

TELEMEDICAL ADVICE IN EUROPE

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The ILO Convention 164, article 7 [1], states that all countries that have ratified the convention shall have a pre-arranged system that ensures telemedical assistance on a specialist level around the clock. Seafarers shall be trained in the use of the system, and doctors who provide advice shall have knowledge of the special circumstances prevailing on board ships. Likewise, the EEC Council Directive 92/29 [2] requires that all member nations shall have one or more centres that provide telemedical assistance to ships, and “some of the doctors” shall have been trained in the special circumstances on board ships.

According to “List of radiodetermination and special service stations” [3], issued by Union internationale des télécommunications, there are 22 countries in Europe that have one or more centres providing telemedical maritime assistance service (TMAS).

In the autumn of 2007 The Norwegian Centre for Maritime Medicine contacted the 18 centres with available addresses and asked some questions regarding the organisation, the frequency and nature of contacts, accidents and deaths [4]. Only 6 centres responded. This is not the place to go into details on the responses, but only to

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refer to the fact that the organisation of the services differ considerably. Some countries - such as Italy and Spain - have separate centres with a dedicated staff, whereas most centres – such as Denmark and Sweden – have centres located at hospitals, and the advice is given by doctors on duty. Norway has a service that is completely mobile, and so far not attached to any institution, but staffed with very experienced doctors. In general, hospital doctors on duty may have competence on a specialist level, but will often lack the necessary knowledge of the circumstances at sea.

Our little survey provided no hard data except for some information on differing organisations and a basis for estimating the total activity of maritime medical assistance in Europe.

Four countries (Denmark, Italy, Norway and Sweden) with a total of 43 million GRT tonnage have a total of 4,050 consultations per year. If this rate is representative for the total European tonnage of 161 million GT, a very rough estimate of the total number of events requiring medical advice will amount to more than 15,000 per year. The data collected and stored from these consultations are to a varying degree used and processed for epidemiological and other purposes. It is evident that a database containing all this information would represent a formidable and long sought source of information on accidents, morbidity and mortality within the European shipping trade.

It goes without saying that the formatting and compilation of such data, in order to make them exploitable for scientific purposes, will require a close cooperation between the TMAS centres in Europe. However, this notion is not new. Already at the IMHA workshop in Rome 2001 the “Rome Group” was established with the mandate to present a proposal at the IMHA symposium in Tarragona 2003. In Tarragona it was decided to continue the process and bring representative TMAS centres together. Consequently, 6 centres assembled in Cuxhafen in October 2003. At the Cuxhafen meeting, Svein Gunnar Moksness from the Norwegian Centre for Telemedicine (NCT) accepted to write a project proposal. The proposal appeared in February 2004 (5) presenting details on proposed activities, work schedule and a budget. Regrettably, NCT decided not to continue their support to the project, and the development came to a halt.

At the IMHA symposium in Esbjerg 2007 The Norwegian Centre for Maritime Medicine (NCMM) accepted a challenge from representatives of the IMHA board to revitalize the TMAS cooperation project. For reasons of work overload, NCMM have not yet started their effort. However, steps will be taken early in 2008 to bring together as many TMAS centres as possible to discuss procedures and strategies.

In accordance with the concept described above, our main concern will be the uniformity of records and medical data and the coding of diagnoses. However, focus will also be set on organisational issues, on best practice in the treatment of injuries and

diseases typical for the maritime environment, as well as on proper training of seamen and their advisers.

Leaders of the TMAS centres are advised to prepare themselves mentally for the upcoming task.

REFERENCES

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