CIMP-Meeting 15./16.09.2007, Vienna, Austria - National report of Switzerland

Dr. René Maire, Delegate of the Aero-Club of Switzerland (AeCS), 11.09.2007

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1. EASA and Switzerland: Since 01.12.2006 the EASA-rules/-regulations/-legislation are valid in Switzerland. Switzlerland is member of the EASA in accordance to the bilateral contracts with the EU. All responsable bodies within Switzerland are working hard to implement the new regulations. A lot of work is related to the so called PART M-regulation, which will be implemented in autumn 2008.

2. EASA-Information conferences: These took place in the airport Zürich-Kloten (01.03.2007 and 28.08.2007) and were open for the aviation public. Both events have been organized by the Aero-Club of Switzerland (AeCS), the second event on behalf of EASA.

3. EASA Light Aircraft Pilot's Licence: Switzerland, as well the Aero-Club of Switzerland (AeCS) as the Federal Office for Civil Aviation of Switzerland observe and try to influence the process on the level of EASA and of Europe Airsports which aims to create an EASA Light Aircraft Pilots's Licence and hereby also a specific medical licence. The AeCS is represented in Europe Airsports by Emil Blumer, president of the Swiss Gliding Association; medical matters are discussed with the AeCS-medical doctors. At several occasions we have presented our Swiss proposal but it was not supported by the majority of the other european countries. We do not agree with several aspects of the draft of the new medical regulations. Especially we think it is not wise to build up a new medical regulatory system; especially the actually proposed medical regulatory system does not reflect evidence based medicine. For further comment please check annex 1.

4. Medical team of the Aero-Club of Switzerland (AeCS): In the last year, there has been no change of the organization of the Sports Aviation Medical Service of the AeCS with its team of five medical doctors. The actual concept has been established some years ago.

5. 25 years „Jugendlager" (camp of youth), organized by the Aero-Club of Switzerland (AeCS)": This year the „Jugendlager" could celebrate its 25th anniversary. About 4000 young people have been participating at this camp within the last 25 years.

6. Ecolight: The reestablishement of the ecolights within Switzerland has been successful. These airplanes have gained a big interest within Switzrland during the last two yeras.

7. Fatal accident of Georg Schmid (24.07.2007): Georg Schmid was an experienced pilot who had won many records and who had been honoured on international level and by the AeC. Thus, he had surrounded the globus twice in a small engine aircraft. But unfortunately he crashed in a house in Basel short after take-off for a new record flight; he was killed at this accident.

8. International Airport Zurich-Kloten: The problems related to restrictions for the airtraffic of the Airport Zurich-Kloten above German territory, imposed by Germany, are still a huge matter of political and aviatic debate. Which solution should be chosen has not yet been decided. The Aero-Club of Switzerland (AeCS) follow the development with huge interest, especially with respect to the consequences for the sports aviation activity.

Annex 1: Comments to the proposed medical standard for the EASA Light Aircraft Pilot's Licence (Dr. R. Maire, 27.06.2007)

Comments to the proposed medical standard for the EASA Light Aircraft Pilot's Licence

Dr. R. Maire, MD, Cardiologist, CIMP/FAI-Delegate for the Aero-Club of Switzerland, Cardiological Expert for the Federal Office for Civil Aviation Switzerland

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We are not happy with this new proposition, and there are several reasons for this statement:

As we have stated earlier, we believe that a general practitioner is not the right person to make decisions about fitness to fly, because most practitioners have a lack of knowledge in aviation medicine. As a consequence many pilots may be declared unfit to fly because the practitioner is not ready to carry the responsibility in special medical situations, whereas the candidate would be declared fit to fly if the decision has to be made by an AME in the same medical situation. One reason to give the task of checking pilots to practitioners was the idea, that the acceptance for fitness to fly could then be set to a lower level. But this idea could be transformed into the contrary for the reasons we have given above! Thus, we do not consider an aeromedical checking system based on practitioners as an ideal system.

Secondly, it is not understandable for us, why a new medical regulatory system has to be set up. It would be wiser - as we have stated several times before - to take the JAR-FCL-Medical- or the ICAO-Medical requirements as a basis for checking the medical fitness to fly for the EASA Light Aircraft Pilot's Licence. We like to give here several examples which show that the proposed text is too delicate: In the new proposed version the whole chapter of arrhythmia is reduced to some few questions. This means, it is very easy to pass these questions and to receive the licence even in the presence of complicated arrhythmias which is in contrast to flight safety. Another example is given in the Guidance notes under "Cerebrovascular disease". Here we find "..including spontaneous intracerebral haemorrhage"; and according to the box "Passenger Carriage Prohibited" the possibility to fly after one month of such an event is given, and there is no demand of having fulfilled several diagnostic procedures. This is not serious medicine and is – in our opinion – also in contrast to flight safety. Another example is found with the topic ICD. It is in full contrast to flight safety to permit someone to fly one month after implantation of an ICD. And the same is true for pacemaker-implantation: That someone is allowed to fly one week after pacemaker-implantation is just irresponsible. Thus, the content of the written text is often far away from practical medicine. Many other examples could be cited here, which show that the new text - as well in the form which the physician

has to fill in as in the Regulatory Notes - represents an oversimplification of the broad spectrum of medical illnesses and its consequences. And we do often not find a correspondence with international medical standards and guidlines, at least in the cardiological field, which we have especially checked in the given draft. Thus, the text of the Regulatory Notes often lacks the criteria of evidence based medicine.

To build up a new whole medical system for checking the fitness to fly is an enormous work. The process of setting up the JAR-Medical requirements which has needed so much time and so many experts discussions shows that such a process can not be solved by some simple statements or questions. If we make regular medical checks of pilots in order to have a certain level of medical fitness, it is not acceptable to put down the different medical diseases to a very low risk level in an artificial non-scientific way. The solution, not to demand a medical checking and medical certificate at all, - like for glider pilots in Switzerland (except the demanded initial medical examination) - is more honest! (Of course we are not happy with the medical-checking situation of the glider pilots in Switzerland).

Our conclusions and recommendations are:

- Medical examinations for the evaluation of the fitness to fly should be performed by AME and not by general practitioners.
- For the medical checking of pilots and for the judgement of the fitness to fly the JAR-FCL-Medical- or the ICAO-Medical-requirements should form the basis.
- The draft of the proposed medical standard for the EASA Light Aircraft Pilot's Licence is not acceptable because it does not represent evidence based medicine and the transformation of the given text into reality is often in contrast to flight safety.
- If the frame of the proposed medical standard for the EASA Light Aircraft Pilot's Licence should not be changed, then we suggest strongly to make the following corrections: The form "Light Aircraft Pilot's Licence Medical Report" and the form "Deferred Cases – Guidance/Regulatory Notes" should be written in a very simple way. This means that the different medical diseases should not be mentionned in detail, and the regulations should be written in a mode which gives more "space" to the specialists for their decisions about fitness to fly; and specialists should be involved into such decision processes whenever needed.

27.06.2007