

ESAM - Collaboration and Development in Europe for Aerospace Medicine

Anthony S. Wagstaff

MD D AvMed PhD MBA

President ESAM

Director, Institute of Aviation Medicine, Oslo, Norway

Professor, University of Oslo



What is ESAM?

46 member
associations
34 countries

Aerospace medicine
professionals including
AMEs, Government,
AMCs, Space, Military,
research and others



ARTICLE C – OBJECTIVES

1. The Society shall work for the **health and safety** of all persons involved in aviation and space operations, including passengers.
2. It shall be a **pan-European, independent forum** for aerospace medicine and shall coordinate European aerospace medicine interests in the applicable fora.
3. It shall base its decisions on **expert knowledge**, evidence and open discussions within the organisation.
4. It shall be a **non-profit** association.

Executive Committee

President

Anthony Wagstaff

Norway



1st Vice President

Francisco Rios

Spain



2nd Vice President

Olga Verba

Russia

General Secretary

Felice Strollo

Italy



Communication Director

Goran Bogdanowski

Macedonia

Treasurer

Jochen Hinkelbein

Germany



Director without portfolio

Elena Cataman

Moldova



Co-opted members:

Chair Org.Committee ECAM 6

Declan Maher

Ireland

Chair Org.Committee ECAM 7

Vincent Feuillie

France

President AsMA

Roland Vermeiren

Belgium



Advisory board

- New Chair: Trond-Eirik Strand, Norway
- Co-chair: Ries Simons, Netherlands



- Important group for working on scientific matters
- Position papers, information, working groups, scientific committees etc.

Some specific issues

- Aerotoxic letter
- Pilot and AME relationship leaflet
 - Australasian adoption
- Medication and flying leaflet
 - EASA adoption
- Input to ICAO, input to EASA

Aerospace Medical Association

President
Valerie E. Mortindale, PhD, CAsP, FAsMA
Tokyo, Japan



Executive Director
Jeffrey C. Sventek, MS, CAsP, FAsMA
Association Headquarters Office

July 10, 2017

Public Health Panorama
Division of Information, Evidence, Research and Innovation (DIR)
WHO Regional Office for Europe
UN City
Marmorvej 51
DK-2100, Copenhagen Ø
Denmark

Dear Editor,

On behalf of the undersigned organizations, we are writing to express our concerns with the paper titled "AEROTOXIC SYNDROME: A NEW OCCUPATIONAL DISEASE?" published in the June 2017 issue of *Public Health Panorama*. The paper by Michaelis et al asks whether "aerotoxic syndrome" is a new occupational disease and claims to have identified a clear cause and effect relationship linking symptoms, diagnoses, and findings to the occupational environment. From our review of this paper, we see no evidence identifying such a relationship and given the controversial nature of the subject matter, wish to convey our concerns about the methodology of the study.

The paper reports two studies: in the first, pilots of BAe146 series aircraft were approached via a pilot union, with a response rate of 14% and an unstated mixture of written questionnaire and telephone interview responses by one of the authors, the content of which are not included in the publication. In the absence of any information from the 86% of non-respondents, and any detail on the questions asked to the respondents, it is not possible to evaluate or exclude selection bias or interviewer bias. Therefore, any conclusions from the first study must be extremely guarded.

In the second study, 15 potential cabin air quality incidents were analyzed. The studies were gathered from a variety of sources, and are said to have been selected because of being consistent with hyperventilation and hypoxia, but no detail is provided as to how this selection process was conducted or what characterized the studies which were excluded. It is therefore once again not possible to evaluate the potential for bias in the analysis. In almost all of the 15 selected cases, symptoms were reported, in many cases by multiple individuals, and a variety of medical findings were reported. The listed complaints were in many cases chronic. These findings are interesting but in the absence of any quantitative analysis constitute only a case series and do not elucidate the genesis of the symptoms.

The two separate studies were then combined to create a comparison between the reported symptoms in the two data sets. No quantitative analysis is applied but there appears to be overlap in symptomatology between

AEROSPACE MEDICAL ASSOCIATION
THE INTERNATIONAL LEADER IN AEROSPACE MEDICINE AND HUMAN PERFORMANCE
89TH ANNUAL SCIENTIFIC MEETING, HILTON ANATOLE HOTEL,
DALLAS, TEXAS, MAY 6 - 10, 2018



SAVE THE DATE!!!

EPPSI Peer Support Workshop

Frankfurt 20-21 June 2018

Agenda highlights:

- What Peer Support System for my organisation?
- Selection, training & currency of peers
- Peer Support, SMS & oversight.

European Pilot Peer Support Initiative



Roland Vermeiren (BE)

"Rules for the dark side of the moon"

attention points and differences with pilots in the new EASA ATCO medical certification

Stuart Mitchell (UK)

"Are Age Limits Still Valid in the Assessment of Functional Ability, and Medical Incapacity Risk?"

Some thoughts and paradigms for the over 60 challenge in Europe

Olga Verba (RU)

"Practical assessment of psychological Status of Pilots"

from Soviet experience to present

Ries Simons (NL)

"How Big Data help to prevent severe mental problems"

screening method developed by University of Leuven – BE





ICASM 2017

ESAM PANEL: Flight in an ageing Society – panel discussion

Participants: Rene Maire, Karina Mesarosova, Cristian Panait, Felix Strollo, Ries Simons

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ECAM 6 - Prague

54 nations

354 registrations



Mayakovsky:
Congress hall: www.mayakovsky.cz
Saturday
Gala Dinner: www.francouzskahostujace.cz

NEW MEDIA PARTNER:
ESAM, AsMA, the Czech Aeronautical Institute &
the Czech Association of Aerospace Medicine

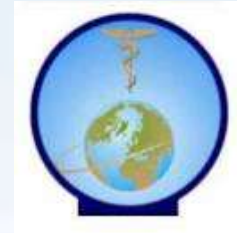
Official website: www.ecam6.cz



ESAM at RU- AMDA



Collaboration – Paris 2020!



Memorandum of Understanding

for

**1st International Conference of Aerospace Medicine (ICAM) [or similar
name agreed to by all groups]**

Strategy and future

- Expanding the active community!
 - ESAM Space medicine group
 - Students
- Strengthening ties with member organisations

Strategy and future -2

- Director Elena Cataman liason CIS countries:
 - Azerbaijan, Armenia, Belarus, Kazakhstan, Moldova, Russian Federation, Tajikistan, Turkmenistan, Uzbekistan and Ukraine
- Collaboration between different systems – learn from each other



Thank you for your attention!

anthony.wagstaff@flymed.uio.no