

Hyperbaric Medicine Unit

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Ms K Skerrett
HM Senior Coroner for Gloucestershire
Gloucestershire Coroner's Court
Corinium Avenue
Barnwood
Gloucester
GL4 3DJ

[REDACTED]
Date: 31 January 2022

Ref:

Yr Ref:

Dear Ms Skerrett,

I am replying on behalf of the United Kingdom Diving Medical Committee (UKDMC) to the Matters of Concern raised in your Report to Prevent Further Deaths dated 5 January 2022.

Question 1 asks "Whether there is sufficient awareness of the risks & affects of Immersion Pulmonary Oedema (IPO) by those engaged and/or participating in the activity of diving?"

Although IPO was first described 40 years ago medical research into the causes, prevention and management is incomplete. As a result, there is incomplete awareness of the risks and effects of this condition amongst doctors (including medical referees for diving and pathologists), Coroners and divers.

Members of the UKDMC were the first to report IPO and have worked to promote awareness of the latest information about it in all communities engaged and/or participating in the activity of diving.

- We continue research into IPO and publish our findings in the medical literature to educate doctors throughout the world.
- We educate our own medical referees via our Google-group and at our conferences. There have been lectures on IPO at every diving medicine conference we have held in the last 10 years.
- We also provide information directly to diving organisations and articles are published on the UKDMC website and in magazines for divers, including several in the last year.
- We have provided lectures at conferences for amateur divers and some of those were recorded and can be accessed free of charge on the internet (some are on YouTube)
- We work with the British Diving Safety Group and its sub-committee that has the specific purpose of increasing awareness of IPO
- We have spoken to the Royal College of Pathologists in order to publish an article on diving related diseases, including IPO, in the College's magazine to increase awareness of IPO amongst pathologists.
 - this was prompted by concern that some inquests have reached inappropriate findings in the case of diving deaths because Home Office pathologists and Coroners have insufficient knowledge of diving related illness including IPO.
 - we sent the Chief Coroner a one page information sheet which explains some of the difficulties in determining causes of diving related deaths when there is

IPO and post-mortem decompression artefact but were disappointed that it was not distributed to all Coroners.

We will continue with these and similar activities in future.

Most divers will, by now, be aware of the symptoms of IPO and that it can be fatal but we note that awareness of serious risks in other activities such as smoking or mountain climbing does not necessarily prevent individuals from participating in them.

Question 2 asks "*Whether sufficient consideration has been given to the requirement for a 'fitness to dive' medical certificate as a prerequisite to participation in diving activities?*"

The UKDMC sets the medical requirements for diving for several national amateur diving organisations in the UK. Its members also advise the Health and Safety Executive on the medical requirements for commercial diving. The committee meets about 4 times per year and at every meeting it considers new information that might affect our guidance on fitness to dive.

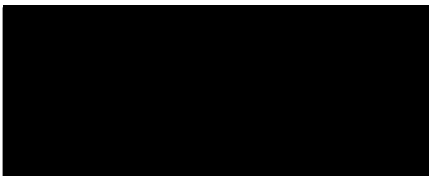
Unlike flying, vocational driving or commercial diving, there is no legal requirement to have a medical examination for recreational diving. As a result, although some organisations insist that people diving with them satisfy the UKDMC requirements, people can dive independently without any medical examination.

The UKDMC fitness assessment depends on a health declaration which determines whether a UKDMC Medical Referee (who will have received updates on IPO and its known risk factors) should be approached for advice or a physical examination. The health declaration asks specifically about IPO and also asks about other aspects of health which can influence risk of IPO. Routine annual physical examination has not been required for many years as it added no benefit to the assessment of divers who did not declare any problems. Some divers have not declared problems, sometimes leading to fatality, but re-introduction of routine physical examination would not capture those who choose to dive independently and, due to lack of a specific test for susceptibility to IPO, would still miss individuals at risk.

We do not condone dishonest declarations, not least because such behaviour endangers the diver's buddy. We have considered ways that we can reduce dishonest declaration but even access to General Practitioner records has been unhelpful in some cases. This situation is not unique to diving. For instance, applicants make false medical declarations about eyesight, blackouts etc in order to retain a driving licence.

Finally, more cases of IPO occur during open water swimming than in divers each year because there are more open water swimmers than divers. As a result, we believe that a requirement for a medical certificate for diving based on the risk of IPO could only be reasonably justified if the same was required for open water swimming.

Yours sincerely,



Dr

Chair, United Kingdom Diving Medical Committee