

NATIONAL TRANSPORTATION SAFETY BOARD  
WASHINGTON, D.C.

ISSUED: July 30, 1979

Forwarded to:

Honorable Langhorne M. Bond  
Administrator  
Federal Aviation Administration  
Washington, D. C. 20591

SAFETY RECOMMENDATION(S)

A-79-61

During the National Transportation Safety Board's investigation of the Allegheny Airlines BAC 1-11 accident in Rochester, New York, on July 9, 1978, postcrash medical examinations became necessary when a review of the available medical information revealed that the captain had a history of recent, marked changes in visual acuity as well as neurological problems. Because the conduct of the approach was so unusual for an experienced captain and because of this captain's medical history, the Board requested that the captain submit to complete ophthalmologic and neuro-ophthalmologic examinations. The examinations were not completed until 5 months after the accident.

Other recent airline transport accidents in which appropriate medical examinations would have been invaluable to the investigation include: The Alaska Airlines accident at Ketchikan, Alaska, on April 5, 1976, when the review of the captain's recent medical history revealed a glucose metabolism disturbance; and the National Airlines accident at Pensacola, Florida, on May 8, 1978, when there was an apparent communication problem between the flightcrew and a questionable misinterpretation of the altimeter. Air taxi and air charter accidents in which the need existed to medically evaluate surviving pilots are too numerous to mention.

As a result of the Safety Board's Safety Recommendations A-77-24 and 25, relating to the need for "implied consent" testing of blood specimens after an accident, the FAA has responded that they have begun a regulatory project aimed at "promulgating rules for implied consent to alcohol tests by airmen." In view of these recent accidents, the Safety Board now believes that alcohol tests are only part of the solution and that other medical tests are essential to rule out the possibilities of physiological causes of performance decrements.

Currently, the Board cannot require medical examinations after a survivable accident. Our dependence on the willingness and discretion of the crewmember often results in no medical examination or in findings that are untimely or useless. Without the opportunity to acquire such vital information, investigations will continue to report a large percentage of accidents in which the pilot is cited as a causal factor without providing an insight into the basis for his actions.

The Safety Board believes that whenever the circumstances of an accident warrant such an investigation, the airman involved should be given a thorough medical examination by the Federal Aviation Administration. Biochemical tests also should be made as soon after the accident as possible to rule out performance decrements secondary to the effects of hypoglycemia, drugs, and alcohol.

In view of the above, the National Transportation Safety Board recommends that the Federal Aviation Administration:

Amend 14 CFR 61.3 to include an implied consent clause which would be a condition for the issuance of Class I and Class II airman medical certificates. The implied consent clause should require the holder to submit to any nonpsychiatric medical evaluation included in 14 CFR 67 if deemed necessary by the National Transportation Safety Board following any accident/incident and to such biochemical testing essential to establish the absence of alcohol, drugs, or suspected metabolic disorders. The medical examination should be performed by a Regional Flight Surgeon or by an Aviation Medical Examiner designated by a Regional Flight Surgeon. (Class II, Priority Action)( A-79-61)

KING, Chairman, DRIVER, Vice Chairman, McADAMS and GOLDMAN, Members, concurred in this recommendation.

  
By: James B. King  
Chairman