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# MAGAZINE
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# Editorial

**(by Klaus Seidenstücker)**

Dear Colleagues,
here comes this year's last issue of your professional journal!
When it arrives at your location, you hopefully will have made it through happy winter holidays (called Christmas in some parts of our maritime environment) and into a new year full of challenges (even if in some places the date may vary).
Variety is a characteristic of our field of engagement. It is international and widely differs from what health care professionals learn during their education. Life and work at sea (and offshore) have a very different balance. While you will find similar diseases, there are also very specific challenges to health. Maybe even more important, you will find very specific challenges to the provision of health care. The absence of almost all (infra-) structures supporting state-of-the-art care; the time/distance relations constituting a hindrance to the application of established standards; weather conditions aggravating a situation or disallowing timely or decisive intervention; the discontinuity of care typical to migrant communities —all this makes a distinctive difference.
What our specialty must deliver is a "product" custom-tailored to the needs of all those cut off from the highly developed standards ashore. We must adapt our knowledge and skills, our structures and procedures to the environment in order to provide the best possible results.
It is a challenge to research, as well as education, training and practice, not only in your white coat environment but also side by side with your clients!
This journal and its magazine aim to support this process by delivering information and helping to achieve jointness of effort — addressing all the professional groups providing services to the maritime community. We are a diverse entity united by the common goal to deliver best health practices to the deckplates of any maritime platform — wherever it may be.
This year 2025 is another opportunity for you to contribute to the coherence of our community by investing a personal effort: keep in touch with your colleagues by participating in dialogue: engage in our maritime health organizations (national or international), participate in their events (workshops or symposia) and ...
stay tuned with this journal!

# News

**(contributed by Nebojša Nikolić)**

## FROM THE LLOYD'S REGISTER FOUNDATION

Lloyd's Register Foundation launched their final *World Risk Poll report of 2024* — which tracks trends in how people's perceptions and experiences of the greatest risks to their safety have changed since 2019, when data from the first edition of the Poll was collected. The report highlights important trends regarding two sources of risk in particular: climate change and road-related accidents.
The World Risk Poll asked people around the world what they think is the biggest risk to their safety. Each time, the most often given answer has come back the same: road-related accidents.
Despite increasing global temperatures and increased personal experience of harm from severe weather events, public perception of the threat from climate change has stayed relatively stable. However, fewer people now sit on the fence when it comes to their perception of climate risk. In 2023, just 12% of people globally say they do not know how much of a threat it is to people in their country — down seven percentage points from 19% in 2021, and 18% in 2019.

## FROM THE SEAFARERS' CHARITY

The Seafarers' Charity signed up to several 'Shop to Donate' schemes as an alternative way of generating much-needed funding to support seafarers in need and their families. With 4,000 well-known retailers to choose from, you can easily fundraise for The Seafarers' Charity with no extra cost to you.
All you need to do is select one of the schemes on the **easy fundraising** website link below: https://www.easyfundraising.org.uk/causes/theseafarerscharity/

## FROM ITF

ITF published several useful Apps for Mobiles and Tablets that provide advice and guidance on wellbeing and shore leave.
ITF WELLBEING APP provides information and guidance on HIV/AIDS transmission, symptoms, prevention and treatment. Also find out what is fact or fiction on HIV/AIDS. Other Wellbeing issues will be added in due course.
SHORE LEAVE APP Provides information how to find a Seafarers' Centre. Those centres provide advice, someone to talk to, facilities to contact home and a place where you can relax away from the ship.
Those useful Apps can be downloaded from: https://www.itfseafarers.org/en/look-up/-itf-seafarers-apps

## FROM WHO

New WHO report highlights the need for sustained investment in infection prevention and control programs.
Nearly five years since COVID-19 was first reported, a new global report on infection prevention and control (IPC) by the World Health Organization (WHO) shows there has been slow progress in addressing critical gaps to prevent healthcare-associated infections (HAIs).
The report finds that though 71% of countries now have an active IPC program, just 6% met all of the WHO IPC minimum requirements in 2023–2024. This is well behind the target of more than 90% by 2030 set in the WHO Global action plan and monitoring framework on IPC. The report also highlights that patients in low- and middle-income countries (LMICs) have up to 20 times higher risk of acquiring infections during health-care delivery than in high-income countries (HICs).
"The COVID-19 pandemic, along with outbreaks of Ebola, Marburg and mpox are the most dramatic demonstrations of how pathogens can spread rapidly and be amplified in health care settings. These healthcare-associated infections are a daily threat in every hospital and clinic, not only during epidemics and pandemics," said WHO Director-General, Dr Tedros Adhanom Ghebreyesus. "Every country can and must do more to prevent infections in health facilities and control them when they strike."
New data from WHO and the Organization for Economic Cooperation and Development (OECD) estimates that up to 3.5 million patients could die each year from HAIs without urgent action. Improving IPC measures at every level will help to reduce the number of deaths.

## FROM IMO

IMO Council makes key changes to how it conducts meetings by modernizing its meeting procedures to formally allow virtual participation and public livestreaming of plenary discussions.
During its 133rd session (18–22 November), the Council approved several amendments to its Rules of Procedures, stipulating the following: Council sessions are to be held in person, with capabilities for hybrid participation. Members participating either in person or remotely through the hybrid system shall be counted in determining quorum. The phrase "Members present" means Members present at the meeting, participating either in person or remotely through the hybrid system. The Chair and the Vice Chair of the Council shall be present in person, unless exceptional circumstances arise. Council sessions will be held in public unless the Council decides otherwise, and public meetings of the Council will be live-streamed. The Council did not agree to proxy voting.
The Council also adopted a resolution on the Criteria and procedures for live-streaming to the public of IMO Council plenary meetings, following its decision at its previous session to live-stream plenary meetings (previously closed to the media and public), with a view to enhancing transparency and access to information. The resolution states that plenary meetings of the Council should normally be live-streamed to the public, except for the following: parts of the Council during which vote casting takes place (not limited to voting by secret ballot); parts of the Council related to the appointment of the Secretary-General; and any other discussion that the Council may decide should not be live-streamed. Meetings of working, drafting, review, expert, intersessional and editing groups should not be live-streamed to the public.

### FROM ILO

The International Labour Organization (ILO) has launched a new training manual for enterprises to help them prevent and address violence and harassment at work. Created in response to a request from employer and business membership organizations (EBMOs), the manual is adaptable to specific national contexts.

The training material, which is a follow-up to the ILO's 2022 Violence and Harassment at Work: a Practical Guide for Employers, is designed to be used by EBMOs. With 45 ratifications in five years, the ILO's Violence and Harassment Convention, 2019 (No. 190) is the fastest ratified ILO Convention of the past decade. The problem, however, remains pervasive. As of 2022, one out of five people worldwide have experienced violence and harassment at work.

The ILO has transformed the manual into a comprehensive training course with practical tools and strategies. It also includes policy and risk management templates, a staff survey, and three real-life video case studies showing how enterprises have successfully addressed and prevented violence and harassment at work.

## Communication

### HELPING SHAPE THE SEAFARER MEDICAL GUIDELINES

The International Maritime Health Association (IMHA) is launching a review of appendix E of the ILO/IMO guidelines on the medical examination for seafarers. This initiative builds on discussions at the International Symposium on Maritime Health in Athens 2023 and the Joint ILO/IMO meeting held in February 2024. It is a valuable opportunity to gather opinions on which parts of the guideline need update, require further discussion or still maintain relevance.

### IMHA THEREFORE CALLS FOR PARTICIPATION!

Survey details:

— Deadline: January 10, 2025
— Link: https://www.surveymonkey.com/r/AppendixE
— Time required: approximately 45 minutes

You can complete your answers in a word document first and then copy them into the survey. To pause during the survey, you can leave your browser window open to avoid losing data. If you wish, you may also comment on a specific part of the guidelines by sending an email to Sue Stannard at sue.stannard@imha.net or office@imha.net.

Everybody's feedback is important and will be appreciated. The more responses are collected, the better we understand the need and rationale for review.

So: feel free to share this survey widely!

# Announcement

## JOIN THE 17TH INTERNATIONAL SYMPOSIUM ON MARITIME HEALTH — IN ROTTERDAM,
**June 11–14, 2025**

At ISMH17, you have an opportunity to be at the forefront of maritime health advancements. As professionals committed to enhancing the health and well-being of seafarers and offshore workers, sharing knowledge and innovative research is crucial.

Every other year the International Maritime health Association (IMHA) awards the International Symposium on Maritime Health to a different city around the globe. From June 11–14 2025 the 17th International Symposium on Maritime Health (ISMH17) will be held in Rotterdam.

To register visit: https://ismh17.org/tickets

To submit your presentation visit: https://ismh.org/abstracts

Join ISMH 17 and participate in shaping the future of maritime health!

# Obituary

## IN MEMORIAM: HEIKKI SAARNI

**(by Rob Verbist)**

IMHA has lost one of the fathers of maritime medicine. On April 26, Heikki Saarni passed away after a long illness.

Heikki was part of the first board of directors of IMHA and one of the founding members of the association. He served on three boards between 1997 and 2003.

But above all, Heikki organized the first International Symposium on Maritime Health in 1991 in Turku, Finland.

Just two years after the fall of the Berlin wall, Heikki brought colleagues from Eastern and Western Europe and many other countries together for the first time under the flag of the ISMH, which has now become the most important gathering of maritime medical specialists in the world. It is history, but given the politics of those days, it should not surprise us that this effort came from Finland.

Although we lost contact many years ago, I regard him as a true friend. He was a nice, pleasant, and positive man with very high ethical standards that helped build the association. He gave the international collaboration in maritime medicine all the energy he had until his disease took that energy away.

Our thoughts and love go to him and his family.

# Particulars

In preceding magazines, we presented to you the people who took or changed positions in our foundation's structures. We finish by presenting two persons who will remain in their position in our Board Governors: Maria Jeżewska our long-term editor-in-chief of the IMH Journal, and Marit Grønning, both providing the necessary continuity for the next four years.

**Marit Grønning, member of the IMHF Board of Governors**

Marit was born and raised in Bodø, northern Norway. While her early exposure to maritime life was limited to fishing from small boats during summer holidays with her grandparents, the sea later became a defining part of her professional journey.

After completing her medical education at Tromsø, Marit moved to Bergen to work at the Haukeland University Hospital, where she specialized in neurology and completed her doctoral thesis on the aetiology of multiple sclerosis.

The 1980s marked a pivotal time for Norway's offshore oil industry, and Marit's department at Haukeland engaged in the research into the effects of saturation diving on the central nervous system.

From 2000 to 2012 Marit examined divers referred to Haukeland University's Department of Occupational Health for complaints potentially related to their diving activities. Since 2012 her primary research focus was on the clinical and register-based studies of diving health effects.

In 2008 Marit took a part-time professorship at Bergen University, where she had the privilege to supervise several graduate students and research fellows.

Between 2013 and 2021 Marit served on the Regional Committee for Medical and Health Research Ethics, chairing the committee for the final four years.

From 2014 to 2022, Marit was the director of Haukeland University's Department of Occupational Medicine — home to

the Norwegian Centre for Maritime and Diving Medicine (NCMDM) — overseeing its development and engaging in its dynamic research environment.
Marit retired in 2022 but still maintains a 30% position as consultant neurologist and telemedical advisor for Radio Medico Norway. She continues to give lectures and to supervise research, contributing to the fields of neurology, diving medicine and maritime health.
Additionally Marit is proud to serve on the International Maritime Health Foundation's Board of Governors and to support the foundation's professional journal *International Maritime Health.* Marit is a member of the foundation's Expert Panel and chairs its ad hoc Quality Assessment Group.
Over her years of professional engagement in maritime health, she and her husband developed a love for the sea. In 1993, they purchased their first boat and have enjoyed countless summer holidays at sea since. Over time, their boats increased in size to accommodate her expanding family. With more time after retirement, they are looking forward to many more years of maritime adventures.
We wish them always fair winds and following seas!

**Maria Jeżewska PhD, member of the IMHF Board of Governors**
Maria is a clinical psychologist at the Medical University of Gdansk, Institute of Maritime and Tropical Medicine in Gdynia.
She was born in Gdynia, Poland, where she also spent her youth with direct view to the Baltic Sea.
She studied psychology and graduated from the University of Gdansk in 1984. Afterwards, she specialized in clinical psychology. In 2001, she defended her doctorate thesis at the University of Stefan Wyszynski in Warsaw.
Since 1986, she has been working at the Institute of Maritime and Tropical Medicine in Gdynia, as the Head of the Laboratory of Occupational Psychology — Clinic of Occupational and Internal Diseases. Her clinical activity included areas of clinical psychology and occupational psychology with a focus on people working at sea. She is a lecturer at the Medical University of Gdansk and the Gdynia Maritime University and an instructor within postgraduate courses for physicians on maritime and tropical medicine.
Another domain in her work is publishing activity. Maria Jeżewska was the Editor-in-Chief of the International Maritime Health (IMH) scientific journal from 2012 to 2022. When she stepped down, she was awarded the position of Honorary Editor-in-Chief. She still serves as an advisor to her successor, Marta Grubman-Nowak, and remains active in the journal's reviewing process. Thanks to her efforts and significant activity in the maritime medical community, IMH obtained IF scores.
Maria Jeżewska is a member of the Polish Society of Maritime Tropical and Travel Medicine, where she served as Secretary and Vice President. She is also a member of the Polish Academy of Science, where she held the position of Secretary of the Section of Maritime Medicine for many years.
Her scientific and research interests include psychological problems of stress and quality of life for people working at sea. She has devoted a lot of effort to improve the health of seamen.
Maria is married to a captain and sea pilot — a maritime family indeed!

# Report

## CONTRIBUTION FROM THE INTERNATIONAL TRANSPORT WORKER FEDERATION'S SEAFARERS' TRUST
## 2023 TMAS COLLABORATIVE REPORT

**(by Luca Tommasi)**

Complete version available at https://www.seafarerstrust.org/publications/tmas-2023-collaborative-report

### INTRODUCTION

For more than 100 years, various forms of national Telemedical Maritime Assistance Services (TMAS) to seafarers have been in operation across the world. These services were developed to meet their own nation's needs, leading to significant differences in their scope and structure. Whilst most TMAS audit their activity to monitor and improve performance, mechanisms for formal cooperation, and particularly sharing of data between nations, have been limited.

In September 2019, the ITF Seafarers' Trust (ITFST) initiated a project to promote collaboration between the national telemedical services of Germany, Italy, the Netherlands and Norway. A commitment was made by these services to co-operate and share data to produce an international database for audit and research. This would facilitate the improvement of the quality of remote healthcare available to all seafarers. Since its initiation, the TMAS of Denmark, Finland, and the UK have joined the collaboration.

It soon became clear that standardisation of data provided from participating countries would be essential to allow meaningful comparison between TMAS. As a result of the project, the contributing services have worked to align the sets of data collected to this end. A first consolidated report was published for 2022 [1].

The following text presents data collected in 2023. It is a short version of the full report, which can be accessed as indicated above. It reflects the total activity of the combined contributing services. The total number of cases increased from 12,316 in 2022 to 14,359 cases in 2023.

### ETHNOGRAPHIC CHARACTERISTICS:

For the TMAS of Italy, Denmark, and Germany, the majority of recorded cases relate to Filipino seafarers (in 50% of Italy's cases, the nationality is not recorded). Norway did not supply age profiles). For Finland, Norway and the UK, the highest numbers are for each service's own nationals.

In terms of age profile, the largest cohort (about 50%) is in the 21–40 category across all services treating international crew (Norway did not provide age profiles). Six percent of the cases related to female crew (gender was not recorded in 1,172 cases). The largest group of seafarers contacting the participating services was deck crew — 5,254 plus 473 captains. Only Finland had passengers as its largest category (93 cases, 52% of its total number).

### STRUCTURAL/PROCEDURAL CHARACTERISTICS:

Over 60% of total cases concerned seafarers on cargo ships. This figure is dominated by the data from the two largest services, Italy and Denmark. Germany reports 83% of cases on cargo ships. The UK and Finland have their largest numbers on Offshore (24% of the UK total) and passenger (74% of the Finland total) vessels respectively. Data from Norway is not included due to differences in breakdown of vessel data.

### EPIDEMIOLOGICAL DATA

In 2022 and 2023, the top two diagnoses were the same: Digestive (2,163/2,823) and Musculoskeletal (1,938/2,390). Skin accounted for the third largest category in 2023 (2,207) as opposed to General in 2022 (1,756). Unsurprisingly, Respiratory declined in 2023 (1,241) relative to the previous year (1,603), when COVID-19 was more prevalent.

## DISCUSSION

The medical care of seafarers on board ship and ashore is addressed in Regulation 4.1 of the Maritime Labour Convention, 2006 (MLC, 2006). Paragraph 4. (d) of Standard A4.1 states that '*the competent authority shall ensure by a pre-arranged system that medical advice by radio or satellite communication to ships at sea, including specialist advice, is available 24 hours a day; medical advice, including the onward transmission of medical messages by radio or satellite communication between a ship and those ashore giving the advice, shall be available free of charge to all ships irrespective of the flag that they fly*.'

Whilst requirements to provide medical support for seafarers exist in international regulation, there is no clearly defined specification as to how these requirements should be met.

Some TMAS have developed to deliver advice internationally, whilst others are more directly linked to national flag or geographical area. These differences in scope have arisen for various reasons, including historical factors, governmental funding decisions, local health care provision, and variation in search and rescue services.

The data collected in the 2023 Collaborative Report show significant variation amongst TMAS, in terms of workload and presenting conditions.

There is significant variation across the services in the proportion of cases treated on board, ashore or by urgent disembarkation. This is indicative of the differences in the sectors of the industry served and the practicalities of accessing treatment. The majority of Danish, Norwegian, and German cases were treated on board, whereas the majority of UK cases, dealing primarily with the offshore sector, required urgent disembarkation. The Finnish service, which covers mainly passenger ships, most frequently advised treatment ashore. Similarly, the majority of Italy's cases were advised treatment ashore, with treatment on board a relatively close second.

The majority of communication was via email or other written communication. The potential exists for increased utilization of videoconferencing as this technology becomes less expensive and more accessible from the maritime environment.

## CONCLUSION

Despite the variation in activity across TMAS providers, the creation of a minimum, standard, data set for existing and future contributing TMAS has the potential to facilitate significant improvement of telemedical services supplied to seafarers worldwide.

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# Journal Club

### ABILA S, KITADA M, MALECOSIO JR S, TANG L, SUBONG-ESPINA R. 2023. *EMPOWERING SEAFARERS AS AGENTS OF THEIR MENTAL HEALTH: THE ROLE OF INFORMATION AND COMMUNICATION TECHNOLOGY IN SEAFARERS' WELL-BEING.*

### INQUIRY. 2023 JAN-DEC:60: 469580231162752. DOI: 10.177/00469580231162752.

**(by Nelson Turgo)**

The Mental Health (MH) of seafarers has been on the agenda of the global maritime industry and global maritime regulatory bodies for quite some time now, feeding into the slew of international conventions and company policies to address issues

related to health and wellbeing of seafarers. The focus on MH has assumed a greater urgency in the light of the COVID pandemic where in December 2020, it was reported that over 400,000 seafarers were stranded at sea and in foreign countries for extended periods of time, past their usual employment contract (BBC, 2020). The impact to their MH was incalculable as shore leave was disallowed, social interaction with shore-based personnel was made even more limited and constrained, and when suffering from ill health, many seafarers were not allowed medical treatment ashore (ICS, 2020). The case of Kiribati seafarers, who only made it home after being stranded overseas for two years, highlights the extreme experience of seafarers during the pandemic and its lasting harm to their MH (BBC, 2021; Borovnik, 2024).

It is in the context of the COVID-19 pandemic that the article "Empowering seafarers as agents of their mental health: The role of information and communication technology in seafarers' well-being" by Abila et al (2023) highlights a novel approach to how improvements to seafarer MH can be addressed by harnessing the power of Information and Communication Technology (ICT) on board. Utilizing mixed methods, the article examines the role of seafarers themselves in managing their own MH on board using ICT, and in effect, highlighting the other equation of MH care provision. It shifts the spotlight away from maritime companies and the voluntary sector, focusing instead on the seafarers themselves and the available technology on board. The re-focusing allows the article to shed light on the potential powers that seafarers could deploy on board, which are often not given attention in most published literature on the topic. As the article asserts, in most published literature, seafarers are depicted as passive recipients of MH interventions from ashore, rather than active players of their own MH care. Laying out the predicate, the article first presents the results of a survey on MH interventions that companies established during the pandemic. It was found that company MH interventions were more useful and successful if they had a direct impact on the wellbeing of seafarer families ashore. These include 1) facilitating timely crew changes (80.8%), 2) provision of immediate family support (68.6%), 3) increase in Wi-Fi data allowance (63.6%), 4) updates on crew change and COVID-19 (59.5%), and 5) overtime/extended service bonus pay (56.8%). In relation to interventions directly related to seafarers' own happiness and wellbeing, these are 1) provision of sufficient and high-quality personal protective equipment (PPE) (63.7%), 2) reduction of overtime hours (62.9%), 3) outsourced professional counselling services (61.3%), 4) provision of mental health self-support videos, books, or other materials (54.9%), 5) increase in food allowance (45.5%), and 6) increase in recreational allowance (44.0%).

The findings reveal the prevailing mindset of seafarers during these trying times: as the article puts it, while they appreciate the efforts of their companies in safeguarding their MH, those efforts are most useful when they directly benefit not only the seafarers themselves but also their families. Another highlight of the study details how "some seafarers are aware that they contribute to the positive MH of their fellow crewmembers by providing peer support through peer counselling [...] (Abila et al 2023: 7). By viewing themselves as active participants to the cultivation and care of their own and others' MH, the use of ICT could be a source of pro-active engagement for seafarers with their own MH. Most respondents (83.6%) in the study had experienced internet access on board, allowing for the interface between technology and the human element in MH care on board. The use of various means like MH phone apps, helplines and websites, and online clinical therapy sessions make a case for the potential of self-care amongst seafarers through ICT. The usefulness of harnessing the power of ICT is also underpinned by the fact that many seafarers could be compelled to seek advice about their MH if it is done anonymously. Therefore, the use of ICT in addressing issues related to seafarer MH, is an idea whose time has come.

In so many ways, if there is any positive thing that came out of the COVID-19 pandemic, it is the heightened importance of the availability of internet and wi-fi facilities on board.

The need for strong, steady and free internet facilities on board had long been what seafarers wanted. Back in 2014, when I first undertook fieldwork on board, there was no internet on my ship, and we could only rely on email and satellite phone for communication. In every port that we visited, we would wait with anticipation for the agent to come on board and bring the mobile internet router on board, for a hefty fee of 30 to 50 dollars. The data was limited and oftentimes, the connection was poor. Seafarers that I sailed with made do in dire situations. Nowadays, most ships have internet connections, though some companies are more generous than others, providing free and unlimited internet connection to seafarers. The article, however, pinpoints that in most cases, where internet was available, it is in the harnessing of its potentials for MH, that needs to be examined.

The pivot to seafarer's agency through ICT poses some intriguing dilemmas. Whereas the onus of responsibility of ensuring the MH of seafarers is well looked after on board lies with shipping companies and relevant regulatory bodies, seafarers themselves now need to take up the responsibility and, in a sense, become 'responsibilised' seafarers. They need to be empowered, and with available technology at their disposal on board, the urgency and importance of taking advantage of it becomes more acute. Finding a middle ground — empowering seafarers while pressing upon shipping companies to continue providing for ways that safeguard and enhance the MH of seafarers —could prove challenging. Furthermore, as

more and more companies endeavour to equip their ships with internet facilities and much improved recreational facilities — musical instruments, swimming pool, sauna, etc. — we could lose track of other areas that have a direct impact on the MH of seafarers.

In the field, seafarers would often tell me that though they have excellent facilities on board, finding time to use them proves to be challenging, especially for those who work on ships with frequent ports of call (like feeder ships). Many of them would say that they would rather take a rest or sleep than use whatever available recreational facilities are available on board. Furthermore, as mammoth cargo ships continue to be churned out, the need to complement them with adequate crew —more rather than less — proves to be more urgent. As social interaction on board is crucial to the MH of seafarers (Pike 2022), the size of crew complement on board matters. In so many ways then, as the article allows us to view seafarers as active agents of their own and their peers' MH, we should also continue producing empirically robust studies that underline the importance of well-managed working hours on board, an adequate number of crew complement, and well-equipped and provisioned ships in terms of recreational facilities and food. An empowered seafarer is only possible in the context of an industry that does more for its crew, rather than what is minimum and is required by relevant regulations.

The article opens up new possibilities for engaging with how issues related to MH can be managed on board. This is a welcome addition to the ever-growing literature on seafarer health and wellbeing (Sampson and Ellis, 2019). It renders visible both the agency of seafarers and the power of ICT in ensuring that MH on board remains central in our consideration of health and wellbeing of seafarers. However, for the activation of seafarer agency in relation to MH self-care, there is a need for further MH education and training for seafarers, which requires logistical support and investment from shipping companies and regulatory bodies. For researchers, there is a need to look further into the consideration of cultural differences amongst seafarers of varying ethnicities vis a vis their willingness to use ICT for MH self-care. Furthermore, it would be helpful if studies could also be undertaken in relation to the most suitable MH online interventions seafarers are willing to engage with on board.

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# CME

## MARITIME MEDICINE — HOW DO WE LEARN? (DE-)BRIEFING — REVISITED. PART 3[1]

## DELIBERATIONS ON RESPONSIBILITY, QUALITY, HOW TO AVOID ERROR. AND HOW TO ESTABLISH STATE OF THE ART.

**(by Klaus H. Seidenstücker)**

### APPLICATION:

To install debriefing procedures and conduct a debriefing is anything but an easy task.

— First: because of the high importance of this tool for a learning culture and community.
— Second: as it requires an attitude towards error and failure probably totally different from that prevalent in societies.
— Third: as it can touch adversely on the integrity of individuals and a team.

The optimal application of the debriefing tool, therefore, would best be based on the creation beforehand of a suitable team or even company culture. A culture that lends itself to continuous learning and quality improvement[1]. An attitude of respect and trust among team members or within a larger organization that allows us to accept that error is human, and an unfavourable course of medical intervention is almost never intentional. It can and eventually will occur at any given moment and almost always is the result of a number of causes, seldom rooted in a single actor or factor!

Any unwanted/undesired outcome — apart from soothing the consequences and redeeming the patient(s) affected — should be seen and used as a valuable occasion to learn and become more competent in the future. Application of guilt or shame must strictly be avoided to preserve personal integrity and the will to cooperate within the larger frame of quality improvement. Moreover, jumping on the conclusion of a single person's mistake quite often obscures more important root causes in the system, its established structures and procedures, in equipment or training[2].

Debriefing a medical event is obviously a delicate and complex matter. It just cannot be done productively by people without necessary competence, i.e. training and aptitude. It requires meticulous guidance as well as an open and respectful atmosphere.

To guide a team through a debriefing — especially following a traumatic situation is the responsibility of the team leader. However, his leadership must not preclude flattening the hierarchy to an extent that all team members feel free to communicate without fear[3]. Such a relation can best be achieved by making debriefing part of the daily routine. Simulation training as well as ship exercises are extraordinarily good means of setting a favourable debriefing routine.

So, what do you need to know or be aware of when setting up and conducting a briefing?

— As already mentioned, the debriefing should immediately follow the action.
— However, it should take participants physically away from the scene,
— preferably into a calm and comfortable environment favourable to the objective.
— Any distraction should be avoided.
— A department or ship briefing/debriefing room would be best as it reflects the organizational HRM culture. It should be routinely used to accustom teams to the environment. Such routine will help that debriefs come natural to all team members, that they feel at ease and are open for sharing views.
— The seating order should reflect as little hierarchy as possible for the same reason. However, there should be a moderator (see above) guiding through the process.
— Outside the above-mentioned training facilities where non-participant facilitators may guide through a debriefing session, this will impose a double role on one team member: that of participant and that of moderator.
  As aboard ships there is strict organizational structure, leadership responsibility does not end at the debriefing room door. Unless there is conflict in the team that advises otherwise, the team leader (doctor, senior doctor) will be the natural-born debriefing moderator.
— Apart from that, as little hierarchy as possible should be imposed on debriefing in order to allow for a trustful exchange. It usually helps to have a 'democratic' seating order in a circle or around a table with everybody in the front line.

[1] The two preceding parts to be found in:
Int Marit Health 2024; 75 (2): 144–146
Int Marit Health 2024; 75 (3): 217–219

— Any restriction on time should be avoided as best as possible. Rule of thumb is that a thorough debriefing requires double the time of the action to be debriefed.
— There should be no unnecessary cutting off of any contribution, even if there are repetitions. Guidance by the moderator in such cases should be gentle to preserve a positive atmosphere.
— To achieve such a receptive mode, it helps when debriefings generally follow a structure that, even in or after the emotional turmoil of an emergency, will stabilize all participants by a customary procedure.
— There are a variety of model structures to be found in the literature suggesting a multi-phased approach. Given the fact that aboard a ship at sea debriefings will have to be conducted in the absence of a professional instructor, facilitator, psychologist or else a simple model is suggested:

**Table 2.** Debriefing structure; model derived from Andresen J, Die 6 Phasen des Debriefings [4]

| Debriefing-phase | Function |
|---|---|
| Introduction | Short layout of rules and objectives of the debriefing as necessary |
| Defusing | Venting of emotions |
| Reflection/Reporting | Collect participants views and recollection of the event to be debriefed |
| Reflection/Analysis | Understanding the course of action,<br>Identify shortfalls and their root causes |
| Conclusion | Lessons learned; actions to be taken |
| Closure | Transition into the daily work cycle,<br>Consolation of any grief |

— The introduction is necessary if there is a new team, new members of the team, or outside support. It should be clear that debriefing is a learning tool for the individual as well as the team and organizational levels above. Participants should be asked to avoid any 'you messages'. They should be aware that anything they contribute will be subjective. Questions should start with why, not who.
— The moderator should, if necessary, state (again?) their phased approach to the briefing and that they wish to eventually go through the event to be debriefed step by step (reporting phase; see Table 2). That will prevent participants from jumping back and forth.
— The guidance of the moderator should involve asking questions and, at times, summing up a section of the meeting. Additionally, they she will be responsible to create a team understanding possible educational and cultural diversity.
— While the reporting phase will focus on what happened — or better: what did the team see happening — the analysis phase shall focus on why things happened the way they did.
— The conclusion phase starts when everybody signals that no further contributions are intended, and the team feels that the event is fully assessed. The moderator now asks for proposals for lessons learned. Drawing conclusions is a consensus process and should imply unanimity on actions to be taken as well as on if, what, and how should eventually be reported up the chain of responsibility (not necessarily the chain of command).
— Consolation (as mentioned in Table 2) will complement the conclusion phase. It is extremely important in order to preserve the individuals' dignity as well as team coherence. The moderator (team leader) must identify where consolation is necessary and care for unwavering team support in this process.

Again, accept that:

- 'to err is human'
- no one is infallible and
- unwanted outcomes are almost **always** unintentional, multifactorial/-causal.

— This may be the most sensitive phase of the debriefing where the moderator must circumnavigate any tendency of mental shortcuts (name-blame-shame[5]).
One of the shortcuts is that most mistakes or fatalities are attributed to human error of a single actor (of a pilot, an officer on watch, a doctor or anybody directly involved). Social sciences, however, have proven that the unfavourable course of an action seldom is precipitated by any individual behaviour alone. Rather, it is almost always also rooted in the working environment (established procedures, equipment, organizational structures, training and education etc.) The pilot whose plane crashed may have been a victim of a distraction or overburdened by a design flaw that generated at the drawing board.

The officer of the watch and the captain of the Costa Concordia, for instance, were misled by a company culture that allowed or even encouraged deviations from the safe route[6].

- Debriefings, therefore, must not stop at the obvious. They should instead thoroughly investigate the root causes[7]. Even if there is a clear lack of performance in a single person, the debriefing should go beyond such a statement. The question 'why did it happen this way?' might lead to the finding of insufficient communication in the team, inadequate equipment, insufficient criteria in crewing (did the company ask for or provide necessary qualification?), or other factors.

## RÉSUMÉ/CONCLUSIONS

Healthcare at sea is embedded into a non-medical environment. It lacks the numerous elements optimized for the management of any medical problem, as well as the manifold services that characterize advanced medical structures ashore. Other structural disadvantages are personnel discontinuity, prioritization of commercial aspects in a tight global competition, and underrepresentation of medical expertise in the upper levels of responsibility.

Medical institutions, organizations or other structures ashore that usually carry responsibility in adjusting medical practice to needs perceived and state of the art have little or no exchange with the maritime arena. Especially as this arena mostly is outside the geographical and legal reach of their nations. As a consequence, there are few or no educational programs that adequately prepare medical professionals (and nonprofessionals as first responders!) for the specific challenges they will encounter at sea.

Establishing a learning culture within the maritime environment is, at the moment, the best possible solution to the problem. Even if, as in earlier times, ashore medicine will take better notice of maritime healthcare needs and establish maritime learning programs, such culture will play a major role in quality improvement and the assessment of risks inherent to shipping. As in other sections of shipping, it will require some effort to convince shipping companies to invest in HRM, including a medical learning culture. Looking at medical care as an enabling service that contributes to the resilience of the logistic chain and the retention of qualified personnel might help[8]. Debriefing is a powerful tool to achieve the aim. It should be nurtured by a positive company culture. But it needs — even in the international context of shipping — some special legal shelter. As any assessment of medical actions — especially in case of unfavourable outcomes — will involve malpractice and liability aspects, the willingness to participate in debriefing might suffer. What then suffers too is quality improvement. Consequently, also patient safety suffers.

To avoid such development, the UK Accident Investigation findings are kept confidential and legally protected against their use in court. This could be an example for the handling of results in debriefing medical incidents. Shipping companies would be well advised to grant as much confidentiality to debriefings as possible[9].

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