

Seafarer medicals: population health or private gain?

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I find the word ‘discrimination’ produces strong responses, especially when I have challenged ship owners and their P & I Club insurers in relation to the ways in which they conduct seafarer medicals. Discrimination is an inevitable part of any medical selection process, including certification of fitness to work at sea. For medical selection, unlike recruitment where the best person is sought, the normal practice is to use a set of pre-determined criteria as the basis for taking decisions on fitness. Criteria may be set to secure safety at sea, to prevent illness while on board, or to reduce the costs of managing ill health. The use of criteria has the advantage in taking the ranking of individuals out of the hands of maritime doctors, employers or crewing agencies but it then raises the question of how discrimination, in terms of denial of opportunities for employment, should be balanced against the goals of safety, health and economics when setting fitness criteria.

The framing of criteria has to be based on knowledge of the required capabilities for work at sea and the probability of adverse health events occurring in future. Openly available data are limited in the maritime sector as there has been little sound research done and that which is available often reflects the risk pattern in the past, both in terms of the population working at sea and the requirements for jobs [1, 2]. In addition, ship operators, crewing agents and their insurers hold much of the information on seafarer illness, injury, medical treatment and repatriation in confidence. They consider that this information is confidential to them for both legal and commercial reasons and so it is not made available to improve criteria for the benefit of the whole maritime sector. Maritime evidence, therefore, has to be supplemented by performance and prognostic information from other related settings or from the general population, which is then extrapolated to seafaring. Often even this is insufficient and then a consensus view from those with an understanding both of disease natural history and the requirements of the maritime workplace has to be used.

The level and nature of discrimination that is incorporated in fitness criteria will depend on the objectives that are in the mind of those setting them. Objectives may relate to safe operation of the ship, to the individual seafarer’s life and health or to that of those who work and live with them. They may also aim to ensure that as many seafarers as possible are enabled to have a full working life at sea and then a healthy retirement. However some objectives may bring no clear health benefits to the seafarer, for instance when driven by the economics and efficiency of the operation of a ship or by the reduction in the number of claims for illness or injury made to the employer or insurer who provides the required cover for crew medical costs.

Given that some level of discrimination is inevitable, the way in which medical fitness criteria are developed also determines their acceptability to both seafarers and to ship operators as well as to national maritime safety agencies. Those developed with participation of all interest groups can be seen as fairly and openly set [3, 4]. Those developed without any such open processes by a single organisation to meet their own perceived commercial interests can be expected to be less well regarded.

The way a medical assessment is performed is central to ensuring that any necessary discrimination is justifiable. A trained and competent assessor who can explain things to the seafarer in an authoritative way can be more effective than a tour round a series of work stations where tests are done and there is no opportunity for a medical adviser to discuss the person’s health holistically. Advice and an ability to tell a person what types of job they are fit to do at sea rather than a blanket approach where they are simply categorised as fit or unfit can help, as can offering the seafarer the ability to appeal against any decision they are unhappy with. Medical information needs to be held in confidence by the examining doctor who issues a certificate of fitness, especially when this is issued directly to the employer or crewing agent rather than being handed to the seafarer. This prevents employers and agents second guessing deci-

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sions on the certification of fitness, and hence who to offer employment to, by forming their own views on the clinical findings. The ideal end result of a medical is that a seafarer understands and accepts the reasoning behind the decision taken on fitness while at the same time being given helpful and positive advice on how to maintain their health.

At the present the maritime world has two systems of fitness assessment, with criteria that have been developed in different ways and within different constraints: the statutory standards adopted by maritime states and applied to their ships and seafarers and a range of employer and insurer standards. All seafarers are required to have a statutory certificate of fitness. For those from traditional maritime nations with good employment protection law and well-organised seafarers this certificate is normally the sole requirement. The criteria for issue of statutory certificates should conform to the requirements of the relevant international conventions from the International Labour Office (ILO) and the International Maritime Organisation (IMO) [5, 6]. These conventions and their associated guidelines were produced using an open process of consultation and discussion [7]. By contrast, employer and insurer standards, which are largely used to supplement statutory requirements in crewing countries with weak employment protection law, contain few safeguards for the individual seafarer and have usually been developed by a single adviser. They were originally created partly to improve the quality of assessment at a time when there were few definitive international statutory criteria, but the prime motivation was to reduce the care and repatriation costs from illness among seafarers. In practice there are considerable inconsistencies between the standards used by different employers and P & I Clubs [8].

Although there are now more detailed and fully accepted international statutory fitness criteria, there is still work to do on improving the consistency of statutory medical assessments. Only a few of the world's maritime nations apply quality assurance and audit procedures to the conduct of seafarer medicals. In addition, the pace of adoption of the ILO/IMO guidelines by national authorities is slow and is often under-resourced. Quality and consistency of assessments is a topic where there has, to date, been little effective liaison and some antagonism between those, such as the developers of International Maritime Health Association Quality, who support schemes for quality assurance and

accreditation of clinics for the good of all, and those who wish to keep clinics as sub-contractors dependent on the good will of employers or insurers [9].

There is no need for the maritime sector to continue to live with two sets of arrangements for assessment and certification of seafarer medical fitness. Criteria and procedures that are fairly and openly set, of the sort found in the ILO/IMO guidelines, could readily be combined with improved quality assurance arrangements supported by ship operators and their insurers. This would benefit the whole maritime sector and get away from the present situation where each ship owner and insurer is trying to gain commercial advantage by minimising the risks and costs from ill-health in their own seafarer populations, while not seeming to care about the consequences for those they reject or about the good of the whole maritime sector.

As maritime health professionals we need to reflect on the present position, reach our own views on what constitutes good maritime health practice and seek to influence others to support such views – not just for personal gain or sectional advantage but for the good of all. This implies an approach based on evidence, openness and professional ethics; one that is more concerned with health and fairness for the world's population of seafarers and one less focused on commercial competitive advantage.

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