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|------------------------------|--|------------|---|---|-----------------------------------|
| 8.13                         | Emergency Management of Victims of Inhalational Incidents                                      | March 1989 | 9.3.9                                   | Dentists  | March 1987                        |
| 8.15                         | Asthma Attack: First Aid Management  | July 1990  | 9.3.10                                  | Medical Practitioners                           | March 1987                        |
| <b>Section 9 Instruction</b> |  |            | 9.4                                     | Teaching Aids                                   |                                   |
| 9.1                          | Cardiopulmonary Resuscitation Training, Course Objectives, Content and Criteria for Evaluation | July 1988  | 9.4.1                                   | Audiovisual (Posters)                           | March 1985                        |
| 9.2                          | Training in Cardio-Pulmonary Resuscitation   | March 1987 | 9.4.2                                   | Manikins  | July 1986                         |
| 9.3                          | Training Programmes for Groups   |            | 9.4.3                                   | Cross Infection Risks and Manikin Disinfection  | May 1989                          |
| 9.3.1                        | Teaching of Resuscitation in Schools   | July 1990  |   | Addendum  | Aids Precautions in Resuscitation |
| 9.3.2                        | Resuscitation and First Aid in Schools   | July 1981  |   |   | November 1987                     |
| 9.3.3                        | Children Aged 10-14 Years  | March 1987 | <b>Section 10 Resuscitation Devices</b> |   |                                   |
| 9.3.4                        | Adults and Children Aged Over 14 Years   | March 1987 | 10.1.1                                  | Ancillary Devices for EAR                       |                                   |
| 9.3.5                        | Special Groups - Occasional Users  | March 1987 | 10.1.2                                  | Use of Oxygen by First Aiders                   | November 1986                     |
| 9.3.6                        | Special Groups - Regular Users   | March 1987 | 10.1.3                                  | Pharyngeal Airways                              | November 1988                     |
| 9.3.7                        | Ambulance Officers   | March 1987 | 10.2                                    | Life Detection Devices                          | August 1984                       |
| 9.3.8                        | Nurses   | March 1987 | 10.3                                    | Protocol for Evaluation of Equipment            | July 1988                         |
|                              |  |            |   | Appendix  | Referral Form                     |
|                              |  |            | 10.4                                    | Guidelines for Evaluation of Artificial Airways | July 1986                         |
|                              |  |            |   |   | March 1979                        |

## LETTERS TO THE EDITOR

### DMAC REPORT BIASED

The British Sub-Aqua Club  
National Diving Committee  
16 Upper Woburn Place  
London WC1H 0QW

13th June 1990

Sir,

I read with interest and concern the statement on Sport Diving from the Diving Medical Advisory Committee (DMAC) published in the October-December 1989 issue.<sup>1</sup> The statement was prompted by recent events in the UK.

I think your readers should be aware of the identity of DMAC and their authority to issue statements on Sport Diving. DMAC do not represent UK Sport Divers in any capacity. The UK government recognises the British Sub-Aqua Club (BS-AC) as the sport's governing body and BS-AC has its own medical committee which is unconnected with DMAC. In fact DMAC is not a UK organisation although its secretariat is in London. DMAC is a self-appointed body consisting of individuals involved in commercial diving in connection with the North Sea oil industry. There are representatives from industry and government bodies of many countries (e.g. Netherlands, Norway and UK) involved in North Sea oil exploration. DMAC is funded by the Association of Offshore Diving Contractors (AODC) and Tom Hollobone is secretary of both DMAC and AODC. A couple of members of DMAC (less than 10% of the

committee) are involved in recompression chamber operation in UK and as such are called on to treat bent amateur divers from time to time. There is no other involvement with recreational diving and none of the committee members takes part in recreational diving in the UK itself.

On June 28th 1989 I attended a meeting of DMAC in Aberdeen to present my observations on the relation between intracardiac shunts and decompression sickness. I was only an observer during the remainder of the meeting, since I am unconnected with the Committee. I was not present in my capacity as the Medical Adviser to the British Sub-Aqua Club.

Commander Greg Adkisson MC USN (on exchange at the RN Institute of Naval Medicine) introduced a draft of the DMAC statement. I was somewhat surprised at this for two reasons. Firstly, it did not appear on the agenda (and agenda items dealing with professional diver safety were deleted to make room for it). Secondly, DMAC had previously only concerned itself with professional diving.

The reason given for producing this document was concern about "the increased numbers of cases of decompression sickness treated in the UK". It was therefore my impression that the document was directed at British divers.

There are a number of points which concern me. Some of these I subsequently expressed to the Chairman of

DMAC in writing. The committee was presented with incorrect and inflated data on the number of cases of decompression sickness treated by the Royal Navy. The analysis of these statistics did not take into account important factors, such as the record good weather in the UK in 1989 which surveys have shown caused an increase of almost 100% in the number of dives conducted. Those who discussed British recreational diving practices seemed singularly ill-informed about those practices.

During the discussion, many members remained silent throughout, whilst the document was largely drafted by a few individuals, each of whom appeared to me to have vested interests in exaggerating the amount of amateur diving accidents.

Whilst I am in favour of any genuine attempt to improve amateur diver safety, I do not believe that is the purpose of the statement from DMAC. I believe that it is no coincidence that this document was released less than one month before the UK Department of Energy report on decompression sickness from commercial offshore air-diving operations on the UK continental shelf during 1982 to 1988 was released. This data clearly shows that professional divers were subjected to an unacceptable incidence of decompression sickness as a result of relaxation of Diving Safety Memorandum 7/86 by the Department of Energy when pressure to do so was applied by the diving and oil industries. Since those most in favour of producing the DMAC statement were aware of the conclusions of that report, I believe that the DMAC statement on sport diving is merely a diversion. DMAC might have spent its time more usefully producing a statement on the report by the Department of Energy.

Peter Wilmshurst  
Medical Adviser to BS-AC

#### Reference

- 1 Diving Medical Advisory Committee. Statement on Sports Diving. *SPUMS J* 1990; 20 (1): 57-58

*The above letter has been shown to Dr Adkisson whose reply appears below.*

4170 Jackdaw Street,  
San Diego,  
California 92103,  
USA

23 October 1990

Sir,

Dr Wilmshurst's letter is inaccurate and misleading. It would not be worth my time in replying except that divers

reading the *SPUMS Journal*<sup>1</sup> may be adversely affected if the statements he made are left unchallenged.

DMAC (Diving Medical Advisory Committee) is a group made up of physicians and diving industry personnel who meet on a voluntary, unpaid basis to review and comment on safety aspects in any part of the diving industry and this includes the sports diving industry. DMAC is not funded by the AODC or any other organization that I am aware of. While Tom Hollobone acted as our secretary and worked for the AODC, most of the members work within the diving field in some capacity or they would not have the expertise or interest to be on the committee. I collected my pay cheque from the Navy but to extend that connection and state that DMAC was therefore funded by the Navy is ludicrous.

The physician members of DMAC represent virtually all major recompression centres in and around the UK as well as some in other parts of Europe. Their chambers treat the vast majority of all diving accidents that occur in the UK including military, commercial and sport divers. They have treated hundreds of divers over the last few years. If this is what Dr Wilmshurst means by "called on to treat bent amateur divers from time to time" I have the following question: How many divers with decompression sickness have you recompressed in the last few years Peter? I am amazed that Dr Wilmshurst alleges those of us who treat sport diving injuries are not involved.

Dr Wilmshurst was indeed present for DMAC's meeting in June of 1989 but he misquotes events and conversations. DMAC as a committee had discussed their concerns about events within the sports diving industry for the previous year. The draft presented at this meeting, while not on the agenda, was not a new idea. I had been assigned back to the United States and this was my final opportunity to finish any DMAC work I had in progress. The DMAC Statement on Sport Diving was completed early and presented. The draft was actively discussed by the entire committee and a final version approved. As a courtesy, Dr Wilmshurst was asked for his remarks and he expressed no negative comments about any aspect of the statement.

The DMAC statement on Sport Diving is simply a reminder of basic safety rules and concepts and was addressed to divers in all parts of the world. Dr Wilmshurst has now expressed concern about the statement but has discussed only unrelated issues. I ask him now, publicly, to be specific regarding which portions of the statement he objects to.

G H Adkisson, MD

#### Reference

- 1 Diving Medical Advisory Committee. Statement on Sports Diving. *SPUMS J* 1990; 20 (1): 57-58