



Fit to Fly certification

1. Airlines have their own rules on flying with illnesses and rely on patients to be honest when they book flights. The check-in desks can refuse to allow people on the plane, but they have no specialist training, so this doesn't often happen. But it can.
2. The Civil Aviation Authority does have information for passengers (<https://www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly-/>). They do state that passengers might be asked to provide a doctor's note. It does NOT say they need a "fit to fly" certificate. (but they do say that doctors are increasingly asked to state about a patient's fitness to fly)
3. If there is doubt, information is available from IATA:
<http://www.iata.org/publications/Pages/medical-manual.aspx>
4. In assessing fitness to fly, you may need to know several things, including: PaO₂ at cruise altitude (cabins are pressurised to 5000-8000ft), and the effects of the reduced PaO₂ on the patient's condition, where the patient is going (eg, a COPD patient flying to a high-altitude destination might manage the flight (just) but once exertion is added to the mix, well... (inspired air pO₂ at Sea Level 19.7 kPa, at 8000 ft 14.4 kPa)
5. A working knowledge of the Oxygen-Dissociation Curve helps here too, particularly if a patient's resting PaO₂ at ground level is low. Between 95 and 92 they might need a "HIT" (hypoxia inhalation test). Below 92 and they will almost certainly need oxygen.
6. You also need to assess the medication, what needs to be carried, and what is safe to go in the hold (insulin anyone?)
7. You may need to do a risk assessment on the health of other passengers, particularly where potentially infectious illness is involved (and the rules/laws of the intended destination).
8. With certain conditions, you might also need to assess the suitability of your patient being in a cramped/confined space. Airline cabins are not that roomy.
9. The cabin crew are not there to perform personal care for patients, they need to be able to look after themselves or have help available. And the toilets are small!
10. There are rules about passengers with disabilities, medical clearance is not required, but honesty and realism is needed. There is a legal framework in many countries that puts greater responsibilities on airlines. Generally, Cabin Crew cannot lift, toilet, feed or administer injections. Passengers need to be self-sufficient or escorted.

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11. A knowledge of the rules about travel after operations, or conditions like pneumothorax, chest surgery, CABG, MI, angioplasty, laparoscopies, certain eye operations, would be vital. Obviously air expands as you ascend (Boyle's Law), which can cause unfortunate effects following some procedures! Gas expands by up to 30% at 8000 ft (normal cabin pressure)
12. Oxygen availability depends on the airline and needs to be booked in advance. Some people ask about oxygen concentrators, but power supply for those is limited/non-existent, so battery packs and back-ups are needed!
13. Also, let's dispel a common myth: recycled air in modern passenger aircraft. Fresh air is drawn in from the compressor stage of the aircraft, so that 50% is recycled air and 50% is fresh. The flow is semi-laminar from top to bottom, and it takes 2-3 mins for a full air change. The air does, though, have very low humidity: 5-10%. The HEPA filters used (by BA in any case, and I think in all current modern aircraft used in the West) are 99.9% efficient.
14. Those of you who still do "Fit to Fly" certificates will have done an Aviation Medicine Diploma, work for the airlines, or be very, very brave. If someone flies using your certificate, and something goes wrong, guess who the lawyers will be looking at? If you can back up your opinion with evidence of expertise, then that is fine and dandy, but if not...