

The certificate for student B reads, "... has been examined by me for fitness for SCUBA diving. ... has a medical problem which could at times make it unwise for her to undertake underwater activities, but at other times when she is completely well, she could with due care and in appropriate circumstances participate in SCUBA activities."

We again have the situation where the student can dive if "completely well", ie. no recent asthma activity. On querying the doctor concerned, the "due care" relates to a "one on one, hand-held teaching situation", and "appropriate circumstances" relate to "no current, calm conditions and shallow water". The doctor also stated that all students should only ever be taught on a one to one ratio and that his duty to the student is not to pass or fail, but merely to advise.

If the job of the instructor is to educate and train the student, and eventually "wean" them into becoming an independent, competent and confident diver, how can this be achieved given questionable medical status, and only ever training in perfect conditions? With training in such a tightly controlled situation the student cannot learn independence.

Given the average conditions in Melbourne, where unfortunately you can never get "perfect" conditions all the time, surely we should train the student to cope with the average conditions. If the student must be "hand-held" throughout training, I strongly query whether they should be trained.

The "medical problem" of student B was not stated and would not be discussed by the doctor on "ethical grounds". What of the ethics of letting the instructor take a potential time bomb into the water without the full knowledge of the disability and what the implications of it may be? To overcome the legalities of divulging this private information to the unsuspecting instructor, may I suggest an information release clause on the medical sheet allowing the doctor to discuss any medical history he may feel relevant with the instructor concerned.

Whilst it may appear that I feel that all students should be failed medically if not an Olympic champion, what I am actually asking for is more specific information from doctors to be given to the instructors in questionable cases. I believe that the decision has got to be the doctor's, not the student's, on whether they do or do not dive.

NB: The parents of student A were quite concerned that the medical certificate was very vague. It actually made them concerned that, if their son could only be taught given the strict conditions listed, "what is the use of training him".

Yours faithfully,

David Wailes

DIVER INSTRUCTION SERVICES
FAUI NO. 390

THE SAFETY SAUSAGE

62 Galway Street
Invercargill
New Zealand

11 April 1986

Dear Sir

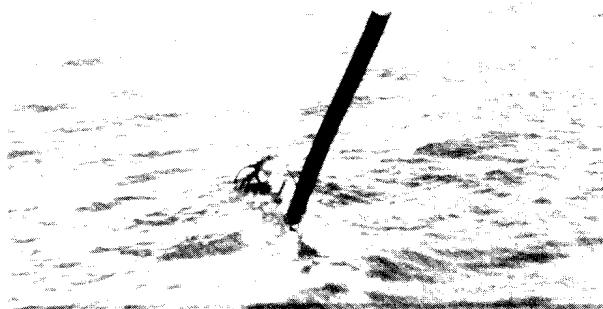
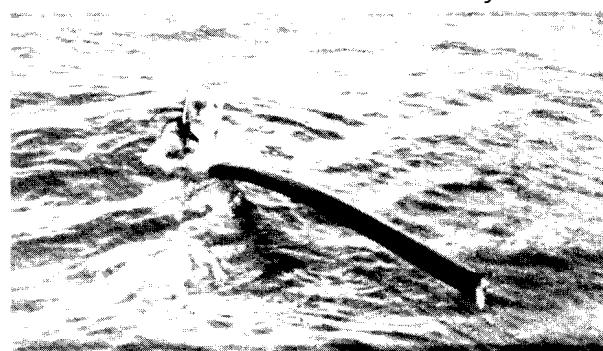
In his paper on Diving Accidents (SPUMS J. 1986; 16(1): 27-30) Dr John Knight recommended as a final article of safety equipment an expensive flare. I agree that this is the most visible safety aid but as an average sports diver I would baulk at the cost.

The Safety Sausage or DIT (Diver's inflation tube) is an example of Kiwi ingenuity designed in an effort to overcome the problem of the cost of flares. It was presented at the New Zealand Underwater Association AGM in 1985. It is a red plastic tube 3.2 m by 0.165 m uninflated, and is easily carried in a buoyancy compensator pocket. When a diver surfaces the DIT can be held over the regulator, the purge valve depressed, and immediately he has a long easily visible marker enabling a watching boat to spot him quickly.

This was developed during SAR exercises by the Otago Underwater Club in Dunedin. It can float on the surface for a plane to spot, or by holding with a straight arm down under the water it will act like a flagpole.

I hope SPUMS will help promote it.

Yours faithfully
Judy Johnston



The safety sausage or diver's inflation tube (DIT) fully inflated.