

Opening the Doors

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The theme for the Association's year and for the annual scientific meeting is "Opening the doors to aerospace medicine." One reason behind this strap line is the conversation many of us have had when, on being asked what we do and answering aerospace medicine, the response from the questioner is "Wow", followed a moment later by "what is that?" It is one of the roles of the AsMA to answer this question with simple but comprehensive facts and our website is an invaluable resource to help. We can explain without losing the "Wow" factor and inspire the next generation of professionals to consider if they can share our passion for the unique world of flight and what it means to the men and women engaged in it.

Opening those doors also recognizes what we can do to reach out to others across our professional groups. As a physician I am aware that compared with some specialties our numbers in aerospace medicine are modest. That does not mean, however, that our influence or opportunities are modest. For very personal reasons at the time of writing this page I have reflected on how aerospace medicine became an important part of the career of a doctor whose primary specialization was in another field. By coming to our meetings and with prior experience in military air operations, that doctor caught the aerospace medicine "bug." By joining the Association, by writing and contributing editorially to our journal and the science of our meetings, a professional can gain a new facet to their career, an additional role, and become a standard bearer for AsMA in their first specialty. Membership in the Association provides them with a network of like-minded colleagues as well as offering enjoyable social groups.

In my role at King's College I have recently seen another group of doctors start their aerospace medicine careers through training to become aviation medical examiners. Although they ranged from recently qualified to established practitioners, they all came with an enthusiasm to learn and to understand why aerospace medicine takes their existing clinical knowledge and broadens it. This may be the first step along a whole career path or it may remain a relatively small facet of their work, but if we can inspire an interest and a thirst for understanding the challenges of flight for the human being we will have helped them to see their professional world differently.

Furthermore I know that when our members and Fellows are invited to speak to groups outside aerospace medicine they can grasp the opportunity to enthuse and encourage closer professional links. Such links are symbiotic; we can gain access to world

class specialists in a wide range of clinical specialties and use their help to address aeromedical challenges, just as they can benefit from the support and advice our experts in aerospace environments can offer them when considering how to manage their patients and cases.

The same approach is possible for every professional group within our Association: nurses, scientists, human performance specialists, and more contribute at every meeting. Nurses are taking on widening clinical roles and there are clear parallels with aeromedical nurses. For example a specialist respiratory nurse caring for people in their homes, using ventilation or oxygen support, will face similar challenges to those providing aeromedical support to airborne patients where the added effect of the hypobaric environment is encountered.

Physiologists work on so many aspects of human function—cardiovascular, respiratory, or neurological—and have for many years used the effects of our environment as analogues of other problems. Sustained acceleration and postural hypotension are a pair of stresses where our scientists can have much to offer in understanding and addressing the observed effects. Equally, the human performance demands of the cockpit and flight deck have been studied to good effect to improve flight safety and efficiency. Those lessons translate into so many other fields in terrestrial transport and in safety-critical industrial operations.

In summary, therefore, the value of what we in aerospace medicine and human performance do every day can extend further than many would anticipate. By the time you read this page, registration of the annual scientific meeting in Denver (30 April to 4 May 2017) will have opened on our website. I urge you all to come along, for the science, for the professional networks, and the opportunity to socialize with colleagues. However, I also urge each of you to bring the meeting to the attention of at least one colleague or friend whose work may not be directly within aerospace medicine but who could benefit from and enjoy the experience. If we each introduce one new face we would give our staff a very happy challenge. Let's do it!



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