INTERNATIONAL LABOUR ORGANISATION

JOINT ILO/WHO COMMITTEE ON THE HEALTH OF SEAFARERS

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MEDICAL AND FIRST-AID TRAINING
FOR SHIP PERSONNEL

Supplementary Report

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The World Health Organization sent copies of the report "Medical and First-Aid Training for Ship Personnel" to some of its correspondents and received comments either on the general ideas outlined in the document or on specific points mentioned therein. The present supplementary report summarises the views and comments received.

A correspondent from the United Kingdom agreed that there should be, on board foreign-going vessels, a medically-trained member of the crew to attend to cases of sickness and accidents, who would also be capable of describing the signs and symptoms of disease by radio to a doctor on shore and to follow the advice given.

The same correspondent felt that in some cases the curricula of several countries went too deeply into the subject, considering the small amount of work which the trainee would be likely to be called upon to undertake and the fact that, unless he has regular refresher courses, the trainee would soon forget most of his training. Obviously his duties would not take up a great deal of his time and would leave him free to perform other duties connected with health and welfare, e.g. hygiene, pest control, entertainment, libraries, quarantine. He might also be appointed personal assistant to the Master to whom he would be directly responsible for all his duties. This appointment would be in addition to, and in no way a substitution for, the present system of first-aid training given to masters and mates.

He added that the amount of sickness amongst British seamen is very small; that they are medically examined by the Shipping Federation doctor or by the company's doctor before signing on and any unfit man is rejected, and that records of seamen's health are also kept by the Shipping Federation.

A correspondent from Poland sent information concerning the working of the WHO/Pilot Health Centre for Seafarers in Gdynia and the health situation among seafarers in Poland, in which he indicated that students of the administration department, at the
time of their studies at the Merchant Navy Institute, have 135 hours of lectures and practical training in anatomy, physiology, first aid, hygiene, nursing of sick people, describing symptoms and signs of diseases, and administering drugs from the ship's medical chest.

He stated further that at the moment, there are 172 medical officers employed as ships' doctors in the Polish Merchant Marine: 87 on board Polish Ocean Lines ships, 32 on board ships of the Polish Steamship Company, Szczecin, and 53 on large fishing vessels, such as factory ships, mother ships and large trawlers. On most ships going to tropical areas, with crews of 38-60 men, there are medical officers. Two medical officers, a surgeon and a specialist in internal medicine, are employed on board the passenger liner "Stefan Batory".

He added that in Poland, ships' doctors are specially trained for their work, at courses in maritime and tropical medicine organised by the Instytut Medycyny Morskiej, and that at present there are 12 courses of maritime and tropical medicine of different duration: four, six or eight weeks. It is not obligatory to complete this course before signing on as a ship's doctor, but medical officers are advised to do so.

A correspondent in Czechoslovakia indicated that all ships of that country, except one, have a ship's surgeon on board. This is, he feels, - in view of the growing number of automated ships with small crews - uneconomical for the future and must be changed, in accordance with the actual world trends in ship's medicine. He adds that first aid (dispensing of analgesics, antibiotics, small septic surgery and traumatology) can be performed by properly instructed ship's officers; the more complicated surgery needs complete hospital equipment and must therefore be secured by other means, such as deviation of the ship, helicopter transport, patrolling hospital ships. The instruction in first aid for the ship's officers must be practical. Medical advice by radio can be very useful if well organised. The principles of ship's hygiene must also be taught.
An Italian correspondent indicated that, contrary to what the report says on page 4, Italian cargo ships never employ doctors, no matter what is the number of their crews. In addition, training in first aid for ships' officers is not given in hospitals.

A French correspondent stated that in France, training in first aid for ships' officers is rudimentary. The syllabi appearing in Annex VI of the report are largely theoretical. On the other hand, advantage is very often taken of the advice by radio to ships at sea, which is welcome to the ships' personnel, in view of their awareness of the low level of their medical knowledge. Among seafarers, the CIRM (Centro Internazionale Radio Medico), with headquarters in Rome, enjoys a very high and well deserved reputation. Seafarers, on behalf of whom advice by radio is requested, no longer feel isolated; they get the impression of enjoying the same therapeutical facilities as personnel ashore. An improvement would occur if on board ocean-going vessels a deck officer having had hospital training in accident prevention and first aid were employed.

Another French correspondent pointed out that it is extremely difficult to give medical training in just a few lessons to merchant navy officers. The purpose of this training should be to teach students how to start a treatment, if necessary with the help of medical advice by radio, which is valuable pending the transfer of the patient to a centre ashore. The training should be essentially practical and should include hospital experience. It may be questioned whether the addition of a school year to the present curriculum, to give medical training to future officers, would be necessary and wise. The French correspondent suggests that this addition is not advisable, since it would give the impression of providing a complete medical training and would give a false sense of security to officers.
On the other hand, it is essential for those charged with first aid on board to familiarise themselves with the medical advice by radio which has proven very useful, when it is coupled with the use of the international medical guide. It is equally essential for the Master not to hesitate to deviate his ship from his normal route in case of necessity.

This correspondent adds that in his opinion the Joint ILO/WHO Committee should in this connection, propose a recommendation inviting the member States of both Organisations to make provision that when a ship calls at a port only for the purpose of disembarking a sick or injured man, no port taxes and reduced pilotage dues are to be charged. He feels that at present, it happens frequently that a Master does not make an extraordinary call at a port, unless he is absolutely sure of the serious state of a sick person on board his ship, in view of the heavy port taxes and pilotage charges which are applied.