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A brief update from the Civil Aviation Authority Central Medical Unit

Update ME

From the literature: Long-term survival after TIA

In a recent Lancet editorial¹ Dr Graeme Hankey comments on a report² that presents "new robust evidence from an almost ideal prognostic study about the chance of survival free of recurrent vascular events during the first 10 years after a transient ischaemic attack of the brain (TIA) or minor ischaemic stroke in a large population of patients."

The study confirms the high early risk and shows that the risks of stroke and other major vascular events over 10 years after TIA and minor ischaemic stroke are also high.

Those MEs who have been involved in medical certification decisions concerning post-TIA applicants are likely to find this report of interest.

Reminder: Validity Period of Medical Certificates

A CAA medical certificate commences its period of validity on the day that it is issued, **not** the day of the examination. The expiry date of a medical certificate should be calculated based-on the date of issue.

Example: An applicant applies for a medical certificate on 15 December 2005; Statutory flexibility is utilized and the assessment is completed on 01 January 2006; Part 67 provides a maximum medical certificate period of 12 months.

In the absence of any medical condition that warrants a reduced period of validity the medical certificate will commence on 01 January 2005 and expire twelve months later. The medical certificate should not commence on 01 January 2005 and expire on 14 (or 15) December 2005.

In the courts: High Court Appeal

The Director of Civil Aviation recently filed an appeal, to the High Court, against an earlier District Court judgement³. The Director asked the

High Court to consider nine grounds of appeal. The case relates to the denial of a class 1 medical certificate to an airline pilot who has suffered recurrent episodes of neurocardiogenic syncope.

This appeal was heard by Justice Wild in the Wellington High Court. Justice Wild heard submissions for two days and then reserved his judgement on the administrative law grounds of appeal but determined⁴ that "should I decide that a decision upon the aviation safety merits is required, I will remit that back to the District Court for Judge Butler to decide."

Later, on 23 June 2005, Justice Wild issued his reserved judgment⁵ which upheld six of the Director's grounds of appeal and effectively confirmed one other. The result is that the "Director's appeal has substantially succeeded" and that the matter will be remitted back to the District Court judge to correct the errors.

The "aviation safety issue" has therefore been remitted back to the District Court. The Director presently awaits that decision.

From the literature: Chest pain after air travel

This case report recently published in the Lancet, documents a rather rare cause of chest pain in an air traveller⁶.

"Doctors suspected that she had a pulmonary embolism."

General Directions

Two General Directions (GDs), *Examination Procedures* and *Timing of Routine Examinations*, have been revised and will be made available for further public consultation later this month.

The new draft GDs will be placed on the CAA website, with access from the bottom of the "Medical" page under the heading "Documents for Consultation".

¹ Redefining risks after TIA and minor ischaemic stroke. Hankey G. Lancet, 365(9477): 2065–2066, 18 June 2005.

² Long-term survival and vascular event risk after transient ischaemic attack or minor ischaemic stroke: a cohort study. van Wijk I et al. Lancet, 365(9477):2098–2104, 18 June 2005.

³ Reserved judgment of his honour Judge P J Butler, in the District Court at Wellington. CIV-2004-085-84, 18 March 2005.

⁴ Oral judgment (No 2) of Wild J (Declining to deal with 'the aviation safety merits'), in the High Court of New Zealand (Wellington). CIV-2005-485-606, 01 June 2005.

⁵ Judgment (No 3) of Wild J (on the substantive appeal), in the High Court of New Zealand (Wellington). CIV-2005-485-606, 23 June 2005.

⁶<u>Chest pain after air travel</u>. Nuesch R et al. Lancet, 365(9474):1902, 28 May 2005.