

Ship doctor's qualification – the fast track?

Klaus H. Seidenstuecker, Stefan Neidhardt

German Maritime Health Association

With pleasure we registered that our recent article on ship doctor's qualification [1] did receive editorial response [2]. We wish to thank Eilif Dahl and Suzanne Stannard for their attention to the cause and hope that this might instigate discussion on a subarea of maritime medicine that – except for the Navies – was neglected over a long period of time: professional medical care at sea!

With the reemergence of cruise tourism and in its wake research shipping this changed dramatically. Today we have a need for physicians practicing on board that definitely creates a job market. Apparently this job market is attractive enough to be a serious competitor of 'classic' medical careers ashore. The 3 providers of preparatory (!) courses for ship doctors over the last 3 years have trained several hundred physicians – some repetitively.

One provider offers the full length course as suggested by the German Maritime Health Association; another tries to concentrate it into 10 days at sea; the third offers the full range as online lectures and a few course weekends for practical training.

Most participants so far did appreciate the scope as well as the duration of the courses. They either found it to be necessary to responsibly prepare for a shipboard job or at least a good test to decide, whether this job would suit their expectations or not. The latter decision especially profited from lectures on taxes, liability, insurance etc. criticised by Eilif Dahl and Suzanne Stannard.

Many of the topics enumerated by them that 'could be dealt with in minutes' usually in the courses draw a lot of questions that in themselves exceed this time limit. Thus illustrating the need of novices to the job while – needless to say – seasoned ship doctors like Eilif Dahl or Suzanne Stannard would probably suffer at nauseam from an hour long lecture.

Preventive medicine especially often is a stepchild in medical training and on board has its very special aspects [3]. Shortcomings in hygiene for instance can cause some of the gravest challenges to a ship doctor. To leave that to company or shipboard 'introduction' or to the courses required before boarding (basic safety or crowd and crisis

management) that are tailored to a crew of mostly nonmedical personnel will not suffice.

Personnel in charge of medical care need to understand how shipboard conditions not only impose restrictions to medical management but also at least need to get an idea of what might be applicable medical pathways to successfully sustain an emergency at sea [4].

While discussing our recommendation we had a considerable amount of feedback from ship doctors (Navy, cruise line and research ships) compelling enough to seriously doubt the efficacy of company training with regard to medical quality. While Dahl's and Stannard's assumptions on the validity of such company training may hold true for a few larger cruise lines it definitely is wishful thinking within a global perspective.

Therefore – instead of relying on company efforts of (medical?) introductory lectures, overlapping of doctor's, complementing a junior with a senior or with a colleague of a different specialty background – we felt that we should rather prefer a thorough prior preparation for a very demanding and risky job [5].

When we set out with our discussion we were well aware that we were not the first and would not be the only talking about standards for shipboard medical quality. We were well aware of American College of Emergency Physicians (ACEP) commendable prior efforts and we certainly do appreciate the tedious task it must have been to establish their recommendations with Cruise Lines International Association (CLIA). Now, while that probably means that the ACEP guideline can be understood as globally accepted it does not necessarily mean that as a CLIA recommendation it automatically is universally implemented. Another cause for doctors to prepare for worse.

Until 2013 the ACEP guideline had its focus on equipment, structure and manning of ship hospitals. There was rather little on qualification. Ship doctors were recommended to be certified in general practice and/or emergency medicine – definitely based on United States regulations for medical licensing and certification.

We recognise that in 2014 ACEP added a few courses to the recommended qualification of ship doctors. These are the (US-) standard courses on ALS/ACLS, PALS, ATLS. While these courses too are an internationally recognised medical standard, they were developed on the basis of ashore and would not automatically reflect shipboard conditions. That is one reason for the military to develop their own 'combat versions' and some course providers also shy away from seeking ALS certification (probably for financial reasons too?).

In addition – with an increasing amount of non-native English passengers on board of cruise ships – the need arises for medical care at sea free of language and cultural barriers. Medical professionals, therefore, will be recruited from countries with different regulations for medical training, licensing and certification. As a consequence required additional training for an onboard job necessarily has to be different to an extent from ACEP's suggestions. We have tried to achieve that for the German (speaking) market. It might serve as an example for other countries in the world but definitely will require adaptation there too.

Finally while ACEP's guideline aims at establishing a standard on company level the German Maritime Health Association's recommendation primarily addresses the individual doctor contemplating an employment with a cruise line. Both standards can and should therefore be recognised as complementary in the effort to bring state of the art medicine to the deckplates.

Being a ship's doctor is a serious task so much apart from medicine ashore that it deserves special education and training [3]. The days of holiday doctors leaning on the railing in front of a Caribbean sunset should be past!

REFERENCES

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