



# National Transportation Safety Board

Washington, D. C. 20594

## Safety Recommendation

*Log 7061*

Date: June 6, 1988

In reply refer to : A-88-59 and -60

Honorable T. Allan McArtor  
Administrator  
Federal Aviation Administration  
Washington, D.C. 20591

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On August 3, 1986, at 12:35 p.m., a Bell 206B helicopter, N49606, owned and operated by Joe Foster Excavating, Inc., Danville, California, crashed in a wooded area in Alamo, California, while circling a residence. Visual meteorological conditions prevailed at the time. The pilot and passenger, the owner of the helicopter, sustained fatal injuries; the helicopter was destroyed. 1/

The National Transportation Safety Board's investigation of the pilot's medical history revealed that the pilot had multiple cardiac abnormalities which placed the pilot at a higher probability of risk for a cardiac event. Any one of the abnormalities alone may have been disqualifying, but combined, these conditions clearly rendered him ineligible for any medical certificate.

The Safety Board determined that although the pilot was employed as a pilot from January 1982 through 1985, he did not possess a valid medical certificate. Based on his medical treatment and consultations, the Safety Board believes the pilot was aware that his diagnosed cardiac abnormalities would have prevented his obtaining a second-class medical certificate.

After the accident, the pathologist's report concluded that the pilot was at a very high risk for developing a sudden incapacitating arrhythmia due to the previous scarring and occlusive artery disease.

While the Safety Board is aware that it is the responsibility of the Federal Air Surgeon (FAS) to recertify airmen, it believes the Federal Aviation Administration (FAA) medical panel members should have provided the FAS not only their medical findings but also a detailed risk evaluation of the pilot. In this instance, the medical panel merely related its medical findings and recommended that the pilot not be certified. The FAS, at the time the panel made the recommendation, agreed and

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1/ For more detailed information, read Aircraft Accident Report--"Foster Excavating, Inc., Bell 206B, N49606, In-Flight Collision with Trees, Alamo, California, August 3, 1986" (NTSB/AAR-88/04).

advised the pilot accordingly. There is no evidence to indicate that the newly appointed FAS consulted with any of the medical panel members when he was evaluating the pilot's request to be recertified. The Safety Board believes that the FAS should have consulted with his medical staff when the area of concern is not related to his medical discipline regarding the recertification of the pilot. In addition, the medical staff should have voiced their opposition and provided the FAS their reasons for recommending that the pilot not be certified.

The FAS asked the FAA's consulting cardiologist to review the pilot's medical file, but he did not ask for nor was he provided with a formal risk evaluation report. The cardiologist's notes indicated that he was opposed to issuing any pilot-in-command second-class certificate without additional thallium or mugga stress exercise tests. Testimony given by the FAS and the consulting cardiologist disclosed that they never formally discussed the pilot's special-issuance medical certificate application.

When the FAS initially granted the pilot a special-issue second-class medical certificate, he acceded to the cardiologist's recommendations on his notes and did not certify the pilot for a pilot-in-command certificate. It is apparent that the FAS disregarded the cardiologist's questions on his notes regarding the possibility of early cardiomyopathy and the need for additional thallium or mugga stress tests.

The medical records do not show that the FAS requested any additional tests before he concluded that the pilot was qualified for a special-issue second-class medical certificate. Also, the records do not indicate that the FAS, the Airman Medical Examiner (AME), or the panel requested the pilot's treating physician reports, even though the pilot noted on his 1984 medical application that he had been treated for atrial fibrillation. The Safety Board believes that a review of the pilot's treating physician's records would have shown a consistent decline of the pilot's cardiac health and would have alerted the FAS to the physically deteriorating condition of the pilot. Had the FAS reviewed the pilot's medical records thoroughly and become aware of his condition, the Safety Board believes he would have had to deny the pilot his medical certificate. The FAA should institute procedures and associated recordkeeping to show that the FAS or a medical consultant(s), at least one of whom is recognized and certified in the medical discipline under consideration, review all treating physicians diagnosis before issuing a medical certificate under the provisions of Title 14 Code of Federal Regulations 67.19.

The 1986 stress test results showed that the pilot's functional capacity had declined and suggested that the extent of the pilot's heart disease probably had increased. The Safety Board believes that the FAS should have requested the thallium or mugga stress test before he decided to recertify the pilot. The Safety Board also believes that the FAS erred when he relied strictly on the available stress test results since they were not valid indicators of the extent of the pilot's heart disease.

In the August 27, 1985, renewal letter, the aeromedical certification branch manager advised the pilot to provide the FAA with a cardiac evaluation conducted by an "internist or cardiologist." The FAS believed that the AME was a board-certified cardiologist. This belief was reinforced by the AME'S letterhead which read, "The Center for Heart and Health." The Safety Board is concerned that the FAA does not have any procedures to determine that cardiac evaluations submitted by pilots have been performed by board-certified cardiologists.

The Safety Board believes that the FAA should require a standard protocol be used for any required stress electrocardiogram (EKG). In this instance, the FAS noted that

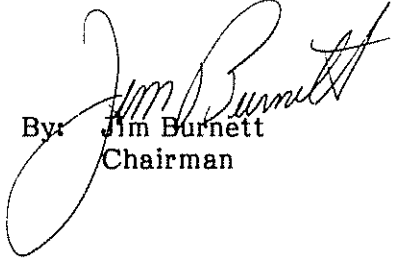
the pilot was able to attain the fourth stage of a nonstandard stress test, but the test administered to the pilot, however, was equivalent to the third stage of the standard Bruce protocol. Had the pilot been given a standard Bruce protocol, he probably would not have been able to reach the fourth stage. These data would have been invaluable to the FAS during his evaluation of the pilot's medical condition.

Therefore, the National Transportation Safety Board recommends that the Federal Aviation Administration:

Require that persons applying for special-issuance medical certificates under the provisions of Title 14 Code of Federal Regulations 67.19 provide evidence that any requested cardiovascular evaluations were performed by a physician certified by the American Board of Cardiology and that a recognized standard protocol was used in any related stress electrocardiogram examination. (Class II, Priority Action) (A-88-59)

Institute procedures and associated recordkeeping to show that the Federal Air Surgeon or a medical consultant(s), at least one of whom is recognized and certified in the medical discipline under consideration, review all treating physician(s) diagnosis before issuing a medical certificate under the provisions of Title 14 Code of Federal Regulations 67.19. (Class II, Priority Action) (A-88-60)

BURNETT, Chairman, KOLSTAD, Vice Chairman, and LAUBER and NALL, Members, concurred in these recommendations.

  
By: Jim Burnett  
Chairman