

# Breaking the Pilot Healthcare Barrier

William Hoffman; Elizabeth Bjerke; Anthony Tvaryanas

**INTRODUCTION:** It has been proposed that pilots face a perceived barrier to seeking medical care due to what a change in health status might mean to their status as a pilot. While this is often common knowledge to pilots and some physicians, this phenomenon has limited research or characterization in the medical literature. In this commentary, we propose a definition for the barrier pilots face in seeking healthcare in hopes of focusing future research efforts.

**KEYWORDS:** aerospace medicine, preventative medicine, healthcare barrier, healthcare systems.

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A recent summit with representatives from across aviation met to discuss an important question: why are certain pilots not getting the mental healthcare they apparently need? The death of an undergraduate aviation student in what was thought to be an aircraft-assisted suicide<sup>10</sup> precipitated the gathering, though similar tragedies have made their way into the news over the years.<sup>8</sup> While this sort of incident is relatively rare, it speaks to a broader problem. A subgroup of pilots suffer from symptoms related to mental health conditions<sup>7</sup> and a proportion may go untreated.

Mental health conditions are generally treatable and people can get better. As physicians caring for patients, it is hard not to ask the obvious question: Why are pilots suffering from a treatable condition? Pilots and some physicians may have a reflexive answer to that question: certain pilots are worried about seeking medical care because of what a change in health status might mean to their status as a pilot (when reported during a regulatory medical exam as required by 14 CFR 61.53).<sup>3</sup> Specifically, if a pilot reports a new medical symptom or condition, they may temporarily or permanently lose their medical certificate. Beyond the potential professional or social repercussions, such an event could lead to an expensive and time-consuming medical evaluation with costs that often fall on the pilot. While this certainly may be the case for mental health conditions, it likely extends to other medical issues too.<sup>5</sup>

While some suggest that pilot healthcare-seeking anxiety is common knowledge, it has limited reference in the medical literature. A brief review of some of the available data includes a 2019 cross-sectional study of 613 U.S. military, commercial, and general aviation pilots which reported that 78.6% disclosed a history of ever feeling worried about seeking medical care and

60.2% reported forgoing or delaying care due to concerns related to their status as a pilot.<sup>5</sup> A follow-on subanalysis showed that female pilots were more likely than female non-pilots to delay medical care if they developed new symptoms of chest pain.<sup>4</sup> These findings are not unique to civilian pilots. A 2019 study of 173 active duty U.S. Air Force pilots showed that only 38% felt comfortable sharing a potentially disqualifying medical concern to their flight surgeon.<sup>6</sup> These findings seem to be accounted for by established frameworks of healthcare usage.<sup>1</sup> The Andersen Behavioral Model of Health Services Use has undergone multiple iterations since its initial publication in the 1960s with an aim to: 1) understand why people use healthcare services; and 2) aid in the development of policies that permit equitable access to healthcare.<sup>2,9</sup> In applying this expanded model to pilots, multiple psychosocial factors in the framework (defined as factors that influence decision making of planned or intended health behavior) could provide partial explanations for these findings.<sup>9</sup> These factors include the attitudes of pilots (i.e., the perceived likelihood of regaining an aeromedical certificate once lost), social norms (i.e., the perceived change in identification in the face of aeromedical certificate loss), and perceived control (i.e., the subjective loss of autonomy while

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awaiting a waiver or special issuance, subsequent anxiety about the process, or lack of knowledge about the special issuance process, etc).

Balancing aviator autonomy against an aviator's risk to others has long been at the heart of the historical duty of a flight surgeon. But while safety certainly must be the foundation, we argue that further research should be done to understand ways to lower the barrier pilots face when seeking care in hopes of encouraging early intervention when needed. While there are likely no easy solutions, aerospace medicine physicians have the opportunity to be leaders in this important issue, including advocating for: 1) rigorous epidemiological research to characterize such a barrier; and 2) prospective research on potential interventions that might permit care-seeking while maintaining safety. Such an effort could have implications in preventative medicine for aviators (i.e., opportunities for early and potentially less expensive intervention to manage a new diagnosis), safety (i.e., the identification of otherwise undisclosed medical symptoms or conditions), and pilot quality of life (i.e., from a pilot's perspective, lowering the perceived risk of seeking medical care).

Research on this topic will likely take place in different settings, so a single definition becomes necessary. The need for such a definition became clear at a recent pilot mental health summit where researchers and industry leaders from around the United States gathered to discuss an effort moving forward. To our knowledge, there is no existing definition for the barrier pilots face when seeking medical care, so we propose one here.

Pilot healthcare barriers are factors that impede healthcare-seeking behavior by individuals who hold a pilot certificate. These barriers include perceptions about potentially negative consequences of new health information on future ability to perform piloting duties.

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