

## Medical Services For Our Airlines\*

- By -

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It is a bit difficult to decide where to begin looking for some broad principles and guidelines for establishing a modern medical department in an international airline. The philosophies underlying airline medical services do vary but most departments have arisen from the original need to provide the clinical care of air crew. In the overall concept of an airline, ground staff are vital as well, though it is not unreasonable to give priority to air crew. It may be pointed out that clinical responsibilities are only half of an airline medical service function. It should also take a very active part in the control of the working environment whether this is inside the aircraft or on the ground. Of course, in carrying out this latter function the medical department has to work with a variety of other departments and disciplines.

For functional reasons we will divide the service into divisions which serve air, ground and overseas staff respectively, although in practice, their functions overlap and there is close liaison between them.

### AIR STAFF:

The areas covered include the maintenance of physical and mental health and welfare of all categories of flying staff, medical aspects of air safety as it affects crews and passengers, applied aero-medical research and the provision of an invalid passenger service.

All flying staff undergo a comprehensive initial medical and dental examination to determine their physical, mental and psychological suitability to train and fly as technical crew or cabin staff. Technical crew have of course periodical medical checks by the I A F Medical Boards to determine their fitness to hold a licence for prescribed period. Taking into consideration the vast cost of training and equipment in the jet age, during Corporation medical examinations we try and select those whose physical and biochemical characteristics would produce a good prognosis for reaching retirement age with a minimum of illness and disabili-

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lity with more vigorous and comprehensive physical examinations and frequent monitoring of the pilots' health condition and trends, we should be able to reduce the attrition rate rather significantly and also thereby help the airline to make considerable savings. Sometime ago the IATA Medical Committee found that in a particular American airline the replacement training costs for replacing a senior captain who becomes disabled and is permanently grounded costs the airline approximately \$ 250,000. The medical losses are in-line with the American figures for medical disqualification with cardio vascular disease and diabetes being the main reasons. Our figures indicate a medical loss of 0.71% per annum.

On the medical aspects of air safety and applied aero-medical research the fields of interest would be emergency oxygen equipment, pressurization, instrument lay-out, flight time limitations, dehydration on long haul flights, time zone changes effects of supersonic flights in aircraft such as the Concorde and human factors in the huge subsonic aircraft of the Boeing 747 types.

An invalid passenger service should also be provided by the Air branch. On receipt of details regarding an invalid or handicapped passenger obtained from his general practitioner or hospital consultant, we advise on the patient's fitness to fly and arrange necessary precautions and special arrangements for the journey. Although we have laid down guide lines for many diseases, we prefer to handle cases on an individual basis. We carry a large

number of invalids and handicapped persons and this is becoming an important source of revenue. Details are also sent to stations en route so that special provisions are made to ensure a safe and comfortable journey.

First aid training lectures and demonstrations are given to all cabin crew and first aid kits are carried according to international regulations and the D. G. C. A.'s instructions.

#### GROUND Staff :

Medical Officers caring for ground staff control employee sick leave absences, provide for on-the-job first aid and medical treatment and furnish as much industrial medical care as possible. It is always cheaper to prevent accidents and illness than to allow them to occur and treat the result. We have a Safety Committee for this but I feel that there should also be an Industrial Hygienist and an Industrial Nurse to provide for a safe working environment.

Pre-employment medical examinations are carried out on all new recruits and chest X-rays, blood, urine and stool tests are done as a routine on all categories. Food handlers have a hygiene check every 3-4 months and there is a Canteen Managing Committee as well as a Standing Medical Committee.

We also have a hearing conservation programme which involves :