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Am I My Genes?

HEALTH

# What If My Patient Is a Pilot?

## What responsibilities to health care providers have in treating pilots?

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“A pilot called me last week, concerned he might have Marfan’s Syndome,” a health care provider told me recently at a meeting. “But if I find he has the disease, do I have to report him to the Federal Aviation Administration? And if so, should I call him first and tell him that? Would he lose his job?” She had no idea what to do. Several other providers were present, and none of them knew, either.

“You should definitely call him and tell him,” a health care lawyer who was there said. “You have to provide full disclosure.”

“But presumably, he knows that you might do so,” I said. “And if you told him, he might not come in for the check-up.” Marfan’s affects connective tissue, and can lead to sudden

tears in the aortic artery, causing sudden death. Yet if treated, it poses much less risk - though not necessarily zero.

The case raised several specific quandaries about what the responsibilities of medical professionals are and should be – legally or ethically -- in evaluating pilots. Currently, the FAA requires that pilots self-report any diagnoses. But no law says that health care professionals have an obligation to notify anyone. As a physician, I must notify the department of motor vehicles if I have a patient with fainting spells who is driving. But if a pilot has fainting spells, the FAA does not ask me to report him or her.

These issues are crucial, given that Andreas Lubitz deliberately crashed the Germanwings flight, killing 150 passengers. The overall number of flights and passengers has been increasingly – and thus the potential danger.

The Germanwings disaster has demonstrated that current standards of medical and psychiatric evaluation are inadequate. The FAA requires only pilots fill out a psychological questionnaire, asking whether they have had psychological symptoms. But pilots are not assessed in person by a psychiatrist. Such face-to-face assessments can provide crucial information that self-report forms might miss – partly because pilots might answer inaccurately.

Moreover, the FAA requires only that 25% of pilots have a single random drug screen per year. Pilots may pass drug tests in January, and realize that the odds of undergoing subsequent tests that year are nil. They may hence use more alco-

hol and recreational drugs.

Yet possible reforms pose difficult ethical dilemmas, and thus need broad, careful discussion – e.g., what role providers should play, and how much privacy pilots should have. Medical exams and records over time can indicate key problems that a single visit to an FAA doctor may miss. But requiring more information from pilots diminishes their rights to privacy. Indeed, such rights impeded investigators from knowing initially the reason Lubitz took a six-month leave, and the nature of his medical condition.

Sometimes, physicians have to break patient confidentiality – when third parties may be endangered. The legal precedent for breaking patient confidentiality in this way is the so-called Tarasoff case, in which a young patient told his psychologist at the University of California at Berkeley that he wanted to kill his girlfriend, Tatiana Tarasoff. The psychologist alerted the campus police, though not the city police or Tatiana. Unfortunately, the patient then killed Tarasoff. A court found the psychologist liable.

These violations of patient confidentiality make us providers uncomfortable. As a physician, I have had to report patients whom I even suspected might be abusing a child. I remember one patient who came to the Emergency Room for psychiatric problems mentioning that she sometimes slapped her toddler son with the end of an electrical cord, swinging it until the thick part banged him. As I asked more, she began to cry. I felt terrible for her, and was unsure how dangerous her actions were, but erred on the side of protecting the child's

safety, and contacted social services. When I told her, she nodded; then whispered thank you. She knew she needed help.

Still, in Germany and several states, providers do not have to break patient confidentiality, even when they think the patient may endanger others.

Critical dilemmas arise, though, of what threshold should be used concerning which diagnoses, and how much their successful treatment should matter. Some diagnoses may be treatable and thus permissible, if doctors examine the pilot more frequently than once a year. Early in the HIV epidemic, for instance, some critics argued that HIV-infected pilots should be barred from flying, since the virus could cause neurological problems. Fortunately, the FAA decided that evidence of actual neurological deficits – not infection alone – should ground these employees.

Physicians should, arguably, consider reporting pilots who have, for instance, epilepsy, manic-depression, or diabetes that leads to coma, if these conditions are not well controlled with medications, or if they have genes that predispose them for sudden death, such as those for Hypertrophic Cardiomyopathy, and certain arrythmias

Yet stigma can make pilots fear job loss and thus hide diagnoses and not seek treatment. The FAA could require that pilots seek treatment in order to fly, but some pilots may still simply disguise problems

Ideally, a clinician should be able to talk with the pilot about the need not to fly and arrange a leave for a few months to improve treatment. The FAA and the airline would agree to work with the pilot, granting a leave until the symptoms are under control. Good employee assistance programs and trust are thus also needed -- along with transparent policies with clearly established cut-offs that avoid discrimination.

Policy makers would engage in an open process, involving relevant stakeholders, to determine details. But these options at least we'd to be considered.

We also need research to find how much physician reporting would reduce risks, or lead pilots to camouflage problems.

I don't know if the pilot with possible Marfan's ever came for testing. I hope he did. But if he turned out to have the disease, the provider was not planning to tell the FAA. I hope the patient would then get effective treatment, and that if Marfan's remains a problem, the FAA doctor will discover it on his or her own. But, alas, none of that may occur.