

The Pilot and the Pill

■ In the early days of aviation, when the flying machines were fragile, equipment failures were so common and reliability so poor that it was almost inconceivable that aviation would survive. However, it did and equipment reliability steadily increased and is now at an all-time high.

In these days of great technological advances and increased reliability, we see pilot failure, far more frequently than equipment failure, as a cause of aviation accidents. This occurs largely because the average pilot is more knowledgeable, and takes better care, of his aircraft than he does of himself. Even the Federal Aviation Regulations, while requiring an aircraft checkup each year, require a private pilot medical checkup only every two years.

One aspect of pilot maintenance—specifically, the various medications used for various medical problems—deserves special attention.

FAR 91.11a3 states that, "No person may act as a crew member of a civil aircraft . . . while using any drug that affects his faculties in any way contrary to safety." That covers a lot of ground and assumes knowledge of all effects of all drugs taken for all purposes by all pilots under all circumstances—a highly improbable situation.

Also pertinent is FAR 61.53 which states that, "No person may act as pilot-in-command or in any other capacity as a required pilot flight crew member while he has a known medical deficiency or increase of a known medical deficiency that would make him unable to meet the requirements for his current medical certificate." Compliance with this FAR requires knowledge of what constitutes a medical deficiency, what degree of deficiency is acceptable and what degree of deficiency is present in a given situation. This medical judgment is difficult for the average airman, to say the least.

Additional pertinent information is included in the FAA Guide for Aviation Medical Examiners, where the AME is instructed to deny or defer medical certification if the airman is undergoing continuous treatment involving antihistamines, narcotics, barbituates, mood amelioration, tranquilizers, motion sickness, steroid, antihypertensive, anticonvulsant, ataxic, hypoglycemic, sedative, anti-

spasmodic, coronary or medication for mental disorders.

If all this leaves you confused, perhaps you can see how intricate and complex this whole situation really is. Due to lack of appropriate medical knowledge, most airmen are incapable of making an adequate decision about a particular medical condition, or medication, unless they have professional assistance.

Many well-meaning physicians who are not well versed on these aspects of aviation medicine have unintentionally, but significantly, misled pilot-patients by prescribing a medically indicated drug, but one both forbidden to active pilots by regulation and contrary to the interests of aviation safety.

Specific instances have come to this author's attention wherein a prescription for relief of a head cold was given to a pilot who was told he could fly while using the prescribed medication which contained antihistamines—in direct conflict with existing FARs and aviation safety.

Another well-meaning, but poorly informed, physician stated that it was all right to fly while taking Dilantin, as long as the patient's seizures were well-controlled.

Incredible? Perhaps, but true nevertheless.

Over-the-counter medications must also be examined. It is impossible to list all the non-prescription medication that should not be used by pilots—even daily doses of large quantities of aspirin may be disqualifying. Reading the contents of a medication

is of little benefit, unless you can analyze the multisyllabic chemical terminology used in listing the components. However, be especially wary of any that state that they can cause drowsiness. This includes most cold remedies, as well as drugs for the control of allergy, hay fever, cough, sleeplessness or itching. Anything containing some form of antihistamines can cause drowsiness and poor coordination as side effects. Such symptoms will be increased at the lower available oxygen at increasing altitude. Therefore, this type of medication is not compatible with safe, alert (and legal) flying.

Medication intended to control diarrhea, cough and indigestion often contain narcotic-type drugs in low concentrations, which could pose a hazard in significant amounts. Remember again, most depressive drug effects are exaggerated by the lower available oxygen at increasing altitudes.

Another aspect of this problem which must be considered is the illness or symptom which prompts the pilot to consult the physician or acquire the drugs. Have you considered the probability that this illness itself, treated or not, could at least temporarily make you an unsafe and illegal pilot. Even a minor cold, if untreated or treated with certain medications, could cause sudden incapacitation if pain in the ear or sinuses suddenly develops as can occur during descent on final approach.

Consult your local AME if you have any doubts as to the safety of your medications. Many non-aviation oriented physicians, though well-intentioned, are unaware of the regulations involved, the increased sedative effect of many medications at increasing altitude and the high degree of awareness and coordination required for safe flying.

The military pilot has his flight surgeon; the airline pilot has his own medical department and you, the private pilot, have your local AME. While you must see him to renew your medical certificate at least every two years, he should be available in the interim for any aviation medical problem or question. Make use of his expertise for your own safety. This is far better than having him checking into the causes or contributing factors that led to your aircraft accident. □

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