Are your Patients fit to fly?

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Are your Patients fit to fly?

Your patient is a pilot

- General principles
- Cases
- Doctors legal obligations

Your patient travels by air

- General Principles
- In-flight emergencies
Pilots, not all subject to the same standards

<table>
<thead>
<tr>
<th>CAA medical certificate, by designated Medical Examiner</th>
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<tbody>
<tr>
<td>- Class 1: Commercial</td>
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<tr>
<td>- Class 2: Private</td>
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<tr>
<td>- Class 3: Air traffic Controller (ATC)</td>
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<tr>
<th>Non CAA medical certificate, by GP</th>
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<tr>
<td>- NZTA (passenger vehicle):</td>
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<tr>
<td>Recreational pilot</td>
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<tr>
<td>- Medical Declaration:</td>
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<td>Self regulating organisations e.g gliders, microlights, hang gliders etc.</td>
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General principles

Flying is foreign to the individual (3D + time)

- Multitasking
- Can’t stop the aircraft! – need for planning ahead

- Must have good **cognitive function & Judgment**
  - Fatigue (workload – Jet lag – poor sleep e.g. due to sleep apnoea, or pain)
  - Medication / drug and alcohol
  - Mental Health
  - Aging
General principles

Requires sufficient physical function for the task

- Vision
- Hearing
- Limb function satisfactory for task
  - Range of movements
  - Power and coordination
  - No distracting / incapacitating pain
General principles

- Must have low risk of incapacitation (sudden, subtle)
  - Epilepsy, PTE
  - CVA
  - Migraine
  - Vertigo
  - Eustachian tube / sinus dysfunction
  - Asthma (unstable or severe) / COPD
  - Coronary Artery Disease
  - Tachy / brady arrhythmia
  - Hypotension &
  - Vasovagal syncope
  - Cholelithiasis
  - Renal lithiasis
  - DVT \(\to\) P. E
  - etc
Case 1

J Blogg, male - age 60

- Flies small twin engine aircraft for the local Air ambulance
- Total hip replacement on 1 May 2010
- Reports to you that he is fine, wants to work seeking clearance certificate from you

- What do you do?
- What do you write?
Medical Certificate

Typical certificate

“Mr J Blogg has been unable to work since 1st May 2010. He has recovered well and will be fit to work on 15 June 2010”.

Problem:

- CAA Medical certificate has been suspended
- CAA doctor or Aviation Medical Examiner needs to make a decision to clear him back to flying
- CAA Cannot make that decision without adequate medical information
- Please report the facts. Can you make an aviation medicine decision or recommendation?
J Blogg – Total hip replacement

- Sleep?
- Medication?
- Function?
  - Range of movement
  - Muscle power
- Incapacitation?
  - Risk of dislocation
  - DVT
Mr J Blogg underwent shoulder surgery on 1 May 2010. He has near full range of movement and full power. He is free of pain during the day, he sleeps well with the help of two Paracetamol tabs taken at night for some residual nocturnal pain.

Or

Copy of consultation notes
Treating / Prescribing to pilots

• Concern with condition
  ◦ Seizure risk (head injury, history of seizure, cancer)
  ◦ Migraine
  ◦ Vertigo
  ◦ Ischaemic heart disease
  ◦ Rhythm disturbance i.e AF, tachyarrhythmia, heart block
  ◦ Renal stones
  ◦ Depression
  ◦ Drug / alcohol

• Concern with medication
  ◦ Psychoactive medication
  ◦ Medication that can lead to impairment – primary effect
    • Antihypertensive (trial period), Warfarin, Sulphonylurea
  ◦ Can lead to Impairment - side effects
    • Alpha blockers, Immunosuppressants, Steroids, Anticholinergics, Isotretinoids etc
Case 3 – Female – Age 35

- Jane Dow attends
  - Poor sleep
  - Anxiety
  - Depressed mood, 1 month
  - Not suicidal
  - Relationship difficulties
  - Mother just passed away

- Rx: Fluoxetine

Certification issues:
- Is condition likely to:
  - Impair concentration?
  - Impair judgment?
- Is it early major depression?
- Is the medication tolerated?

CAA wants to know!
Pilot obligation - s27C (paraphrased):

📅 If a licence holder is aware of or has reasonable grounds to believe any change in his / her medical condition that **may** interfere with safe exercise flying, the licence holder **must:**

- Advise the Director
- May not exercise the privileges related to the certificate.
What are your obligations

S27C of the Civil Aviation act (paraphrased):

- If a doctor is aware of or has reasonable grounds to believe that a person is a licence holder, and
- is aware, or has reasonable grounds to suspect that the licence holder has a medical condition that may interfere with safe exercise flying, the registered medical practitioner must, as soon as practicable:
What are your obligations

➔ Inform the licence holder (your patient) that you will advise the Director of Civil Aviation

➔ Advise the Director of the condition

➔ Indemnified Act: Not subject to any civil or criminal liability.
CAA Action

- Require information
- Can impose conditions (e.g. Isotretinoid
  - no night flying)
- Can suspend the medical certificate
  - And after 10 working days
    - Can disqualify
    - Can do all of the above
Ethical Issues

- Ethical dilemma, choosing between:
  - Best treatment,
  - Treatment that is acceptable for certification?
  - e.g.: Not giving optimum treatment for diabetes, to avoid Sulphonylurea or Insulin

- Reporting to third parties / no advocacy
Questions?

www.caa.govt.nz ➔ Medical or call us