

XXXIV Annual Meeting Indian Society of Aerospace Medicine

INAUGURAL ADDRESS



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It gives me tremendous pleasure to be with you this morning. I am happy that Air Marshal Boparai has extended this invitation to me to come and be with you. I feel that this helps me not only to inter-relate with you and share my concerns in respect of Aviation Medicine but gives me an opportunity to renew my friendship with each one of you. This I consider to be the most significant aspect. This is the second time that I am attending the Annual Meeting and I feel very privileged and honoured. I have personally the greatest amount of respect and regard for the profession of medicine. But for some circumstances, I too might have been a member of your faculty and your fraternity. Medicine to me is a very dedicated profession. It is also a very thankless profession. In order to be able to derive the utmost satisfaction from a profession, one has to alienate oneself from materialistic

aspects. This implies that you must orient yourselves to the primary principles of medicine which is service to mankind. These are words easily said but, in fact, these words have not been coined by me and really flow from the Hippocratic oath. To me it appears that, may be with passage of time, we have inadvertently wandered somewhat from the goals of medicine. The basic tenet of medicine which is selfless service must remain uppermost in the minds of those who belong to this honourable discipline.

In my view, the start of medicine was only on the basis of trying to bring about cure for an ailment. As time went by, this transcended not only diagnostic but also preventive aspect of medicine. In recent decades yet another dimension has been added to Medicine and that is the Aviation or Aerospace Medicine. I would like to dwell a little on this particular subject, because this is

critical from our point of view as it deals with our survivability in the media of air and space. As time has gone by, we have achieved higher degrees of sophistication in the type of machines we operate. The demands that are now made on the human being and the doctors have increased manifold. The role of the doctor becomes even more demanding when it comes to Aerospace Medicine as compared to the normal doctor who addresses himself to other ailments. The reason is obvious, because Aviation Medicine deals not only with the human, physiological and psychological aspects, but is all encompassing in order to tune the man to the machine that he flies. This man-machine combination, no doubt places the greatest demand. Added to this are the higher levels of technology and an envelope within which he operates. The demands, both on the doctor and the aircrew begin to increase manifold. It is this realisation that is significant during such meetings pertaining to Aerospace Medicine. These are not meetings which should be oriented towards jargon or towards hi-falutin words. They have to be addressed towards the reality of the situation, that is the safety of the aircrew, the demands that are made on them and how to psychologically build them to accept these demands in true perspective.

As far as the role of the aircrew in a man-machine combination is concerned, we on our part have attempted to highlight the essentials; basically, we have tried to explain to him that he is in an age of galloping technology and the demands that will be made on him are more today than in yesteryear. He is also the product of complex society and, therefore, in the man-machine combination, there is always the possibility of

a mis-match. It, therefore, becomes essential for him to identify the boundaries of his knowledge and wisdom and clearly understand that any mis-placed zeal or enthusiasm could result in a critical situation. The punchline, therefore, is that the aircrew must themselves identify their levels of professional skills and competence and ensure that they do not inadvertently transgress the same. These are easily said words as far as the aircrew are concerned, but the man who is really required to make the aircrew believe in this very enunciation is the Aviation Medicine Specialist. It is for this, among other reasons, that we have posted Doctors with this specialisation in all our combat and operational squadrons. We bank on him largely to psychologically and physiologically study his subject and indoctrinate him to achieve the goal of safety. As Air Marshal Boparai mentioned earlier that you have already addressed yourselves in allied areas concerned with the development of aircraft and its systems and the ability of individuals to adjust to these systems. I know that in the scheme that we have evolved, the role that we have assigned to the doctor makes him the pivotal point. In order to achieve the laid down objectives the doctor must inspire confidence of the aircrew. Times have changed; I remember when I joined the Air Force in 1952 as a Pilot Officer, if I saw a doctor somewhere on the horizon it was a bad omen as it invariably resulted in one, finding an end to his flying career. Today, we go to doctors ourselves and the reason is not only the confidence you have won from the aircrew but also you having endeared yourself to them. Notwithstanding this there is much more that needs to be done in this field and it is for you to address yourself to this particular aspect. If you are able to do so,

then the type of accidents that occur today, particularly in the combat squadrons, will reduce drastically.

I have recently visited some countries abroad. I had the opportunity over there to fly high performance aircraft like F-16 and the Tornado and I was subjected by their medical people to a kind of a test that we do annually. This may be understandable because of my age and since I was going to fly a high performance aircraft in its entire operating envelope. But what was admirable was that between sorties also they were sitting around and observing me from a distance. I felt very happy because that is exactly what we are doing in our squadrons and thus in tune with what is being done in the USAF and RAF. This only goes to prove that we are on the right lines and I have no doubt that if we continue to improve upon present systems, we would possibly surpass other countries in the art and application of Aviation Medicine.

I was also very happy to hear about the experiment carried out by the United States Air Force which has resulted in permission for the pilots to wear contact lenses. There are some 6,000 pilots, 40% of whom belong to the combat stream, flying with contact lenses. The tests conducted for these lenses were upto 9G. It was found that these did not get displaced. In our own environment, we have permitted a pilot with bypass surgery to fly with the proviso that he is flying with another fully qualified pilot. I think the whole art of Aviation Medicine has to revolve around a down to earth approach and not rules that are outdated. We are making people unfit at different stages without realising that

yardsticks of yesteryear are no longer applicable today and it is this reality I am requesting you to study. We must very quickly clear these embargos that are unrealistic. I think once this is done then the aircrew will automatically come close to the doctor and accept his advice without reservation as he would believe that the doctor really is his security. Mark the word security. This is the orientation that I very strongly recommend. Of course, Aviation Medicine is not singularly applicable only to military aviation. It becomes more significant in military aviation because day in and day out these machines are flown at their limits. Yet it must also be understood that in civil aviation, he looks after the health not only of the pilot but indirectly the safety of the large number of passengers. Therefore it cannot be called insignificant and it is also just as pertinent.

I think, I have said enough on the aspect of Aviation Medicine. I would be happy if the deliberations that take place in the next two days could be oriented towards practicalities. It is the doctor who has to win over the aircrew not the aircrew who has to win over the doctor. This is the basic tenet of the medical vocation.

As for Dr Devanandan, I would like to welcome him once again. I feel very happy that he is going to deliver the Subroto Mukerjee Memorial Oration and we look forward to hearing his presentation.

May God bless you all. I wish you all success in your deliberations in the meeting.