

Seeking specialist advice in the context of the pre-employment medical examination. Getting the ‘right’ answer to the ‘right’ question

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*“To be able to ask a question clearly is two-thirds of the way to getting it answered.”
John Ruskin (19th century poet and writer)*

*“Ask one good question and you will get answers to three.”
Robert J. Braathe (business trainer)*

*“The answers you get depend on the questions you ask.”
Thomas S. Kuhn (historian and philosopher of science)*

Doctors carrying out the statutory pre-employment medical examination (PEME) of seafarers are often in need of additional, more specialised advice about a medical condition that the seafarer has or has had, or about a new problem identified during the examination. However, only too often, the report from the specialist does not include the information that is required to make an informed, risk-based assessment of the seafarer’s fitness for sea service. But should we ‘blame’ the specialist? Or review the question(s) we ask?

One genuine example that illustrates this, is a primary care referral to the Emergency Department that simply stated ‘Please see and do the necessary’. In response the patient was discharged with a note stating ‘Seen. Necessary done’. Whilst this in some ways gives a full report of the patient’s care, it is of absolutely no use in guiding any necessary future treatment or advising the patient or his primary care physician of what may be expected in the coming days and weeks.

When examining a seafarer wishing to work at sea, the Approved Doctor must decide if that person is fit enough to do so. This decision is not only based on whether or not the seafarer has a medical condition but more specifically on the risk of the seafarer developing complications of the disease or of the disease progressing significantly during the term of the medical certificate. The Guidelines on the medical

examination of seafarers, published by the International Labour Organisation (ILO) and the International Maritime Organisation (IMO) [1] give us a framework on which to make our decision, but in many cases state ‘informed by specialist advice’ or ‘based on specialist reports’ as the decision should be a ‘case-by-case assessment’. In this situation we need to carry out an individualised, evidence based risk assessment for each seafarer in order to best estimate the likelihood of a seafarer suffering a complication or deterioration of any underlying medical condition. Seafarers are unique in that their job, work location and distance from medical care mean that the personal impact of such an event may be very different to a person with the same health issues who is working on land with easy access to primary and secondary health care. In addition we must assess any potential safety risk to the ship and to other crew members should that seafarer become incapacitated due to a medical incident. Many literature sources advise us of the general risk of complications of a disease and its likely progression in a land-based cohort of patients. However few, if any, studies relate this directly to seafarers given their unique environment and none assess the potential safety risk that may arise from any medical incident that occurs.

In order for the Approved Doctor to perform a risk assessment for an individual seafarer with a health problem he or she needs to consider:

- The common complications of the illness and/or general progression of that illness that may occur over the next 2 years;
- The likelihood of any one of these occurring during that time frame in this particular patient;
- The need and urgency for medical care should the seafarer suffer such a complication and the consequences to the seafarer should this care not be available in the recommended timeframe;
- The need for monitoring and follow up over the next 2 year period;
- Any effect the illness or a complication may have on the ability of the seafarer to perform their duties and any safety consequences;
- Is the illness likely to be exacerbated by the work or living conditions at sea?
- Any restrictions on the working environment that the seafarer should observe? Can the seafarer work alone?
- What medication does the seafarer need to take and can this have any effect on his/her ability to work at sea?

The 2-year period refers to the usual length of time a statutory medical certificate is valid for, hence the immediate time period that we need to consider. Whilst long term complications that develop over years, e.g. peripheral neuropathy and retinopathy in diabetes mellitus, may be important for the seafarer's long-term career prospects they are unlikely to bring about a significant change in the seafarer's fitness over the validity period of the medical certificate. However, the risks of hyper- or hypoglycaemia from poor control of their diabetes must be considered, as one such episode may have catastrophic consequences for the seafarer and the ship, particularly in a watch keeper.

It is appropriate to ask a specialist's opinion on all of these specific questions in order that we can then complete the risk assessment. Ideally, the responses from the specialist should quantify any risks, be supported by evidence and be complete, covering all aspects of the seafarer's health and any medication. The report should also be recent enough to be relevant to the seafarer's current health condition. It is also important to note that there may be differences in a report from:

- a clinician who has treated the patient and hence has a good record of their history, but may either feel the need to act as a patient advocate or may have already have given poor advice on returning to work and feels they are having to justify this;

- a specialist who is seeing the seafarer without a clinical care function; they will be weak on history but less encumbered by patient duties.

But are we expecting too much of our specialist colleagues? A request for information along the lines outlined above may seem pedantic and over-ambitious. The specialist we are asking to provide this information may never have set foot on a ship, never have treated a seafarer before and therefore have no idea as to how and why this patient's needs differ from his/her many other patients with the same condition. It is important to be clear that we are not asking the specialist to perform the risk assessment, we are requesting detailed information to allow us, the seafarer's Doctor, to do that and subsequently make a 'correct' decision. Listing the relevant items on which we need information, as noted above, as well as providing background information on the seafarer's job may help to put our request into context and assist the specialist in providing information relevant to the seafarer. For example, the specialist may appreciate information regarding:

- the environment the seafarer will be working in;
- the routine and emergency duties the seafarer need to be able to perform;
- the access to medical care and the likely standard of medical care, if it can be accessed;
- the fitness criteria for their condition that will be used to assess them.

Providing such information is likely to greatly reduce the number of occasions where the lack of an appropriate report from the specialist results in a delayed decision on fitness either from the seafarer's Doctor or from the national appeals body. Delays are all too commonly due to poor communication between health professionals and can lead to lost time for the seafarer and potentially a lost position on board. It may also increase costs for the seafarer in seeking further medical opinions and information as well as to poor management of the expectations of the seafarer and their employer. The most important consequence of poor information is the potential to come to a wrong decision, either keeping a seafarer fit enough to go to sea at home or sending an unfit seafarer to sea, with the potential harm this could entail. For the sake of clear, precise and appropriate communication with our colleagues let us all work together to maintain healthy seafarers and healthy shipping.

REFERENCES

1. Guidelines on the medical examination of seafarers, Ch. XII, Paragraph (x). International Labour Office, Geneva, 2013. ISBN 9 789221 274629.