Editor's comment

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I would like to thank Dr J. Bessereau and his colleagues from the French group of medical doctors taking care of professional divers for pointing out the perceived utility and limits of psychological interviews concerning both physicians and firefighter divers [1].

Due to a hostile environment while at work, a diver is permanently in a stress situation and therefore the personality of the candidate for professional diver should be considered during initial medical assessment and then during annual re-evaluations, as well as after any serious illness, injury or decompression sickness [2].

Psychological disturbances, reported subjectively, as well as confirmed with objective neuropsychological test performance, have been studied before, showing a higher prevalence of cognitive complaints in a certain group of divers when compared with non-diving controls, even in the absence of a history of neurological decompression sickness [3–5]. It is logical that diving procedures, including breathing mixtures, depth and time of exposure, as well as decompression schedules play a role. Indeed, neurologic, neuropsychological, or neuroradiologic signs were not reported in military divers if dives were performed under strictly controlled conditions [6].

At the moment, there is no European regulation or standard defining the method of psychological assessment of working divers or at least defining, who should conduct this evaluation, either certified specialist in psychology or just occupational physician evaluating candidate/diver. It is just interesting to know that even in France, where a psychological interview is statutorily regulated by the Decree for the working divers (firefighter divers in the abovementioned paper of Dr Bessereau's group), the psychological dimension of the diving work was not of interest to all the specialists of this profession. We can only hope that pointing out this problem will enforce the significance of the psychometric evaluation of both candidates and active working divers.

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