expiry date* is an extended expiry date or by a note somewhere on the certificate that makes it clear that the document represents an extension under s27(E) of the Act.

New forms on website

Two new forms, the Special Eye Report and the Audiometry results form, are now on the CAA website⁵.

For argument's sake

Debate can take many forms. Some of the arguments applied in debate are logically valid and some are not. Some of the forms of fallacious argument have been recognised for many centuries and have been named, usually in Latin. These include: *Circulus in probando*; *Argumentum ad verecundiam*; *Denying the antecedent*; *Amphiboly*; *Argumentum ad hominem*; *Dicto simpliciter*.

Some of these arguments will be explored further in future issues of these update newsletters.

ICAO: Chief, Aviation Medicine Section

The ICAO chief doctor position, mentioned in the last newsletter, has been filled. No public announcements have yet been made. Watch this space.

⁴ <http://aeromed.info/articles.php>

⁵ <http://www.caa.govt.nz/Medical/FormsforMedicalCertification>

CAA Medical Help

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