

## Reminder: Mydriatic Eye Drops

A recent telephone call from the CFI of a large flying training organisation has drawn our attention to this particular problem.

The CFI has had several students recently directed towards their routine special eye examinations without prior warning, from their ME, of the likelihood of mydriatic drops being used and the subsequent driving restrictions. This has resulted in trainees effectively being stranded for a period because they'd driven themselves to the appointment.

The CFI correctly identified that the matter is mentioned in the Special Eye Report forms but asked that MEs also warn applicants of this issue so they can organise appropriate transport from, their eye appointment, in advance.

## General Directions Consultation: Timing of Routine Examinations and Impaired Colour Vision

A proposed amendment of the *Timing of Routine Examinations* GD has been opened for public consultation. The draft document can be downloaded, as part of a consultation bundle, from the CAA website (at the bottom of the medical page). The consultation period has been extended to allow for the intervening holiday period and is scheduled to close on 14 February 2007.

Another draft GD, *Impaired Colour Vision*, is scheduled to commence public consultation on 21 December 2006. The consultation period is scheduled to close on 08 March 2007.

## From the literature: Pilot Medical History and Medications Found in Post Mortem Specimens from Aviation Accidents

The November 2006 issue of the *Aviation, Space, and Environmental Medicine* journal contains a

research article<sup>1</sup> that reports the review of US aircraft accident post-mortem specimens for the presence of medications ... both expected from the pilot's known history and unexpected.

The report analyses 4143 accident pilots and the conclusion includes: "Pilots involved in fatal accidents taking psychotropic or neurological medications rarely reported the medication or their underlying medical condition to the FAA."

## Quiz Part 3: Routine ECGs for class 1 applicant

You discover that the pilot, who has been the subject of our last two quiz questions, has a 36 year old son who is an airline pilot. The son is a smoker but enjoys good health, takes no medication, and has a calculated cardiac risk of less than 10% over five years.

Being cognisant of his father's medical situation you decide to review the son's past ECGs ([Download quiz ECGs 479kB PDF file](#)).

In the light of all of the information you have to-hand, how do you interpret these ECGs, what are the implications of your interpretation, and how (as a CAA Medical Examiner) do you manage his aeromedical disposition?

## Reminder: Advice to first-time applicants

When the PMO started flying, 20+ years ago, his first instructor advised him to obtain a class 1 medical certificate ... if there was any possibility at all of his undertaking commercial aviation. Despite never having moved towards commercial aviation, that still seems to have been very sound advice.

Unfortunately some modern-day applicants are being guided to obtain a class 2 medical certificate in the first instance, because it's quicker and easier

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<sup>1</sup> Pilot Medical History and Medications Found in Post Mortem Specimens from Aviation Accidents. Canfield DV, Salazar GJ, Lewis RJ, & Whinnery JE. *Aviat Space & Environ Med*, 77(11):1171-1173, November 2006.

and they can always 'upgrade' to class 1 later if they need, only to be later confronted with a very unpleasant surprise when they do later seek a class 1 medical certificate.

When you're dealing with a new applicant it may be worthwhile querying whether there's any likelihood of their progressing towards commercial aviation and, if so, suggesting that they apply for a class 1 medical certificate ... if only to let it lapse later when they decide they're not going to pursue an aviation career.

### **For arguments sake: Abusive Analogy**

The abusive analogy is a highly specialised version of the *ad hominem* argument (*Update ME* newsletter 3/2005, 15 March 2005)<sup>2</sup>. Instead of the arguer being insulted directly, an analogy is drawn which is calculated to bring him into scorn or disrepute. The opponent or his behaviour is compared with something which will elicit an unfavourable response towards him from the audience.

This is a subtle fallacy that requires care in composition for maximal benefit.

- "... a smile like the silver plate on a coffin." Description of Sir Robert Peel (UK Prime Minister during first half of 19<sup>th</sup> century) by the Irish political leader of the day. The abusive analogy implies a superficial sparkle but invites us to think of something rather cold beneath.
- "He moved nervously about the stage, like a virgin awaiting the sultan." Comment by a dramatic critic where the abusive analogy implies the death of the performance after the first night.
- "... a speech like an Aberdeen Angus; a point here, a point there, but a whole lot of bull in between"

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<sup>2</sup> Pirie, M. *Book of the Fallacy: A Training Manual for Intellectual Subversives*. Routledge & Kegan Paul Books Ltd (1985).

### **Admin: Next Update ME newsletter**

The next *Update ME* newsletter is planned for mid-February 2007. No January issue is planned.

### **Reminder: Correspondence to CAA medical unit**

Please clearly include "medical unit" on any correspondence that you mail or fax to us. By doing this you will ensure that your correspondence is not opened by personnel outside of the CAA medical unit.

When you're sending an email to us it's better to send it to [med@caa.govt.nz](mailto:med@caa.govt.nz) rather than to an individual adviser or doctor. If you do elect to send an email directly to one of the CAA SMOs (Dr Navathe or Preitner), instead of [med@caa.govt.nz](mailto:med@caa.govt.nz), please also send an info copy to the other SMO. The SMOs cover one another during absences so ensuring that your email gets to both reduces the likelihood of delays.

### **Summer Holiday Period: CAA medical unit closure and period of reduced staffing**

The medical unit will be closed for the period from lunchtime Friday 22 December 2006 until 9am on the morning of Wednesday 03 January 2007. Some staff will also be taking leave during the following weeks.

While every effort will be made to maintain a high level of service and responsiveness our reduced staffing levels may result in some delays.

### **Thanks & Merry Christmas**

All of the staff at the CAA medical unit would like to thank you for your great effort and support during 2006. We look forward to working with you again in 2007 and wish you all a fantastic holiday period and a very rewarding and successful new year.

We wish you a very Merry Christmas, and a happy new year.

## **CAA Medical Help**

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