

The January 2005 Update ME was well received so we will endeavour to continue with the format.

### ECG periodicity requirements

There appears to be some confusion in respect to the frequency requirements in respect to resting ECGs for class 1 medical certification of pilots over 40 years of age. As far as we know the legal requirements have not changed since the current Rule Part 67 came into force in 1992.

The Rule [67.55(m)] states “Electrocardiography shall form part of the cardiovascular examination for the initial issue of a Class 1 medical certificate, and at recertification at the following intervals: At the first examination after the ages of 25, 30, 35, 38, 40, and annually thereafter”.

The rule makes an annual requirement in respect to over-40 class 1 applicants. There has been no recent change to this rule. There is no present requirement, in legislation or policy, for routine six-monthly ECGs.

**Class 1** medical certificate applicants require routine **resting ECGs** on an **annual** basis (Rule 67.55(m))

Certainly the Director, and therefore an ME, is able to require more frequent ECGs if there is a valid reason for doing so.

The draft future requirements for over-40 class 1 applicants, outlined in the draft General Direction *Timetable for Routine Examinations*, are similar to those currently in force.

### Longer term risk after a TIA

The short term risk of a potentially incapacitating event, after a TIA<sup>1</sup>, is high<sup>2</sup>. What has not been well reported to-date are the medium – long term risks.

In a recent paper Clark et al take the 290 surviving

TIA patients from a previous study and follow them for a further ten years<sup>3</sup>. They observe that the risk of major vascular events remained constant through time and reported a ten-year risk of a first stroke of 18.8% and of myocardial infarct or death from coronary artery disease of 27.8%.

“The overall risk of major vascular events remains high for 10 to 15 years after a TIA” (Clark et al 2003)

The referenced articles will be available online for a short time<sup>4</sup>.

### For argument’s sake

One of the recognised argument forms, *Argumentum ad Verecundiam*, is an argument based on an irrelevant appeal to authority<sup>5</sup>. This argument takes the form: “I am right because I say so or because [some eminent person] says so.” It is sometimes called the ‘argument from prestige’ and is based on the fallacious belief that prestigious people cannot be wrong.

“The argument from authority is the weakest form of argument”: St Thomas Aquinas<sup>6</sup>

An example of the *ad verecundiam* fallacy might be the argument that US policy toward mainland China was surely mistaken because Shirley McLaine, the well known actress, said, at the time, she had given up on giving up on it.

### Rule Part 67

The Ministry of Transport continues their work on developing the new Civil Aviation Rule Part 67. This rule contains the medical standards and other requirements for the medical certification system. Present indications, from the Ministry, are that the new Part 67 should be coming into force by May this year.

A detailed analysis of the draft new rule is being drafted for inclusion in our next ME newsletter.

<sup>1</sup> Transient Ischaemic Attack has been defined as a neurologic deficit lasting less than 24 hours that is attributed to focal cerebral or retinal ischaemia.

Johnston S C. Transient Ischemic Attack. *New England Journal of Medicine*, 2002, 347(21): 1687-1716.

Weimar C et al. Etiology, duration, and prognosis of Transient Ischemic Attacks. *Archives of Neurology*, 2002, 59:1584-1588.

<sup>2</sup> Johnston S C et al. Short-term prognosis after emergency department diagnosis of TIA. *Journal of the American Medical Association*, 2000, 284(22):2901-2906.

Panagos P D et al. Short-term Prognosis after Emergency Department Diagnosis and Evaluation of Transient Ischemic Attack (TIA). *Academic Emergency Medicine*, 2003, 10(5):432.

<sup>3</sup> Clark T G et al. Long term risks of stroke, myocardial infarction, and vascular death in ‘low risk’ patients with a non-recent transient ischaemic attack. *Journal of Neurology, Neurosurgery and Psychiatry*, 2003, 75(5): 577-580.

<sup>4</sup> <http://aeromed.info/articles.php>

<sup>5</sup> <http://philosophy.lander.edu/logic/authority.html>

<sup>6</sup> St. Thomas Aquinas discussing “Whether sacred doctrine is a matter of argument?” in *Summa Theologica*: First Part, Question 1, Article 8.

### CAA Medical Help

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