

One Less Roadblock to Medical Certification

It was not the snail's idea to be slow.

The FAA has begun a new procedure that allows aviation medical examiners (AMEs) to issue a normal medical certificate for airmen with 18 "disqualifying" medical conditions. This is good news for those of us who need to or want to fly airplanes.

I read years ago that medical certification for pilots began after World War I, when it was discovered that more pilots crashed (and more died) due to physical incapacity than from war violence. As aviation developed, flying quickly acquired a mystique that seemed to belong to an elite sort of person. Pilots became heroes.

And so the medical-requirements pendulum swung – then stuck at the elite side of the clock.

Certification Bureaucracy is Born

In the beginning, perhaps, the qualifications for driving an aircraft were as low as for being any other sort of cannon fodder. It wasn't many years before physical perfection had become the first qualification. As a result, many perfectly good men were killed flying airplanes that were imperfect because many of the nuances of aeronautical design and construction weren't yet known. They died of pilot error, of course.

And many perfectly able but imperfect people were denied the privilege of flying airplanes, especially as professional pilots. It's a closely guarded secret that flying an airplane is really possible for just about anyone, and the last folks to learn this lesson are always the regulatory experts, who are held responsible for preventing the foolishness of unknown

fools. If there were no bad judgment, no rules would seem necessary.

Still, there really are incapacitations caused by physical defect. The fear of people on the ground that an airplane flown by a crippled pilot might plunge into their house is very real, no matter how unlikely the accident. So there's continual pressure from *hoi polloi*, especially after accidents, to create and enforce rules prohibiting crippled – and potentially crippled – pilots from flying.

"Potentially impaired" – that's the rub, isn't it? The harder it is to guesstimate the likelihood of "sudden in-flight incapacitation," the more vigorous is the debate.

One of the blessings of the technological revolution that's made medical care so expensive (and effective) is that we have been better able to show that some pilots with medical conditions are actually not at all likely to be suddenly impaired during flight.

The bureaucratic side of this is that the FAA's list of "disqualifying conditions" has not changed much, because some people with those conditions really should not be flying. And the FAA has to be prepared to defend its decision to certify able pilots tagged with disqualifying diagnoses. This has created a two-step process:

1: The airman gets a flight physical and does not "pass." The airman then assembles a medical dossier proving non-impairment.

2: The FAA, short-staffed as always, rapidly reviews the dossier and provides certification. There are always more pilots needing review than there is time to review them. It's like the construction

zone in a three-lane freeway. Traffic does move; everyone is working hard; nevertheless, the backup is grieving.

The FAA some years ago put part of this bureaucratic process in the hands of aviation medical examiners by creating "AME-Assisted Special Issuance" that bypasses the Oklahoma City Bottleneck. An able airman with a disqualifying diagnosis, after FAA review, is given a letter that permits any Aviation Medical Examiner to certify after reviewing the pilot's current medical status, without involving the bureaucracy. This has sped up issuance wonderfully, though gathering the documents is the same tedious job.

This year the FAA is widening the "construction zone" further by allowing AMEs to certify 18 different disqualifying conditions if the airman has evidence that the condition is not disabling. These conditions encompass about 15% of special issuances.

Now we have five possible situations:

A: The airman is healthy, and the examination is a formality.

B: The airman is disabled and will be denied medical certification.

C: The airman has a stable disability to which adaptation is possible. (A medical flight test is usually required, leading to a permanent Statement of Demon-

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D: The airman is disqualified but able, and after FAA review of medical records, "Special Issuance" of a medical certificate can be done by any AME for up to six years. Usually annual medical review is required.

E: The new policy allows *regular certification* for 18 conditions, regarding which the FAA has written clear and unequivocal guidelines. The AME can review the medical evidence that the airman is unimpaired and summarize this review on the medical form, then certify without submitting the medical evidence for FAA review.

Eighteen Medical Conditions eligible for normal medical certification

Protocols available now: Group 1: Arthritis, asthma, hepatitis C, hypertension, hypothyroidism, pre-diabetes, migraine and chronic headaches, renal cancer, testicular cancer, and prostate cancer.

Protocols available later in 2013 – Group 2: Kidney stones, carotid artery stenosis, colitis and irritable bowel syndrome, colon cancer, bladder cancer, leukemia, and Hodgkin's disease and lymphoma

You can read a summary announcement in the current Federal Air Surgeon's Medical Bulletin – Google site: faa.gov/FASMB, choose the top link, and within the page raised, click on either the current issue or the Archive. It's Volume 51 #2, 2013.

You can read the medical requirements in the AME guide, a 300+-page pdf. To find it, Google site: faa.gov/guide.pdf and choose the second link.

After this loads, then search within the guide (Control-F) for <diagnosis> worksheet, where <diagnosis> is one of the 18 conditions listed in the table nearby. Print this out, take it to your doctor, and puzzle over it together.

Where the worksheet seems vague to your doctor, this is a signal that his professional judgment is asked for. Does *he* judge your condition to be stable, not needing a change of treatment? Where the worksheet is specific, just do what it says. An asthmatic pilot taking any medications regularly or occasionally *must* submit the results of a pulmonary function test done within 90 days before a flight physical.

The requirements

I've reviewed all the available worksheets. They're fundamentally the same in these respects:

1: The condition must be considered *stable* by your doctor; in particular, *not*

needing a change in therapy.

2: The condition must be causing minor or no *symptoms* and no disability.

3: Your doctor must prepare a brief *current* report about your disease. "Current" means "within 90 days of your flight physical." My experience is that airman think "current" means "within my memory." This would not be correct.

4: You may have to have lab testing done for this report.

5: You must be on medications that are acceptable to the FAA.

News about pre-diabetes

If you look at the list of 18 conditions, you will see an important one that is rather new, "Pre-diabetes," formally known as "metabolic syndrome." In the past, this has not been reportable to the FAA. Now it is, and regular certification is possible with a report from your doctor based on an evaluation within the last three months (90 days).

This is important because so many of us have this condition. Progressive portliness plagues pilots past forty. Pecs plunge into pants, the center of gravity slides south. And it makes us sick: heart disease in particular. Talk about potential for sudden in-flight incapacitation!

This FAA requirement snuck up on us. Within the past decade or so, many doctors have begun treating metabolic syndrome with the drug, metformin,

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because it's been discovered that this mild diabetic medication hinders disease progression to frank diabetes.

In response to the facts about the risks of pre-diabetes, the FAA decided, without telling very many people, that any pilot on metformin must go through the same special issuance process as diet-controlled diabetics. With this new procedure, special issuance isn't needed – but now, anyone with metabolic syndrome must bring a current medical report to the AME *whether or not metformin is being used*. You may not like this, but the science fits.

There are two sets of formal diagnostic criteria for metabolic syndrome that are trivially different. They can be found in the Wikipedia entry for metabolic syndrome. If you meet either criterion, you should be taking metformin if you are able, and should bring a doctor's report to your flight physical. You can find the criteria at: http://en.wikipedia.org/wiki/Metabolic_syndrome.

U.S. National Cholesterol Education Program Criteria for Diagnosis of Metabolic Syndrome:

at least three of these 5:

- waist circumference @ umbilicus (not counting the outie) above 40" in men, 35" in women
- fasting serum triglycerides over 150 mg/dl
- low fasting HDL cholesterol (below 40 mg/dl for men, 50 mg/dl for women)
- blood pressure over 130/85 or treated hypertension
- fasting blood glucose over 100 mg/dl (over 125 = "diabetes")

News about arthritis

The various types of inflammatory arthritis – rheumatoid arthritis, lupus, and so on, have always been reportable. As we age, our joints tend to deteriorate, eventually causing painful joints. This is *osteoarthritis*. In my long experience as an AME, pilots don't consider this reportable because it seems like a normal

aging process: we don't report gray hair, so why report knobby knees?

The answer is that sometimes osteoarthritis, degenerative joint disease, is disabling.

The judgment question is, When does the FAA want me to report wear-and-tear arthritis? (We pilots don't want to go through the hassle.) The answer is, *When it needs treatment*. Frankly, I don't think the FAA is going to waste any time or regulatory energy chasing down pilots with bad knees, but whether you can safely get in and out, and operate the controls, with a bad shoulder, knee, hip or ankle, is something you and your AME should think about.

News about colitis

It's good to know that pilots with inflammatory bowel disease can now be certified without special issuance when the condition is stable; frankly, if it's not stable, the pilot won't be able to fly without a diaper. But *irritable bowel syndrome* is now reportable. I honestly don't know what to do with this one. For decades, the label, "IBS" has been stuck onto every minor chronic gastrointestinal dysfunction; most people with this label merely need more fiber and fluid. Reporting that is like reporting a pimple.

I suppose IBS is now reportable because some people do have intractable neurologic bowel dysfunction that may cause incapacitating pain from time to time. I've been doing primary care for 35 years, and can count on the fingers of one hand the people I've seen that actually have this.

News about blood diseases

I was as surprised as you to see leukemia on the list of conditions not needing special issuance. But the truth is that leukemia, Hodgkin disease, and lymphoma are sometimes cured, and chronic leukemia may be very stable. The key to certification, when the criteria come out, will be *stable and not needing treatment change*.

Will all AMEs do this?

Certifying pilots with medical issues takes a lot of time. I know, because I do a lot of this. I have the luxury of not

being pressured by my practice to push patients through fast, and I love getting pilots into the air in good health. But I know that many AMEs won't welcome the extra work this will entail. Some will just go ahead and certify without really investigating the condition – we all know that there are AMEs that "don't look too close." Others will be unable to take the extra time.

You can help the AME by getting your ducks in a row before going in for the flight physical. Call the AOPA, ALPA or EAA medical department if you're a member; they're incredibly helpful. Go to the web, find the worksheet in the AME guide, take it to your doctor at least two weeks before your flight physical so that tests can be finished and the letter dictated without a rush.

Or you can annoy your AME by showing up for a flight physical without any prep. The doc will say that your hypertension, hypothyroidism, and metabolic syndrome require reports. Then watch his face while saying to him, "Oh, I thought you could take care of all that. You're the expert!"

This actually happens, in my office, several times a year. Then the airman gets to sit with a computer and a phone in a spare exam room and spend the entire morning tracking down records and having them faxed to us. And my practice charges \$250/hr for the time I spend helping him. Most AMEs have no time to do this.

Notes

"*hoi polloi*" is Greek for "the people".

In case you care, the new process is called *CACI* by the FAA. With the bland creativity only a bureaucracy can muster, this is short for "Conditions AMEs Can Issue." This complements that AASI process already in place. Oh, right, that stands for "AME Assisted Special Issuance." We could call the original process "FAA Managed Important Licensure for You" – FAMILY. Or "FAA Certification Tomorrow" – FACT.

Thanks to Dr. Fred Tilton, Federal Air Surgeon, for facilitating this change, and for Dr. Jack Hastings and Dr. Stephen Leonard for volunteering hundreds of hours to bring it to fruition. ✈