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The last few months have been characterized by a high public attention on civil aviation immediately following the news of the tragic accident of the Germanwings flight 9525, on 25th March 2015 in the south of France Alps, caused of a deliberate act of one of the two pilots, according to the information released through the enquiry preliminary report (1).

The incident provoked an immediate reaction of the European flight safety bodies in order to investigate the possible causes of the accident and to activate emergency measures described and analyzed in this article, mirati ad evitare che eventi come quello accaduto lo scorso marzo possano ancora ripetersi in futuro.

Aviation safety bodies have been activated in order to investigate the possible causes of the accident and to activate emergency measures described and analyzed in this article, which were aimed at preventing that such events could occur again in the future.

Each action to be undertaken have the common purpose to avoid putting flight safety at risk, even when the risk might derive from a crew member whose psychological conditions are compromised by psychiatric pathologies, or altered due to use or abuse of alcohol, psychotropic substances or drugs.

The tragic event of last March did immediately raise important questions about the appropriateness of the requirements and procedures for medical certification.
and health surveillance, in particular regarding the psychological and psychiatric evaluation of flight personnel, pointing out the need to identify and promptly treat signs and symptoms of a disease or a psychological distress at any stage of the career of flight personnel, from initial certification, to selection and throughout operational activity.

This task is even more difficult when the key players of unexpected disasters keep their deep discomfort hidden and this tragically manifests itself only when an uncontrollable feeling of bitterness, repressed and pathologically elaborated, drives them to their extreme actions. This is the moment when a selfish and uncontrollable desire of death overcome the primary protection of the lives of many other individuals involved.

Since our purpose as aviation medicine experts is to find useful clues to provide an explanation to the profound dynamics of these events, which could then be important for the prevention of future similar acts in civil aviation, we should also analyze in detail all the known reasons, the psychological elements and the provided arrangements put in place by the pilot that have led to his decision and planning to crash the aircraft against a mountain. The comparison of these elements with those recurrent in many tragic events that led to mass killings, can offer the opportunity to identify some significant shared elements that could be the result of the influence, on the general population, of important social and economic changes that have occurred in recent decades. These elements have generated, in all layers of the society, important effects on the epidemiology, characteristics and manifestations of psychological distress and psychiatric disorders. Proof of this is, for example, a cause of use or abuse of alcohol or psychoactive substances.

L’evento tragico dello scorso marzo ha fatto immediatamente sorgere interrogativi importanti, non appena noti gli elementi preliminari dell’incidente, circa l’adeguatezza o meno dei requisiti e delle procedure in materia di certificazione medica e di sorveglianza sanitaria, in particolare per gli aspetti di valutazione psicologica e psichiatrica del personale addetto alle operazioni di volo, facendo emergere la necessità di individuare e trattare tempestivamente segni e sintomi di una patologia o un disagio psicologico in una qualsiasi delle fasi della carriera di volo, dalla certificazione iniziale, alla selezione e durante l’impiego operativo.

Tale compito è tanto più difficile quando i protagonisti dei disastri inattesi sono portatori di disagi profondi, tenuti nascosti da atteggiamenti di chiusura verso l’esterno che si palesano tragicamente solo nel momento in cui un sentimento incontrollabile di amarezza, covato da tempo ed elaborato in modo patologico, li spinge nella loro azione estrema che diventa l’unica soluzione possibile. Questo nell’atto in cui un desiderio egoistico ed incontrollabile di morte ha la meglio sulle vite dei numerosi altri individui coinvolti.

Se lo scopo degli esperti è quello di trovare elementi utili a fornire una spiegazione alle dinamiche profonde di questi eventi, che possano essere utili alla prevenzione di simili atti futuri nell’aviavione civile, è necessario procedere ad analizzare nel dettaglio tutti gli elementi, i motivi noti, gli elementi psicologici e le modalità messe in atto, che hanno portato un pilota alla decisione ed alla progettazione delle azioni finalizzate a condurre un velivolo all’impatto contro una montagna. Anche il confron-
ample, the fact that mass killings, which have recently attracted so strongly the attention of the public, are a phenomenon that was almost unknown until only two generations ago. (2)

In the general population, many of the killing actors, who often appear normal individuals with no particular signs of any pathology, at some point in their lives decide, coldly and lucidly, almost always without warning, to design and carry out an extreme act, often using impressive methods.

Retrospectively, the questions are always the same: why no one knew and why, who should have known, did not know? Why was it not possible to identify the authors and stop them? Would have been possible to predict what happened? These are the questions returning after each accident that has generated hundreds of victims around the world, such as the crash of Germanwings Flight 9525. Here the responsible of the crash was not a simple passenger able to pass the filters of safety controls but one of the pilots who, despite the selection process and the frequent medical monitoring required by aviation standards, was able to design and carry out his deliberate action without any alarming signal that could be detected in advance. It is not the first time that an event of this kind happens in the world of civil aviation: the will of one of the pilots to take his own life, unconcerned of the lives of several people on this plane, had already been the cause of at least four other crashes over the last thirty years, leading to the death of all passengers. In all four cases the
tragic script went on stage in the theater of the cockpit and the presence of the second pilot was not sufficient to avoid the disaster.

Looking at available studies, it is possible to define broad profiles of a certain type of individual, but these profiles are so general that could be applied to anyone showing signs of being lonely, shy and shabby but, who will never take a gun and kill someone. The discomfort and the causes of this people’s decisions are hidden and should be deeply searched inside their psyche. (2)

A criminologist, Dr. Grant Duwe of the Minnesota Department of Corrections, conducted a case study of more than 1,300 mass murders that took place in the United States from 1900 to 2013 (3); it was found that the authors were almost always males, most were single, separated or divorced, of white race and aged between 30 to 40 years. For many of them, there was evidence of mental illness, especially in people who have done mass killings by chance, but in others this evidence was missing; besides, most of the people with mental illness had not shown any sign of violence before the act. These patients are often depressed and have lost any contact with reality; they do not adapt and live a solitary life. Therefore, at the basis of their condition there is often social isolation or lack of support, which could indeed be useful for the management of a crisis when it is essential to provide aid to maintain the control of reality (2). These individuals have a history of frustration and think that others are to blame for their condition, nothing is ever their fault; they perceive themselves as good guys abused by others and are often reluctant to accept changes and adapt to a new reality or condition.

At a certain stage of their lives they feel that their sense of belonging is compromised. They often live in small towns or communities where this sense of belonging is really important. This consideration particularly applies to the work of a pilot whose role in society is highly regarded. The detachment from the community, or the sensed risk that this could happen for reasons beyond one’s personal will, is an event that can be so traumatic to unmask hidden emotional suffering, which need to be identified and treated.

The general considerations exposed are certainly useful, but they only partially clarify the psychological mechanisms underlying an event such as the Germanwings plane crash; from now on we should focus on concrete actions like those derived from the recommendations issued by the European Commission (4) in the weeks immediately after the accident, which will be described in detail and commented in this paper.

Managing new challenges in civil aviation in Europe: looking beyond the Germanwings flight accident, never leaving behind causes and risk factors. The EASA Workshop “Aircrew Medical Fitness” switches on the lights on crew medical fitness, in order to improve current regulations and to introduce innovative solutions.

Following the tragic event occurred on the Germanwings flight 9525 of 24 March 2015, the European
Transport Commissioner, Violeta Bulc, gave a mandate to the European Agency of flight safety (EASA) to establish a Task Force with the responsibility of analyzing the circumstances that made the occurrence of the incident possible, as indicated in the preliminary report issued by the inquiry of security (1), in order to develop a preventive strategy.

Chaired by EASA Executive Director, Mr. Patrick Ky, the Task Force has integrated the competence of many different experts in the field of civil aviation, representatives of national authorities, airlines and flight crew associations, as well as aero-medical examiners.

At the conclusion of their work, on July 16th, the Task Force presented to the European Commission an action plan based on six evidence-based recommendations, developed in synergy with the results of analyses carried out both by the French Agency for Aviation Safety (Bureau d’Enquêtes et d’Analyses pour la sécurité de l’aviation civile - BEA), holder of the investigation into the Germanwings plane crash, under Regulation 996/2010, and by the Operational Unit on cockpit safety, coordinated by the German Aviation Association (Bundesverband der Deutschen Luftverkehrswirtschaft - BDL).

In presenting the recommendations, EASA has stressed the role of both European and national Authorities to ensure the correct application of medical regulations and their continuous updating: “...the Germanwings tragedy - said Ky - reminded the aviation community about the importance of flight crews mental and physical conditions and their careful consideration because, if not intercepted, incongruous psychological and physical conditions can lead to a catastrophic outcome (5). This confirms that passenger safety can never be taken for granted, besides it is an activity which requires continuous control and regulatory authorities have the duty to quickly adapt to a number of challenges in the constantly changing environment of aviation.”

The recommendations made by the Task Force are the following:

1. The rule of “2-persons-in-the-cockpit” is maintained in all phases of flight;
2. All airline pilots should undergo psychological evaluation during their training or before entering service;
3. Airlines should run drugs and alcohol random testing;
4. Establishment of robust oversight program over the performance of Aero-medical examiners (AME);
5. Creation of a European aeromedical data repository;
6. Implementation of pilot support and reporting systems. (5)

Once the action plan has been established and published by EASA, it becomes essential to define a plan for implementing the recommendations, which means drawing formats, priorities, legal aspects and their impact on the existing legislation plus monitoring new introduced procedures. These objectives were a core topic of the workshop “Aircrew medical fitness”, organized by the European Agency and held in Cologne, from the 7th to the 8th of December 2015, which was attended by a European ai Trasporti, Violeta Bulc, ha dato mandato all’Agenzia europea per la sicurezza del volo (EASA) di costituire una Task Force con il compito di analizzare le circostanze che hanno reso possibile il verificarsi dell’incidente, come indicate nel preliminary report emesso successivamente all’indagine di sicurezza (1), al fine di mettere a punto una strategia preventiva, fondata sulle evidenze emerse.

Presieduta dal Direttore esecutivo dell’EASA, Patrick Ky, una Task Force ha integrato le competenze di molti e diversi esperti nel settore dell’aviation civile, espessorienti delle autorità nazionali, delle compagnie aeree e delle associazioni rappresentative del personale di volo, nonché esaminatori aeromedici.

A conclusione dei lavori, il 16 luglio scorso, la Task Force ha illustrato alla Commissione Europea un piano di azioni fondato su sei raccomandazioni evidence based, elaborate in sinergia con le riunioni e delle analisi condotte sia dall’Agenzia francese per la sicurezza aerea (Bureau d’Enquêtes et d’Analyses pour la sécurité de l’aviation civile - BEA), titolare dell’indagine sul disastro aereo Germanwings ai sensi Regolamento 996/2010, sia dall’Unità Operativa sulla cockpit safety, coordinata dalla German Aviation Association (Bundesverband der Deutschen Luftverkehrswirtschaft - BDL).

EASA, nel presentare le raccomandazioni formulate, ha posto l’accento sul ruolo dell’Agenzia europea e delle singole autorità nazionali nel garantire la corretta applicazione dei regolamenti medici e il loro continuo aggiornamento: “...la tragedia Germanwings – ha sottolineato Ky - ha ricordato alla comunità aeronautica internazionale la rilevanza delle condizioni di salute psico-fisica degli equipaggi di volo e della loro attenta valutazione, qualora qualora non intercettate, condizioni psico-fisiche incongrue possono portare ad un esito catastrofico. Ciò a conferma che la sicurezza dei passeggeri non può mai essere data per scontato, richiede piuttosto un’attività di controllo continua e le autorità di regolamentazione hanno il dovere di adattarsi rapidamente a una serie di sfide poste da un ambiente in costante evoluzione, quel è quello dell’aviation”.(5)

Di seguito, le raccomandazioni elaborate dalla Task Force:

1. Mantenere la regola delle “due persone in cabina in ogni fase del volo”;
2. Sottoporre i piloti a una valutazione psicologica prima che questi siano impiegati nel servizio di linea;
3. Le compagnie aeree dovrebbero eseguire sul proprio personale controlli randomici sull’uso di alcol e droghe;
4. Pianificare un solido programma di supervisione degli Examinatori aeromedici (AME);
5. Creare un database europeo per i dati aeromedici;
6. Introdurre, all’interno di ogni compagnia aerea, un sistema di sostegno/assistenza per i piloti (peer support). (6)

Una volta consolidato e reso pubblico da parte dell’EASA il piano delle azioni necessarie, risulta imprescin-
delegation of ENAC. An event that has brought together specialists in the field of aviation medicine and beyond, to discuss the best strategy to transfer into practice the program of action defined by the working group that drafted the recommendations.

*Recommendation n.1*, the procedures related to the presence of two personnel in the cockpit, does not concern aviation medicine, nor have any particular problem of implementation, and indeed it has been already put in place by some companies on the other side of the Atlantic since September 11 2001 and later extended by EASA to the Member States, after the crash of Germanwings flight.

However, the additional five recommendations, concerning the fields of aviation medicine, aero-medical professionals’ skills and management of sensitive data require, for their proper implementation, a careful balance between patients’ confidentiality and the protection of public safety that should be ensured by national regulations.

During the Workshop the discussion tried to analyze, on one hand, the objective aspects of the aero-medical assessment, focusing on the practical consequences of applying a new approach to medical checks on flight crew; on the other hand, it looked from the aero-medical examiners point of view, at the development of a training program and oversight of their competences, in order to better take advantage of the information technology, arranging an European aeromedical data repository which will contain basic medical and administrative information, as in the aero-medical certificate.

Although the number of air accidents correlated to the psychological and physical conditions of the crew is very low, it is worth to emphasize that those conditions
have a tendency to result in catastrophic, although rare, events.

With reference to recommendation 2, the issue of a Class 1 medical certificate requires a general medical evaluation that includes medical history, physical examination, presence of specific physiological requirements and the exclusion of defined pathological or borderline conditions, established through some diagnostic tests, as specified in the Air crew Regulations. The assessment of the mental health of the applicant is also included in case of doubts raised by the clinician, he/she can suspend the judgment on the medical fitness of the aircrew requiring the candidate to undergo a psychiatric examination or a psychological evaluation. This system is based largely on the skill of the medical examiner in detecting latent diseases, including psychological and psychiatric disorders, which are often difficult to identify during the medical examination due to the lack of signs or symptoms.

Airline pilots selection procedures are usually entrusted under the direction of a psychologist, but at the present time, for those entering in commercial aviation it is not compulsory to undergo a specific psychological evaluation. Psychological assessment, carried out by human resources during the selection process, includes personality tests, to look into possible behavioral disorders and to exclude applicants with personality traits associated with a high risk of future behavioral problems.

The Workshop has highlighted the need to select suitable psychological tests, in order to verify their applicability in different cultural contexts and make only the administration of standardized and validated test binding. Regarding the psychological evaluation of the pilots, there was a general agreement on the need to always carry out an initial psychological evaluation; such evaluation, among other actions, is already in place in Italy as part of the initial medical examination and its relevance is highly considered. The psychological examination should also be performed before starting the training, by civil aviation psychology experts, and should take into account either all the psychological requirements specified by the Authority in the acceptable means of compliance (AMC) or every relevant indicators in work performance: motivation, personality, skills, social skills, etc.

To effectively implement such indications, a common European strategy is necessary in order to define specific training courses dedicated to aviation psychiatrists and psychologists, possibly with the support of the National Authorities. These courses should also provide recognized accreditation for psychologists and psychiatrists authorized to administer the tests. Recommendation n. 3 focuses on planning a program of random checks on the use/abuse of alcohol and drugs, requiring that those checks are carried out at least in the following cases: initial issue of a Class 1 certificate; before a pilot is employed on a commercial airline; following an accident or an injury, for just cause; as part of a follow-up after a previous positive from the other aspects of the selection process, to ensure that the pilot is fit to fly.
test. In Italy, short notice random checks have already been performed for many years, as part of the required tests under the law for the protection of the workers’ health. (6)

The use or abuse of alcohol and drugs can make a decisive impact on the mental health and cognitive function of pilots. Drugs abuse makes mistakes more likely, slows decision-making and reaction time, alters mood and coordination with heavy implications on flight safety. However, it should be emphasized how, to date, the risk of events related to the use of alcohol and drugs is also very low in aviation. Randomized tests carried out by the FAA in 2011, in order to identify behaviors of abuse, have returned the comforting results of very low percentages of positive pilots (0.044% for the use of alcohol and 0.095% for the use of drugs), and staff involved in aviation safety operations (0.097% and 0.462% for alcohol and drugs, respectively). There has been a discussion on the need to standardize the tests and implement proper protocols and, to do that, EASA and the national authorities will have to agree on the establishment of shared standards about the following questions: which tests must be carried out, which substances should be searched in what biological matrices, how to reduce false positives, who is authorized to administer the tests, what should be the requirements for the laboratories and, last but not least, how would the information obtained from the tests be managed?. To date a harmonized approach to this topic or a single protocol for all countries has not been defined yet – providing, for example, the possibility of a second test – However, the agreement is unanimous regarding the need to ensure the obligation of confidentiality and respect of individuals privacy rights, two fundamental factors for the correct setting of the entire clinical process, together with the impartiality of the medical evaluation.

La raccomandazione n.3 è incentrata sulla pianificazione di un programma di controlli random sull’uso di alcol e droghe, prevedendo che tali controlli siano effettuati almeno nei seguenti casi: conseguimento del certificato di Classe 1, prima che un pilota sia impiegato nell’attività di volo commerciale di linea; dopo un incidente, o un infortunio, con giusta causa ed infine, come parte di un follow up dopo un precedente test risultato positivo. In Italia, i controlli random con breve preavviso all’interessato sono stati da anni resi obbligatori da previsioni di legge per la tutela della salute dei lavoratori e di terze persone.(7)

L’uso o abuso di alcol e droghe è un disordine che può impattare in modo decisivo sulla salute mentale e le funzioni cognitive dei piloti. Le sostanze d’abuso rendono più probabile l’errore, rallentano i processi decisionali e i tempi di reazione, alterano l’umore e la coordinazione: conseguenze che hanno pesanti implicazioni sulla sicurezza del volo. Tuttavia, va sottolineato come, ad oggi, il rischio di eventi riferibili all’uso di alcol e droghe sia anch’esso molto basso. Test randomizzati effettuati dalla FAA nel 2011, allo scopo di individuare comportamenti d’abuso, hanno restituito il dato confortante di percentuali molto basse di positività riscontrate sia sui piloti (0.044% per l’uso di alcol e 0.095% per l’uso di droghe), sia sul personale impegnato nelle operazioni di sicurezza (0.097% per l’alcol e 0.462% per le droghe). Si è molto discusso sulla necessità di standardizzare i test e di implementare protocolli corretti e, per fare ciò, l’EASA e le autorità nazionali dovranno convergere verso la predisposizione di standard unici e fornire indicazioni uniformi alle questioni sollevate dalla raccomandazione n. 3: quali test vanno effettuati? Quali sostanze vanno ricercate e su quali matrici biologiche? Come ridurre i falsi positivi? Chi è autorizzato a somministrare i test e quali devono essere i requisiti dei laboratori? E, non da ultimo, come vanno gestite le informazioni riservate acquisite con i test? Se non è ancora possibile definire un approccio armonizzato alla questione, né un protocollo unico per tutti i Paesi membri - che preveda per esempio, un campione B, ovvero, la possibilità per il pilota di sottoporsi ad una seconda prova, in un secondo momento - l’accordo è unanime per ciò che riguarda la
ator, in order to reduce possible conflicts of interest. The certification by the Ministry of Health of every laboratory where the test are performed, is also necessary to ensure quality and reliability of results. All these issues are already regulated in Italy through specific laws and procedures, including the Annex to ENAC MED-01A Circular issued on 31.12.2014 (7).

Recommendation n. 4 considers the discretionary nature of the aero-medical system, shifting the focus on the medical assessors operating within the Authority and on the aero-medical examiner (AME). The indication of the Task Force calls for a solid program that can supervise the performance of the aero-medical examiners, including the proper implementation of their knowledge. The new surveillance system should therefore go beyond the simple acknowledgment of their compliance with the requirements of the Air Crew Regulation, to better check the real performance of the physician and the quality of the examination conducted by the AME. This involves the introduction of a new control paradigm "performance-based", for which the medical assessor should receive a fair education, able to teach him the best auditing techniques to evaluate the AME performance.

National authorities are also called to boost the AME sensitivity to improve their communication skills and continuous attention to the psychological aspects of the interview with the candidate during the aero-medical assessment.

AME training is, in truth, a central theme in the action plan expected from the implementation of the recommendations: both for the initial training, in preparation for certification, and for continuous education. According to what has emerged from the assessments made by the Task Force the AME, during his/her everyday clinical practice, is often isolated from the general context of civil aviation, and is not fully integrated into the typical spirit of that unique professional activity. This limitation could be partly overcome by establishing a network of aero-medical examiners, in which an important role would be played by the national Authority, called to coordinate the network of physicians and to share detailed information on regulatory and procedural changes and the latest innovations of interest in the sector. This role could be also shared by the aero-medical centers. The network would allow implementing a peer support system, which would stand beside the planned activities of continuous training that, according to additional information to the Task Force recommendation 4, should be approved and audit directly by EASA. It will then be an EASA task to draw up a proposal to assess the AME skills in the future, both in terms of theoretical and practical knowledge.

Recommendation n. 5 provides for the implementation of a new tool for storing medical data, as reported on the aero-medical certificates. Data entry may be exclusive responsibility of the national Authority, or the AME; any consultation of the information would be limited exclusively to the medical personnel. EASA is already working on the development of the database, which it necessity of garantire l’obbligo di riservatezza dei dati e il rispetto dei diritti di privacy degli individui, due fattori fondamentali per la corretta impostazione di tutto il processo clinico, come anche la terzietà del medico valutatore, al fine di ridurre i possibili conflitti di interesse e la certificazione da parte del Ministero della salute dei laboratori presso cui effettuare i test, a garanzia della qualità e dell’attendibilità dei risultati. Tutti questi aspetti sono già regolati in Italia attraverso leggi e procedure specifiche, fra cui l’allegato alla Circolare ENAC MED-01A del 31.12.2014. (8)

La raccomandazione n. 4 ha preso in considerazione l’ambito soggettivo del sistema aeromedico, spostando il focus sui medical assessor che operano all’interno delle Autorità e sugli esaminatori aeromedici (AME). L’indicazione della Task Force chiede di istituire un solido programma in grado di supervisionare le prestazioni degli esaminatori aeromedici, ivi compresa la corretta messa in pratica delle conoscenze possedute. Il nuovo sistema di sorveglianza dovrebbe quindi, andare oltre il semplice riscontro compliance-based dei requisiti richiesti dal Regolamento Air Crew, ma essere orientato piuttosto ad accertare le performance del medico e la qualità dell’esame aeromedico condotto dall’AME. Ciò comporta l’introduzione di un nuovo paradigma di controllo basato sulle prestazioni (performance-based), per il quale i medical assessor dovrebbero comunque ricevere una congrua formazione, atta ad apprendere le specifiche tecniche di audit delle performance.

Le autorità nazionali, inoltre, sono chiamate ad amplificare negli AME la sensibilità e l’attenzione continua verso gli aspetti psicologici e comunicativi del colloquio con il candidato durante la valutazione aeromedica. Il training dell’AME è, in verità, un tema centrale nel piano d’azioni previsto dall’implementazione delle raccomandazioni: sia nella formazione iniziale e propedeutica alla certificazione, sia nel mantenimento della stessa. Secondo quanto è emerso dalle valutazioni effettuate dalla Task Force, l’AME, nell’svolgimento della pratica clinica quotidiana, si trova spesso in una condizione di isolamento rispetto al generale contesto dell’aviazione civile, non perfettamente integrato nelle logiche tipiche di quell’attività professionale. Un limite che potrebbe essere superato in parte grazie alla costituzione di un network di esaminatori aeromedici, in cui un ruolo di rilievo verrebbe svolto dalle Autorità, chiamate a coordinare la rete di medici e a condividere informazioni dettagliate sulle modifiche normative e procedurali e sulle più recenti innovazioni di interesse per il settore. Ruolo che potrebbe essere condiviso anche dai Centri Aeromedici. Il network consentirebbe di attuare un’azione di peer support, che si affiancherebbe alle previste attività di aggiornamento e training continuo che, secondo le indicazioni aggiuntive alla raccomandazione n. 4 formulate dalla Task Force, dovrebbero essere approvate e sottoposte ad audit direttamente dall’EASA. Spetterà quindi, all’Agenzia Europea elaborare una proposta per dare concretezza alla richiesta di valutazioni approfondite...
is planned to be active by the end of 2016; the process of drafting the term of reference (TDR) of the new instrument is ongoing, and this will be called European Aero Medical Data Repository (EAMR). The database will facilitate the exchange of information between Member States concerning the medical data of the pilots and, in any case, will be subject to the legitimate claims of confidentiality and privacy. Once the new software is ready, it will also be necessary to provide competences, obligations and roles in the data entry management, as well as the possible need for a special training for the optimal use of this instrument.

With the formulation of the recommendation n. 6, the Task Force calls for the airlines to implement a peer support and reporting system for pilots. Pilots are constantly subject to physical and psychological stress factors, those related to the profession and to its obligations inside the workplace, but also stressors arising from personal or family difficulties. The possible harmful effects of such a load of emotional pressure probably have not received enough attention so far from the decision-makers and interested parties (stakeholders), despite the prevailing culture of safety in the aviation sector and the obligations provided for in the occupational health regulations.

The professional activity of pilots, because of the characteristics of the environment where it takes place, the cockpit, is by definition an activity of human interaction in a confined space. Their work follows intense procedures and checklists, decision-making is structured and all this generates peculiar interactions between the pilots within their workspace, where they spend most of their workday. Relations between the pilots, inside the confined cockpit, encourage attitudes of openness, sharing ways of thinking, and could facilitate the externalization of emotional experience and concerns. The relationship between equals could be, for the pilots, a useful way to ensure that problems and situations of possible risk emerge and a way to find solutions before they could

sulle competenze degli AME, sia sul piano del sapere, che del saper fare.

La raccomandazione n. 5 prevede l’implementazione di un nuovo strumento per l’archiviazione dei dati medici, come riportati sui certificati aero-medici. L’inserrimento dei dati potrebbe essere di esclusiva competenza delle Autorità oppure potrebbe essere esteso agli AME; la consultazione delle informazioni sarebbe limitata esclusivamente allo staff medico. L’EASA, invero, sta già lavorando alla messa a punto del database, che prevede di implementare entro la fine del 2016 e sono già in fase di redazione i term of reference (TDR) del nuovo strumento, che si chiamerà EAMR (European Aeromedical Data Repository). Il database faciliterà lo scambio di informazioni tra gli Stati Membri sui dati medici dei piloti e, in ogni caso, saranno fatte salve le legittime pretese di riservatezza e privacy. Una volta pronto il nuovo software, sarà inoltre necessario prevedere le competenze, gli obblighi e i ruoli nell’immissione e gestione dei dati, nonché l’eventuale necessità di un apposito training per un uso ottimale di tale strumento.

Con la formulazione della raccomandazione n. 6, la Task Force chiede che sia implementato nell’ambito delle compagnie aeree un sistema di supporto fra pari (peer support) e di segnalazione (reporting system) per i piloti. La motivazione ad una tale indicazione giunge dall’evidenza in base alla quale i piloti sono continuamente sottoposti a fattori di stress psicosofico, quelli legati alla professione e ai suoi obblighi, all’ambiente lavorativo, ma anche fattori di stress derivanti da situazioni personali o familiari difficili. I possibili effetti nocivi sull’equilibrio mentale di un tale carico di pressione emotiva, probabilmente, non hanno finora ricevuto sufficiente attenzione da parte dei decisori e delle parti interessate (stakeholders), nonostante la cultura della safety imperante nel settore dell’aviazione e gli obblighi previsti in materia di salute occupazionale.

L’attività professionale del pilota, per le caratteristiche proprie del luogo in cui essa si svolge - la cabina di pilotaggio - è per definizione un’attività di interazione umana in uno spazio confinato. Il lavoro è fortemente improntato al rispetto di procedure e alla verifica procedurali dei processi mediante checklist; il processo decisionale è strutturato e tutto ciò rende peculiare l’interazione tra i piloti all’interno del loro spazio di lavoro, in cui trascorrono gran parte della loro giornata lavorativa. Le relazioni tra i piloti nell’ambiente confinato del cockpit, favoriscono atteggiamenti di apertura, la condivisione di modi di pensare e l’esteriorizzazione di un vissuto emotivo e di preoccupazioni. La relazione tra pari è per i piloti un grimaldello utile a far sì che situazioni problematiche e di possibile rischio per l’equilibrio e la salute mentale possano emergere e trovare una soluzione prima di degenerare. Da tali premesse e da pregresse positive esperienze in alcune compagnie aeree, fra le quali nel nostro Paese l’Alitalia, nasce da parte della Commissione Europea la raccomandazione a istituire un sistema di supporto per i piloti, che si fondi sulla relazione tra
deteriorate. From this background and looking at previous positive experiences in a number of airlines, including the Italian air carrier Alitalia, comes the European Commission recommendation to establish a support system for pilots, which is based on the relationship of equals and that may allow the emergence of psychological distresses before they can produce deleterious effects. There are many challenges in the implementation of the Pilot Support and Reporting Program (PSP): a program that allows pilots to access a reliable, safe and non-medical zone, and to make a request for help and support, de-stigmatizing possible mental (or abuse) problem, without the fear of being penalized or labeled, firmly based on the principles of “Just Culture”. The requirements of the PSP are a challenge themselves: the structure should be part of the organization’s Safety Management System, but its management should remain strictly confidential and inaccessible to the SMS operators; it should be autonomous and independent from the company management but endorsed by them. The PSP should be a joint initiative between operators and pilots’ associations or their representatives; it should not be directly accessible from outside the system components (regulators, corporate management, media), but the stakeholders themselves should ensure maximum endorsement to the initiative.

The PSP, once introduced, will take years to evaluate its effects and, despite the challenge is great, the possible positive effects are even greater. The peer support technique is now recognized as a resource for prevention and mediation in educational policies as well as in preventive health campaigns. Existing studies of mutual support groups suggest that they may improve symptoms, promote larger social networks, and enhance quality of life. Peer support is an intervention method based on symmetry between peer supporters and people supported, a condition that favors comparison, exchange of experience and discussion, as it occurs between persons of the same status, for chronological age or group, in an environment that guarantees the confidentiality of the information exchanged and that is not punishing. Paramount is the management of issues with a context that does not strictly attribute the discomfort to a medical condition, thus mitigating the reluctance to face the discomfort itself, and seek help from a mental health professional. However, peer supporters can also play the role of bridge between the supported person and the psychological or psychiatric treatment, meaning that they can be facilitators at the request of a specialist. Moreover, because peers share the same work experience, being in contact with the same working environments and therefore knowing the environmental context, they might be able to detect situations of distress or at risk of uncertain evolution.

We can therefore conclude that the work that EASA, national aviation authorities and the aviation community will face in the future, is aimed at developing and pari and that it will produce the desired effects. Molte sono le sfide nella implementazione del Pilot Support and Reporting Program (PSP): un programma che consenta ai piloti di accedere ad un ambiente affidabile, sicuro dal punto di vista delle informazioni scambiate, non medicalizzato, che de-stigmatizzii la malattia mentale e, soprattutto, che permetta di avanzare una richiesta di aiuto e supporto da parte del pilota, senza il timore di subire penalizzazioni o di essere etichettato, che sia quindi saldamente fondato sui principi della “Just Culture”. I requisiti stessi del PSP rappresentano una sfida: la struttura dovrebbe essere obbligatoriamente presente all’interno dell’organizzazione del Safety Management System, ma la sua conduzione dovrebbe rimanere strettamente riservata e inaccessibile agli operatori del SMS, dovrebbe essere autonoma e indipendente rispetto al management e ai vertici aziendali, ma da questi sostenuta. Il PSP dovrebbe prendere forma da un’iniziativa congiunta e condivisa tra gli operatori e le associazioni dei piloti o di loro rappresentanti, non dovrebbe essere direttamente accessibile da parte di componenti esterne al sistema (autorità regolatorie, management aziendale, media), ma quegli stessi attori dovrebbero garantire all’iniziativa il massimo del sostegno.

Il PSP, una volta introdotto, richiederà anni perché se ne possano valutare gli effetti e se la sfida è grande, i possibili risvolti positivi sono tanti.

La tecnica del peer support, definita come un processo di volontario, mutuo sostegno su problemi comuni o preoccupazioni condivise, è oggi riconosciuta come risorsa di prevenzione e mediazione nelle politiche educative e nelle campagne sanitarie di prevenzione. Studi condotti sui gruppi di sostegno, come metodologia integrata nel trattamento dei disturbi di salute mentale, suggeriscono una possibile efficacia nel miglioramento della sintomatologia e della qualità della vita, nonché nella promozione di un più ampio network sociale.(9) Il peer support è una metodologia di intervento fondata sulla simmetria tra il peer support e il supported: i membri del personale di supporto possono essere considerati al pari di amici, piuttosto che inquadrati nel ruolo di curanti (10). Questo particolare setting relazionale favorisce il confronto, lo scambio di esperienze e la discussione, poiché avviene tra persone che condividono lo stesso status, il contesto professionale, il gruppo sociale di appartenenza, e avviene sulla base di presupposti che garantiscono la massima riservatezza delle informazioni scambiate e la non punibilità. Centrale è, quindi, che la gestione delle problematiche avvenga all’interno di un contesto che non medicalizzata la condizione di malessere, sfondando in tal modo quelle reticenze di origine socio-culturale, che spesso ostacolano la richiesta di aiuto ad un professionista della salute mentale.

Tuttavia, va sottolineato che i peer support possono svolgere anche il ruolo di facilitatori dell’accesso al trattamento clinico, psicologico o psichiatrico. Inoltre,
implementing the European Commission’s recommendations, promoting their transformation into effective requirements and procedures in order to have the European aviation system network able to improve the safety of flights in relation to the specific issues that we have discussed here.

The practical objective is to detect, neutralize and manage any signal, symptom, or condition of psychological distress, which could arise from significant moments in the professional life of a crewmember, in order to promptly and effectively intervene. This will be possible even in the near future, if the above-mentioned decisions and the approved tools will be in force and harmonized in all EU countries so that any risk to the flight safety can be hopefully cleared.

► REFERENCES / BIBLIOGRAFIA

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