



## MARITIME SAFETY IS THE HEALTH OF SEAFARERS

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**Abstract:** *Main priority in present is to ensure that our seas are safe. For this reason is important to assure a good health situation for the personnel, especially when are involved directly in activities related to the safety of the crew, ship and cargo. To prevent these is necessary to assure that persons responsible are able. In this idea, the PEME (pre-employment medical examination) programme has proven to be the leading loss prevention initiative.*

*Using only pre-approved, recommended clinics to conduct the PEME's, the scheme is designed to ensure that crew are fit to serve at sea and to protect shipowners against the risk of unnecessary loss and liability arising from crew illness.*

**Key words:** *Seafarers's health, PEME program*

### 1. INTRODUCTION

Health assessment is an essential part of health risk management. The crew complements are shrinking in size and medical fitness of the crew members becomes of critical importance under normal navigational conditions, but especially in emergency situations.

Today the safety of the sea has become more stressed. Medical fitness examinations are turning from disease eliminating to working ability.

When deciding the fitness of a seafarer, the examining doctor should consider and evaluate the following:

- the critical time needed for treatment / access to appropriate land-based care;
- the extent of the threat and danger caused by the medical problem to the patient and to the safety of the vessel;
- the current risk of occurrence of the medical problem;

According to recent international studies, the content of pre-sea- and periodic medical fitness examinations of seafarers vary greatly from one country to another. This means that a seafarer can be medically examined and proved fit for work on board ship under the flag of one country, but he/she is not, however, fit for the same work under the flag of any other nation. This discrepancy is very common today when workers in the world in general and sailors especially are moving from one country to another.

The centralized method is the only system which can ensure that all the seafarers have identical fitness criteria independent on the examining doctor.

When the basis is clear the international guidelines can more easily be adopted in various countries.

Since starting in 1996, the PEME programme has proven to be the leading loss prevention initiative. It has also led to consistency in a high examination standard to protect a shipowner from claims arising from medical defects that should have been detected during the examination.

### 2. LOSS PREVENTION PRE-ENTRY MEDICAL EXAMINATION (PEME)

#### 2.1 Brief History of PEME program

A study of claims in October 2003 showed that 1 out of 4 seafarer illness/injury claims were related to pre-existing illness conditions (figure 1).

- A review of Member's seafarer profiles showed the majority of non-US based seafarers come from Ukraine and Philippines
- *March-April 2004:* 4 clinics approved in Odessa and 6 clinics approved in Manila
- At that time the program was voluntary and Members responded very positively
- *March 2005:* additional clinic was added in Mariupol
- *May 2005:* Conservative estimate for cost savings for first year of program: USD \$2.25 million
- *November 2005:* Club BoD approved mandatory application of program for Ukraine and the Philippines that became effective on 20 February 2006
- *May 2006:* Conservative estimate for cost savings for second year of program: USD \$2 million (total savings USD \$4.25 million)
- *May 2006:* PEME programme expanded to Latvia, Poland, Romania and Russia
- *February 2007:* Mandatory application of program for all 6 countries
- *April 2007:* Conservative estimate for cost savings for third year of program: USD \$2.5 million (total savings USD \$6.75 million)
- *January 2008:* PEME program expanded to include port cities where ships transit including Athens, Antwerp, Hong Kong, Rotterdam, Santo Domingo, Singapore and US gulf, west and east coast locations
- *September 2008:* New medical questionnaire added to Club PEME form and clinics added in India and Indonesia
- *February 2009:* Mandatory application of PEME to include India and Indonesia
- *June 2009:* 8 countries with required PEMEs (India, Indonesia, Latvia, Philippines, Poland, Romania, Russia and Ukraine). A total of 53 clinics in 15 countries authorized by the Club

The main pre-employment medical examination of seafarers objectives are represented by:

- Screen out medical conditions during pre-employment exam;
- Reduce the value and volume of illness and repatriation claims;
- Continue delivering a proven value added service;

Enhanced health screening and direct accountability by clinics for performance provide a credible system for minimizing the risks of employing seafarers with pre-existing illnesses. The programme provides the seafarers with the confidence that they are fit for the duration of their contracts.

#### 2.2 The Skuld PEME - The examination and test criteria

In order to control the quality of the Pre-entry Medical Examination (PEME), Skuld has started a PEME programme to help members' select healthy crew. The Skuld PEME is an enhanced medical examination established by Skuld in co-operation with Nigel Griffi the from Marine Medical in Singapore. This enhanced medical examination goes far beyond a normal PEME carried out in ordinary clinics.

The examination and test criteria are selected based on the risks we see in our claims statistics. Risks differ from one nationality to another due to local diet, local customs or way of

life in general. The tests will be tailored accordingly. For the Philippines, we have found that the following list covers the main risks.

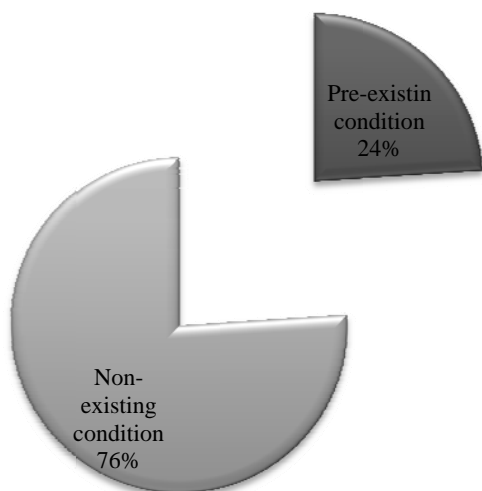


Fig. 1. Ratios of pre-existing illnesses as they relate to frequency and cost of claims

- Identity of seafarer
- A medical declaration
- Physical examination
- Genital examination
- Dental examination
- Psychological evaluation
- Visual testing and colour blindness
- Audiometry
- Chest x-ray and lung function
- Electrocardiogram
- Faecal examination
- Complete blood test (CBC/FBC and ESR)
- Hepatitis test
- Yellow fever vaccination
- Virology TPPA – Syphilis test
- Biochemical examination of the blood
- Cardiac risk factor calculation
- Diabetes mellitus
- HIV testing
- Malaria smear
- Drug testing
- Urinalysis
- Ultrasound examination of the kidneys and bladder
- Body morphology

You will find many of these tests in a normal PEME. The main differences are in the test methods and criteria, and how the test results are collated to form a better picture of the seafarer's health. One example is the cardiac risk factor calculation that uses different information and test results to calculate the risk of any cardiac disease. This method of using test results gives us a better understanding and certainty of the seafarer's health.

Members are provided with a tested clinic capable of performing high quality examinations. Skuld audits the clinics and controls that examinations are not falsified and that there is little or no opportunity to influence the results. The seafarer undergoes a thorough examination to reveal any health risk and, if necessary, is given advice on how to take care of his/her health. Skuld covers 50% of the cost. Hence, the member covers the initial outlay and receives a 50% refund from Skuld upon renewal.

All members employing seafarers from the Philippines are welcome to participate in the programme.

When clinics in other countries are added, participation will be extended accordingly. Members who decide to join the programme have to establish a medical policy in accordance with Skuld's PEME policy/requirements and have all crew members examined in one of the approved clinics.

### 2.3 Fit for duty

The Department of Health in the Philippines and the POEA contract decides if a seafarer is fit for duty. If a seafarer has an A, B or C result from a normal PEME, he/she is normally fit for duty. It is important that a seafarer who does not pass a Skuld PEME is not called 'not fit for duty'. The seafarer is, however, not fit in accordance with the company's medical policy, i.e. a policy reflecting the test criteria set by the Skuld PEME. This is important in order to avoid problems with Philippine authorities.

### 2.4 Club policy for violations of PEME program?

**Double Deductible:** "apply a deductible twice that which would otherwise have applied to a claim arising from the illness of a crew member falling within the ambit of this clause, notwithstanding that such claim would have arisen regardless of the Member's failure to comply with any of the obligations set out..."

**Denial of claim:** "deny any claims for the death, illness or injury of a crew member falling within the ambit of this clause, or any expense incurred in respect thereof, in whole or in part, arising from a medical condition which could have been discovered if the Member had complied with the obligations...Whether or not such medical condition could have been discovered if the Member had complied with the said obligations shall be a matter for the sole and exclusive determination of the Managers."

## 3. CONCLUSION

The importance of properly conducted pre-employment medical examinations is illustrated by these cases, but, however, identifying seafarers with pre-existing illnesses does not keep them from seeking employment with shipowners who have lower medical standards. It is an unfortunate and ironic consequence that the more clubs and owners which subscribe to such programs, and screen out seafarers with pre-existing illnesses, the higher the possibilities of having these medically unfit mariners join vessels operated by companies which are not involved in a PEME scheme. The bottom line could be claims associated with pre-existing illnesses for that owner which could have been prevented through a quality PEME scheme.

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