

From: [REDACTED]
To: [AvMed.DP](#)
Subject: AvMed discussion paper
Date: Tuesday, 28 March 2017 9:34:00 AM

Dear Avmed,

As a private VFR pilot the current procedures for renewing the class 2 medical certificate seem OK except:

1/in case of diabetes, as also in motor sport, there appears to be a severe over-reaction to deviance from the numbers, most diabetics have had years to know how to manage themselves, and extra 24 hour monitorings simply add cost and stress, and in no way contribute to their health or safety

2/in case of depression etc, where the risk is really of suicide.

Affected individuals are likely to be aware of this , and are likely to have been subjected to a range of burdensome, ineffective and well intentioned to assist. The severely depressed person is very unlikely to fly anyway, or for that matter do anything at all.

The argument that the cost of the test is insignificant compared to the overall cost of aviation is fallacious in any case where any 'extra' tests are needed, as these can double or triple the (already) high cost of the DAME consultation.

The cost probably deters very few from flying, but it does add to a tremendous outpouring of ill will towards CASA, mainly because final say is in the hands of a remote unseen individual who appears to not care about the pilot , only about covering their own back . (Non transparency)

To overcome these deficiencies there needs to be less kicking the decision into Canberra, and more looking at the pilot where they are, that is their GP, family and colleagues.

As the discussion paper points out, there is very little evidence for a medical cause for incidents in the areas where less aggressively interventionist medical assessments have been used for pilos.

One of CASAs aims should be doing things to make aviation more available , not less, and helping those who wish to aviate to do that, rather than placing obstacles in their way.

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