

Help! All Hands Needed to Solve Conundrum

Editorial, by Jon L. Jordan, MD, JD

Keeping up with the demands to efficiently manage the airman medical certification system and expediently make certification decisions has, as I think many of us recognize, been an elusive objective for the Office of Aerospace Medicine. Historically, we've had more ups and downs than the stock market in our ability to provide airmen with the timeliness in certification that both they and we would like.

The reasons for the advances and declines are multi-faceted, but they always seem to boil down to one basic truth too much to do and too little to do it with. We try to solve these problems through almost constant "juggling" of our resources, as well as making modifications in our organizational structure and changing the way we do business.

While all of these actions are helpful, they never seem to produce lasting results. Full implementation of the Airman Medical Certification Subsystem, while painful in the beginning, is now producing positive benefits. There is much left to be done in making the system fully operational, however, and that will take time. Until that happens, I'm afraid we'll continue to find ourselves spending too much time answering inquiries from congressmen about why it takes so long for our customers to get decisions on their requests for certification.

While I believe inadequate resources are clearly at the heart of the matter, there are other factors involved. Over the last ten years, there has been a dramatic increase in the number of airmen who receive Special Issuances. This may be related to an aging pilot population with a greater likelihood for having medical problems and perhaps greater health consciousness on the part of airmen that leads to earlier diagnosis of medical conditions.

Of more profound impact, however, is what I refer to as increased "flexibility" in our medical certification decision making. This flexibility is created by our willingness to apply to airman medical certification the tremendous advances in medicine that have taken place over the years. Persons who would have otherwise been summarily disqualified a few years ago are now given careful consideration and permitted to engage in aviation activities. Unfortunately, however, many of the cases we consider are medically complex, and the process of consideration is both labor intensive and resource demanding.

As evidence of our problem, data from the Aeromedical Certification Division indicate that the number of Special Issuances for significant medical conditions (coronary heart disease, pacemakers, valve implants, alcoholism, etc.) granted in the year 2000 were more than double the number granted in 1990. During this same period, the number of airmen with such

conditions who elected not to accept an initial denial and to pursue a Special Issuance also nearly doubled. This leads me to believe that, at least in part, more airmen with significant medical conditions are willing to pursue certification because they recognize a great likelihood for success.

I don't have all the answers to our conundrum. Refusing to consider granting Special Issuances is not an option. Failing to look for and identify significant medical pathology in the airman population is also not an option. One thing I know I must do is convince the people holding the "purse strings" that what we do is essential for the safety and future of aviation.

What you can do is to fully support the certification system. We spend too much time correcting errors and omissions committed at the "grass roots" level. Actions you take to improve or maintain the quality of your work will go a long way in freeing up resources to make our part of the system work better and faster. We're in this together, and your help is needed.

JLJ