

### THE ENHANCED PEME CUSTOM DESIGNED FOR YOUR NEEDS!

One size does not fit all!

Here at the Marine Advisory Medical Service we believe that universal criteria are not in the interests of either the ship owner or the seafarer.

Insurance is not a substitute for risk analysis, and the prudent insurer will be wary of simplified standards that operate with a minimum of tests or with no standards applied to the results of those investigations undertaken.

We believe a PEME scheme is useless unless it sets both the investigations to be undertaken, and the standards / criteria that are acceptable to pass.

### PEME'S HARD FACTS

- The PEME will only be as effective as its design. If it is poorly designed it will fail in its purpose.
- Its purpose is to detect pre-existing disease, and is purposely designed to take into account prevalent diseases in the country to which it is designed for.
- A list of investigations will not suffice to effectively eliminate or minimise employment of those with pre-existing disease.
- There is no room for sentiment!



### TYPES OF PEME'S

Two types of PEME's are used by the shipping industry, excluding flag/state. We believe, as does the aviation industry, that all examinations should have criteria attached to them as to what is acceptable to pass and what is not.

It is insufficient to make a list of investigations and instruct physicians to carry out the examination using their own standards as to what is required to pass. Such brings about inconsistency in standards, and gives opportunity for lowering of standards with subsequent lack of objectivity. It is the lack of clear direction on acceptable standards that give rise to the enhanced PEME requirement in the first place. The sick were becoming seafarers and going to sea, until the industry took a firm stand and introduced their own standards to counter the ever increasing rise in claims related to pre-existing disease.

# SEAWORTHINESS

## INSURERS BEWARE!!

## IT IS NOT JUST THE VESSEL THAT MUST BE SEAWORTHY!

The ILO Guidelines on the Medical Examination of Seafarers tells us the aim of the examination is to ensure that the seafarer being examined is medically fit to perform his or her routine or emergency duties at sea and is not suffering from any medical condition likely to be aggravated by service at sea, to render him or her unfit for service or to endanger his health or the health of other persons on board.

A seafarer who cannot perform his duties is a liability to himself, others and a burden to fellow crew.

Seaworthiness applies just as much to the seafarer as it does to the ship. A vessel when launched in all its splendor is in perfect condition and fit for purpose. So also, maybe, is the 18 year old cadet who embarks on a career at sea. As time passes vessels may deteriorate, just as the health of individual seafarers may. Both must be monitored. Vessels by periodic, surveys and the seafarer by periodic medical examinations.

As mentioned, the aviation industry would not consider a cursory medical based on a list of investigations without setting the criteria. Are we therefore being stricter for our seafarers than we would for pilots of aircraft? The answer brings about a moot point – an aircraft, unless over an ocean is never more than two hours from landing and attaining skilled medical care, but ships can be days from healthcare, and that is why crew must be fit to work.

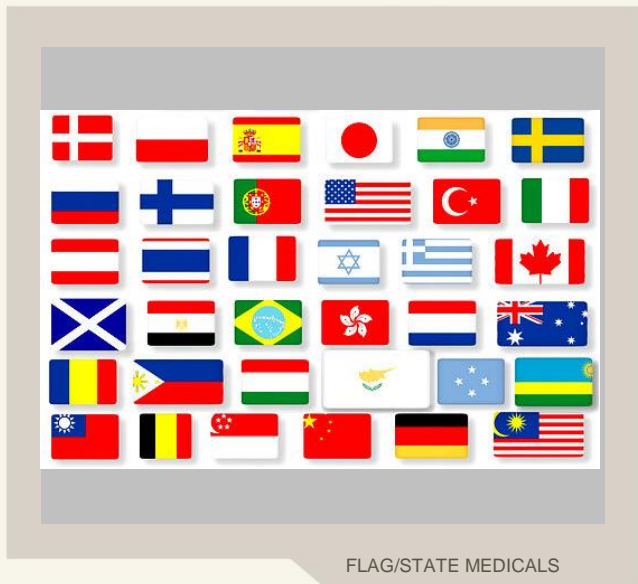


SEAWORTHINESS



FIT FOR PURPOSE

# FLAG / STATE MEDICALS



FLAG/STATE MEDICALS

## FLAG / STATE MEDICALS

Of course, we all know that a flag/state medical examination is more liberal in its requirements than those set by P & I Clubs. Dr Tim Carter, until recently Medical Director of UK's MCA stated in an industry publication:

*“One point that came out at a NIVA workshop in Finland was that now there is well developed basis for statutory medical fitness decisions, there is potential for both confusion and inconsistency between these and the wide range of medical fitness standards that are imposed unilaterally by employers and their insurers on seafarers from the major crewing countries.”*

The well-developed basis if of course reflected in the ILO Guidelines on the Medical Examination of Seafarers, and in flag state/medical. What fails to be considered is that the shipping industry operates for profit, and has no charitable status to serve as an employer of crew who are perhaps less fit. More importantly, if the liberalism of the flag/states fails to detect illness either by doing less component examinations or setting lower standards, they lose nothing if illness develops during the contract period, whereas the ship owner / P&I Club has to foot the bill for treatment, repatriation, substitution, etc. So the P&I Club has a vested interest in minimising risk and setting a higher standard. In short if a flag/state medical fails to detect an illness it suffers no loss whatsoever, and therefore can be as liberal as it pleases without fear of loss or recrimination. For those with nothing to lose the argument is purely theoretic, to the P&I Club it is financial loss.

## FOOD FOR THOUGHT

- Why are some P&I Club PEME's only two pages long, whilst others are over 100 pages?
- Is it possible to demonstrate the effectiveness of the enhanced PEME?
- Will the originator of your PEME project support you during the set up and during its implementation?
- Should all PEME schemes be taken seriously?
- Are appointments of clinics without prejudice?
- Is there medical supervision (MD) at all stages?

# THE MARINE ADVISORY MEDICAL SERVICE



## PLEASED TO BE OF SERVICE

If you are looking for an effective, custom designed, enhanced PEME, we can design that for you, taking into account Clubs specific requirements.

We shall be happy to arrange an appointment to discuss your needs and work in strict cooperation.

CARDIFF, SINGAPORE AND AUSTRALIA.

[www.marinemed.co.uk](http://www.marinemed.co.uk)



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