

Contributions for the next newsletter would be welcomed by the Editor before 1st May 2020

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This is a newsletter of the International Maritime Health Association - IMHA. Opinions expressed in this newsletter do not necessarily reflect IMHA's point-of-view. All correspondence and address changes should be sent to IMHA, Italiëlei 51, B-2000 Antwerp, Belgium, e-mail: imha@online.be

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Know it, Share it ...

**DEADLINE
NEXT EDITION
1ST MAY 2020**



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The President and the Board of IMHA take this opportunity to wish all members health, happiness and prosperity in 2020

EDITORIAL

by Nigel Griffiths



It is a pleasure to be back on the board of IMHA, and I thank those that voted for me and hope that I can serve with diligence and meet your expectations. Your vote has encouraged me greatly that IMHA will operate with honesty and transparency.

I have always said there is no room for politics in medicine, but the sad state of affairs in UK leads me to follow on from Dr Klaus Seidenstücker. Politics seem to have taken their own way forward in the United Kingdom. I personally echo that sentiment of Klaus Seidenstücker, in the belief that in unity there will be strength. There seems to have been a prevailing element of xenophobia in the United Kingdom. It is very interesting to see those areas in the UK where the support for Brexit is greatest. These were areas where traditionally the Labour party has had strength, with the Conservative Party taking a greater share of the vote now. It is difficult for me to understand what has generated that vehement support for a leader who wants separation from the European Union at all costs. Whilst many have done their best to limit his trailblazing, including the President of the Supreme Court, unfortunately none have succeeded. So, Britain sadly must walk the line alone and in isolation. It is 20 years since I lived in UK, so I guess I must look at the situation as a bewildered spectator.

I will deal no more with the domestic politics of the United Kingdom.

I am sure we will all regard the last Symposium in Hamburg as a success, as a major event for the sharing of knowledge between medical professionals involved in shipping medicine. There were many talented presentations and I am sure I am not alone in saying what wonderfully diverse presentations we received. Now we can all look forward to the next symposium in Athens, and at the same time, look forward to receiving nominations for the symposium in 2023.

Echoing the sentiments of my predecessor, Dr Eilif Dahl, as Editor of the newsletter, I am disappointed that we have not received a greater number of contributions for our publication. If we have knowledge, we should share it, if we have concerns, we should share them. Without the vital exchanges between the membership of IMHA, we cannot expect to progress, and I would ask you, and invite you, to email me with any contribution you might have. All members of IMHA are equal and we all have a right to express our opinions and share our views and invite comment from others with equal or opposing views.

It would be amiss of me not to acknowledge the great contribution of Dr Ilona Denisenko who has served as President of the organisation over the past few years. She has served with diligence and devotion and her enthusiasm for maritime medicine must not be forgotten. On the board of IMHA we now have her husband George Sinanidis, whom I am sure she will encourage to serve with the same enthusiasm. George and Ilona will be organising the symposium in Athens and I know that they will be making an excellent event for all of us to share in. Greece is a wonderful country and maybe members will take the opportunity to explore the country. By contrast with European countries, it is far from as expensive as many. The cuisine will also be worth experiencing – one of my favourites.

Many projects and initiatives lay ahead for IMHA, and Dr Verbist our newly elected President will be discussing these further. Dr Verbist stresses the importance of our close relationship with the ITF which must continue for the benefit of all.

I would take this opportunity to let you know a change in my personal email address which is now nq@marinemed.co.uk - so I hope to receive your contribution there.

PRESIDENT'S PODIUM

by Rob Verbist



Dear IMHA member,

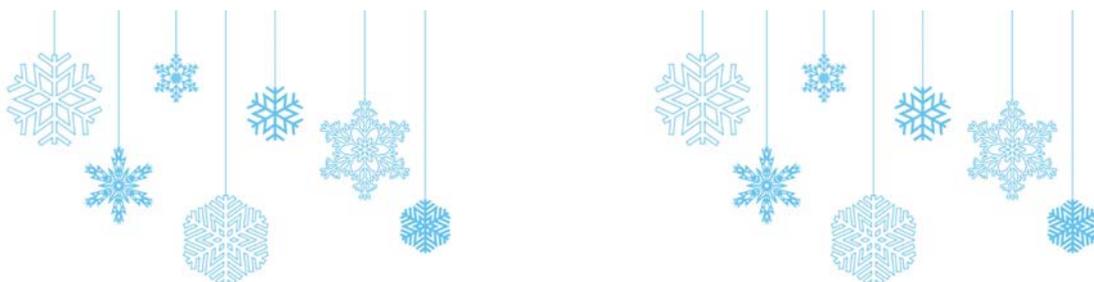
This is the first newsletter after the International Symposium on Maritime Health in Hamburg. Our gratitude goes to the organizers in Germany for having done an excellent job. In the first place because they have accepted the difficult task to take the organization over, with less time than normal to get it going. On the second place the symposium was a great success in number of participants and in content, but also in bringing IMHA in contact with other organizations and new partners in maritime medicine like Medichem, EU Healthy Gateways and Europèche, not to forget the German Seemannsmission. And thirdly because of the magnificent city of Hamburg, the excellent venue at the Hafen City University, and a wonderful social program too with or without a dive in the Alster. Thank you Prof. Dr. Volker Harth, thank you German Association of Maritime Medicine and many others.

Gratitude also to the old board from whom we take over. In the first place Dr. Ilona Denisenko, the work and time you put in IMHA is amazing, always on the road, representing IMHA all over the world. IMHA could not dream of a better ambassador. Thank you for your courage and strength, and for saving IMHA. From the other board members, Dr. Klaus Seidenstucker in the first place, if only for the numerous hours that you have worked as a secretary, it was more than a fulltime job. Strong principles, not only in steering the board but also in some difficult matters that needed to be solved. Not always an easy task. Dr. Eilif Dahl for being himself, critical and with personal views, always chasing everyone to contribute to the newsletter. Dr. Nebojsa Nikolic, for being strict on methodology and standing for quality in maritime medical training. Thank you all.

The new board has taken over a huge challenge. IMHA is not strong at the moment. We are out of existential problems thanks to solving the problems with the bylaws. The approval of the new bylaws in Hamburg will be remembered as a key point in our history. The bylaws will be published in Belgium any day now and this will strengthen the association again. But we have a lot to keep up with, our relations with partner organizations have suffered from the internal discussions and the lack of budget. Nevertheless below the surface a lot has been done already and we are convinced that in 2020 IMHA will stand strong again, may we please count on your trust and patience.

Somewhere in this newsletter you may read a small article on Vulnerability. It is based on my short speech at the end of the Symposium in Hamburg. I have tried to write it down on request of several members. See it as my mission in maritime medicine, use it to encourage other maritime physicians to join our association. The right to advocate for seafarers' health depends on the representation of the broad maritime medical sector and therefore we need to have members from all over the world and from all sectors possible.

Thank you for being a member and enjoy reading,



NEWS

Polio returns to the Philippines

By Nigel Griffiths

With increasing reports of polio in the Philippines, the department of Health has warned those, including seafarers to beware of any requirements to seek immunisations prior to leaving the country. Their advice is as below:

After 19 years of being polio-free, Polio is re-emerging in the Philippines. As of this writing, there are now seven confirmed polio cases nationwide. In line with this unfortunate development, the Philippine Department of Health (DOH) has now issued a travel advisory for travellers entering and leaving the Philippines. For those leaving, they are encouraged to check the immunization requirements of their country of destination, and if required, to receive a dose of Inactivated Polio Vaccine (IPV) and get their International Certificate of Vaccination (ICV) from the Bureau of Quarantine to serve as proof of their vaccination.



At present, there is generally no requirement for Filipino seafarers to get the polio vaccination before deployment. However, we recommend the manning agents to check which countries of destination (or ports of joining/ disembarkation) require such proof of vaccination.

As currently advised by the Bureau of Quarantine, the list of countries requiring a certificate of polio vaccination are as follows:

- Afghanistan
- Belize
- Brunei Darussalam
- Georgia
- India
- Indonesia
- Iran
- Iraq
- Jordan
- Lebanon
- Maldives
- Morocco
- Oman
- Pakistan
- Qatar
- Saint Kitts and Nevis
- Saudi Arabia
- Seychelles
- Ukraine

Said list and varying requirements are updated regularly. Hence, we suggest constant verification with the specific country included in the list as well as other countries a traveller intends to visit.

The vaccination is administered by both private and government hospitals including the Bureau of Quarantine, the authority which issues the certificate (ICV). The vaccine is free of charge when received from a government hospital. On the other hand, the certification from the Bureau of Quarantine has a fee of PHP 300 (or roughly USD 6). In view of the number of travellers applying for the ICV, the certification may currently take about 4 weeks to be issued and this should be taken into consideration in any deployment.

The Last Minute Rescue of Harland and Wolff

By Nigel Griffiths



Harland and Wolff was once the icon of industry in Northern Ireland and even once featured on its £100 banknote. Now, its demise almost led to the end of a chapter in British shipbuilding, when BDO filed for insolvency on 6 August. After a 6 million Pound rescue bid by a London based energy company it's future has been turned around. The company was formed in 1861, and its heyday employed 35 000. The company produced both passenger ships and war ships, with one of its most notable being the RMS Titanic.



The history of the company started as a partnership between Edward Harland, a former apprentice to railway engineer George Stevenson and Hamburg born shipbuilder Gustav Wolff. 1912 saw the construction of its biggest ships to date with the four funnel 45 000 gt sisters, Olympic, Britannic and the ill-fated Titanic.

Harland and Wolff expanded business to Govan on the banks of the Clyde in Scotland and had an controlling interest in A & J Inglis who specialised in the construction of paddle steamers. Harland and Wolff's expansion was not limited to ships, but diversified into aircraft production, producing the Sterling Bomber for the RAF, and the Churchill Tank for the British Army. The demand for passenger liners in the 1930's increased and many famous names such as White Star and Union Castle placed their orders. In 1960 P&O placed it order for the SS Canberra at a cost of £17 million. Built as a cruise ship it was requisitioned during the Falklands Conflict in 1982 by the Ministry of Defence to carry the Third Commando Brigade to San Carlos waters. It underwent a complete refit thereafter and continued as a beautiful and much-loved cruise ship. It was my great pleasure to sail on this vessel several times.

Car ferries and Royal Naval vessels were also produced by H&W, including another iconic vessel, HMS Belfast, now berthed as a museum on the River Thames in London.

The site of the original H&W slipway now adjoins what has been established as the Titanic Quarter of Belfast, which includes the stunning Titanic Museum and the offices have been converted into the four-star Titanic Hotel.

Web links:

Harland and Wolff: <https://www.bbc.com/news/uk-northern-ireland-49889573>

Belfast – Titanic District: <https://titanicbelfast.com/Explore/Other-Things-To-Do-In-Titanic-Quarter.aspx>

Titanic Hotel: <https://www.titanichotelbelfast.com/>



The Royal Society of Medicine

By Nigel Griffiths

The Royal Society of Medicine in conjunction with the Pugh Society will be holding a one-day study day on Coping with the Cold.

At this event, top specialists who have been in expeditions to challenging scenarios such as Antarctica and Dhaliguri will explore cold injuries, frostbite, avalanche survival, and physiological monitoring in remote environments. A multidisciplinary faculty will cover wilderness medicine topics, encompassing expedition, mountain, extreme environment, humanitarian and pre-hospital medicine.



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Further information may be found at:

https://www.rsm.ac.uk/events/military-medicine/2019-20/usn04/?_cldee=bmdAbWVFyaW5lbWVklmNvLnVr&recipientid=contact-cf4bcaaffc22e911a8ab002248004c4b-7964dbdf6531473c95ba7a6d059adfa6&utm_source=ClickDimensions&utm_medium=email&utm_campaign=USnews&sid=2446c9d3-c007-ea11-a811-000d3a86a85d

Art soothes a troubled mind

By Nigel Griffiths

'Peace and Quiet' is the title given to an artwork bought recently by Dr Pasculito Gutay for display in his Iloilo Clinic, Supercare. The masterpiece is painted by Ed Defensor, Professor Emeritus of Art History of the University of the Philippines. Prof Defensor is renowned for his artworks and also his many sculptures, including the Lin-ay Sang Iloilo – an 18 foot, 1.7 ton statue which sits on the top of City Hall in Iloilo, the story of which can be found on his website below.



Returning to the painting in question. The recent Symposium spent much time discussing the mental health of seafarers, and it goes without saying that peace of mind and tranquillity are needed by our many seafarers. So, where better a place to start that at the pre-employment medical examination? Green is a colour that exudes peacefulness. Professor Defensor tells us that green is one of the most soothing colours in the artists palette. "The colour green reminds me of the natural world. I love to incorporate green in my paintings because it feels so close to nature." Green is a colour of peacefulness, solitude and reflection. Green can be associated with forests and depth. It is a quiet colour. Green is often used in decorating for its calming effect. For example, guests waiting to appear on television programs often wait in a "green room" to relax.

Art work and the arts generally are finding a significant place in medical facilities all over the world. An humungous sculpture of a baby with a stethoscope (Lovable, Curious Child) dominate the main atrium of the Fortis Hospital at Gurgaon near Delhi, by Jitish Kallat. In Bristol's Southmead Hospital, a piano placed in the main atria of the hospital offers a public place for musical talent. I was pleasantly surprised on a recent visit to hear both classical and modern music being played to an attentive audience of both patients and hospital visitors.

Artwork itself can be seen in many healthcare facilities, and long may that be so.

Prof Ed Defensor: <https://www.eddefensor.com/ANGLIN-AYGALLERY.html>

Supercare: <https://www.supercare.com.ph/>

Art in Indian Hospitals: <https://www.hindustantimes.com/brunch/art-is-finding-an-unusual-home-in-indian-hospitals/story-yk6GAHLQvEFFjYd46rWCVN.html>

MEMBER SECTION

Call for nominations ISMH 17

IMHA is calling for nominations for the 17th Symposium on Maritime Health to be held in 2023. The next, 16th Symposium will be held in Greece in 2021, and it is an event that all IMHA members should look forward to. It is the best forum for exchange of ideas on maritime medicine and for meeting likeminded people.



If you feel that you could host a symposium in your country, IMHA would be pleased to hear from you. Should do your homework with regards to the practicality of arrangements and complete the nomination form available from IMHA.

It was interesting to read in Splash recently that there is disappointment at some maritime conferences. One of the chosen responses by a delegate on how to improve conferences is quoted below:

“It’s not a difficult fix,” the voter argued. “No speeches, all panels. Maximum of three/four panellists. Questions that haven’t been pre-screened or chosen, and a moderator who’s not afraid to challenge the panellists. Auto-mute a speaker’s microphone after 30 seconds to prevent tedious soliloquies. Vetting of speakers to ensure they know their subject, and can speak coherently without notes. A strong preference for people without ‘Sales’ or ‘Business Development’ in their title. Have a greater diversity of speakers (generation, nationality, gender, sector, viewpoint etc.)”

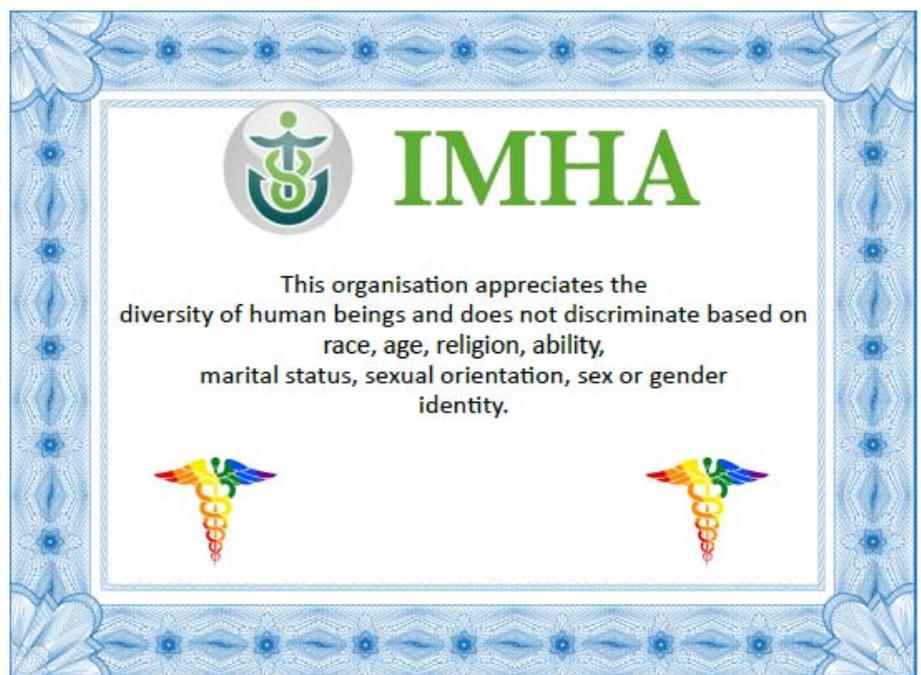
Brilliant advice, but I would add ‘make sure the time keeper has a watch and know how it works.....’

All nominations to IMHA by **28 February, 2020** and requests for advice as early as possible.

■ BOARD NEWS

IMHA LGBT Friendly

As an international medical association, IMHA has reflected on the importance of being a LGBT friendly organisation. IMHA has appointed a Board Member exclusively to represent LGBT issues of any of it’s membership. Dr Joseph Abesamis is the LGBT Coordinator who coordinates peer counselling services to the Lesbian, Gay, Bisexual and Transgender members. His duties include recruiting volunteers to become peer counsellors and LGBT clients for peer counselling services. The responsibilities include providing outreach and sensitivity training in the community. IMHA open to all and treats all equally.



New bylaws

By Rob Verbist

The new bylaws for our association were approved at the General Meeting in Hamburg.

The lawyers of Metis Law in Antwerp gave an extensive explanation on the new Belgian Companies Code and how that code makes some changes obligatory.

The lawyers had prepared the new bylaws based on a text that has been prepared by several board members and interested members of our association, all having their input and ideas.



At the Notary's office, registration of the new Bylaws : Lucas Viruly, Notary Sledsens, Tom Mutsaert, Rob Verbist, Eddy Pouders

In the law in Belgium on international non-profit

association the notary plays an important part in changing the statutes of any organization.

By law, changes to the bylaws require a decision by the General Meeting established in a notary's deed

Even though the approval of the bylaws by the general meeting in Hamburg has taken place, a Belgian notary's deed is required.

The lawyers did not agree that the president of the association could appear before a Belgian notary representing the association as the bylaws say.

They insisted that the General Meeting has the highest authority and therefore a general meeting had to take place in the presence of a Belgian notary.

That can only be done in Belgium, as a notary has no authority abroad.

Therefore an extra ordinary general meeting (EGM) was called in Antwerp on November 2, 2019, after a notification and draft agenda had been sent to all members according to the old bylaws.

This EGM did not meet the necessary quorum of one third of the members being present or represented and was therefore adjourned and a new second extra ordinary general meeting was called, this second meeting does not require a quorum, but can only decide on the points of the agenda of the first meeting.

The lawyers and the notary agreed and explained to the board of directors, that since the agenda for the second meeting is final already and the meeting would also not hold elections, it could be called 30 days after the first one.

The second extra ordinary meeting in Antwerp took place on January 8, 2020. This meeting confirmed the approval of the new bylaws and this was established in a notary's deed together with the explanation of the notary that the thirty day period between first and second meeting was in line with the old bylaws and the Belgian law.

The notary's office will now publish the new bylaws in Belgium's national gazette and the new bylaws come into force on the day of publication.

The next General Meeting will take place before the 1st of July 2020, because the general meeting needs to approve the yearly financial report.

This meeting will take place under the new bylaws and therefore some of the household rules that the new bylaws refer to have to be prepared for approval by then.

Certainly a household rule on elections is required and a household rule on membership as well.

Anyone with ideas, input or remarks, feel free to contact the board.

Strategic Vision & Goals for 2021

By Rob Verbist

This is not a final version of a vision document for IMHA in the coming years. More it opens a debate where we can and want to go. It is based on past experience, current involvements of IMHA and consultations that I had with some members, stakeholders and experts that have my trust. Do not hesitate to comment and send remarks or ideas to the office. We hope to start an online debate once the new website is fully operational.

IMHA supports maritime medical professionals in a scientific and professional way on an international level, to stimulate the development and realisation of good maritime medicine and health care policies for seafarers.

IMHA does this through:

1. Representation

IMHA represents the maritime medical professionals on an international level, through democratic decision making and with scientific foundation, starting from the individual member but open to any kind of collaboration with persons or organisations that are involved in quality medical care for seafarers, with special attention to the vulnerabilities of people working at sea.

2. Partnerships

IMHA develops partnerships with other organisations in the maritime sector. IMHA provides information and advice, helps to develop methods and materials, and supports implementation and use thereof.

Our key partners are the United Nations' agencies ILO, IMO, WHO and the social partners ITF and ICS, also the links with ITF ST are strong.

IMHA works together with welfare organizations but with focus on the medical aspects in the first place.

3. Expertise

IMHA helps to improve maritime medicine in such way that maritime medical professionals are supported in their daily encounters with seafarers from all over the world.

4. Research & Development

IMHA promotes R & D in maritime medicine. IMHA supports and endorses research projects inside and outside IMHA that lead to the improvement of the evidence of practical maritime medicine. IMHA prefers to work with centres of excellence and academic centres for research projects on a university level.

The results of research supported by IMHA are open for all IMHA members.

Research projects are deontological and scientific. IMHA respects the independence and intellectual freedom of the researchers.

IMHA helps finding funds for endorsed research projects in maritime medicine.

5. Quality & Capacity building

IMHA works for quality in maritime medicine, starting from the service provider.

Any maritime medical service provider who does not pay attention to quality becomes irrelevant. Seafarers

as any other patients demand accountability for what maritime medical professionals do and why it is done.

6. Training & Education

IMHA stands for excellence.

In the development of training pathways for postgraduate, basic or professional training IMHA collaborates with experts and academic centers on university level.

6.1. Training courses for authorized doctors.

IMHA strives for ONE course for authorized doctors on the medical examination of seafarers, that is recognized by as many flag states as possible.

IMHA stimulates the harmonization and integration of existing courses so that mutual recognition of courses by flag states, is based on agreed content of the basic course, the medical course and the case discussions.

Flag state related matters such as national legislation can be kept apart and should be based on distant learning where possible.

6.2. Training of maritime medical officers

IMHA stands for high quality education in maritime medicine.

The more the officers know and train the more confident and reliable they are.

The IMO has decided to revise the model courses for medical training of future maritime officers, after the medical guide for ships has been updated.

The initiative for that lays with the ICS team.

IMHA involves centres of excellence in medical training of maritime officers to get high level learning outcomes from the training.

7. Communication

IMHA develops a coherent, pro-active and dynamic communication policy both in internal and external communications.

Internal communication is arranged by a household rule that is evaluated and adjusted, clarified and further elaborated.

IMHA news is for the members, IMH Journal is for the world, the website needs to attract visitors and new members, and is an instrument for in depth work on various topics as well.

Members representing IMHA on external fora, speak in

the name of the president and follow guidelines on how to represent IMHA and maritime medicine in the interest of the seafarers and the members.

The positions IMHA takes in maritime medical topics, decided in line with our rules and regulations, have to be understood by the rest of the world in clear terms.

8. **Workshops / documents**

IMHA develops its capacity to produce documents.

IMHA organizes workshops to come to position papers in topics agreed by the members or on request of partner organizations.

IMHA offers authors and experts in maritime medicine a broader forum for their products.

IMHA helps writing guidelines, standards, manuals and protocols.

IMHA monitors the use of these documents, evaluates them and helps adjusting.

9. **Technology**

IMHA is domain coordinator in maritime service 9 on TMAS in e-navigation in the IMO.

IMHA defines TMAS in perspective of a (r)evolution in

e-navigation and digitalization of the sector.

IMHA in this respect protects privacy, confidentiality and ethical application of these rapidly changing tools and systems, and helps defining technical specifications of products.

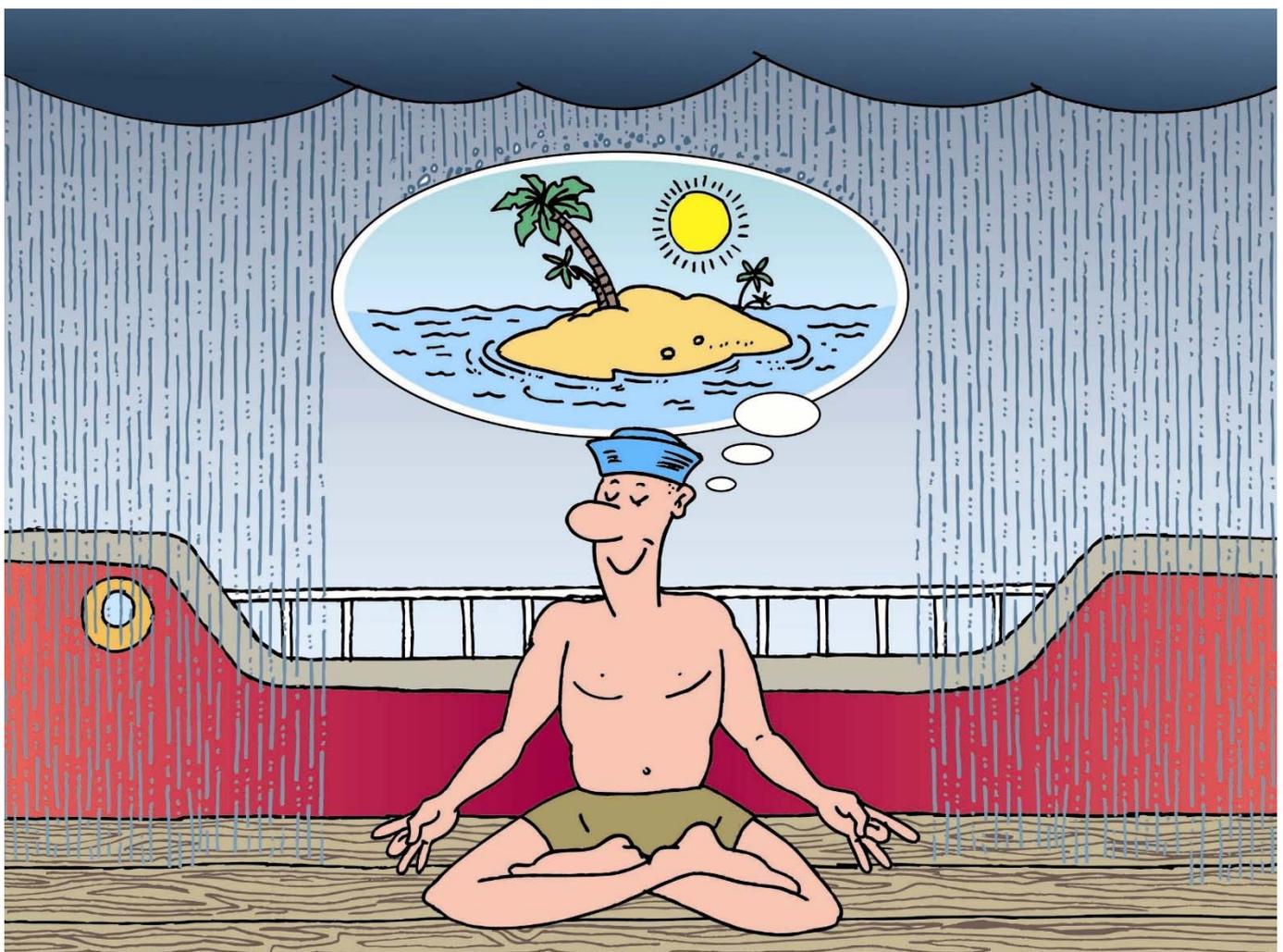
10. **Authorities**

IMHA collaborates in a constructive way with authorities on different levels (e.g. UN, EU, national, sectorial, regional and local) in different ways and different subjects, like:

research projects, quality initiatives, support of data collection among maritime medical professionals, representation in governing structures and take up mandates.

11. **Maritime industry**

IMHA is open for collaboration with maritime industrial and trade associations to realize its mission as far as the collaboration fits in the ethical and deontological principles accepted by the highest authority in IMHA, the General Meeting.



VULNERABILITY

By Rob Verbist

Seafarers are a vulnerable group.

This means that they have disadvantages that keep them from having the same health care as other groups in today's world. It has to do with their inability to participate effectively in economic, social, political and cultural life, leading to alienation and distance from mainstream society in general and health care in particular.

As physicians we treat or participate in care of individual seafarers. The more personal our approach is the better. Medical care adapted to strengths and weaknesses of the person and his environment.

Our medical activities and consultations however do not take place in a vacuum, they occur in a social context, in society and in people's lives. Even if we want to treat our patients equally, our patients are not equal in terms of need. We may have greater responsibilities to some patients than to others.

As maritime physicians it is our responsibility to advocate for seafarers, to explain the problems and defend the group, to speak for them and to make sure that parties involved are aware of the disadvantages of seafarers and try to do something about it.

Nowadays we talk a lot in the maritime sector about mental health. The broader perspective to look at seafarers as a vulnerable group, makes one realize that the disadvantages of a seafaring life lead to mental pressure.



However this does not necessarily mean the problem is a medical issue only. In life and in the lives of seafarers there is a lot of misery too. Making the distinction between a medical mental problem and misery is not an easy thing to do as practicing physicians know. It is our duty to bring that out and to make others aware.

This is what IMHA does. The advantages of being a member of IMHA are for the seafarers in the first place. IMHA is a partner organization that has representative authority for the maritime medical community and therefore makes its expertise available to advocate for the health of seafarers.

We network with our partners to bring change in the maritime sector for the benefit of our seafarers. We also share our knowledge so that more and more physicians learn about the best approach of seafarers, building quality medical care for those working at sea.

IMHA is the right organization to bring local maritime medical problems to an international level and together we have an impact and make a difference for the seafarers in the first place. But, also for ourselves. To broaden the perspective on our professional activities and learn from each other is a direct benefit for the practicing maritime physician.

Become a member of IMHA and support this work by your contribution and by your expertise and active input.

Know it, share it!



Challenges of ISMH15 (Hamburg)

By: Dr. med. Jörg Abel

The IMHA secretary Nigel Griffith asked me to share some experiences with the planning and implementing of the ISMH15.

Originally, it was planned to hold the event in South Africa. This would have been the first IMHA Congress on the African continent. Unfortunately, the national society had to give back the mandate, so at the ISMH14 in Manila the IMHA asked whether Germany could take over. Thus, in Manila the flag was handed over to Professor Volker Harth and the German Society for Maritime Medicine (DGMM).

With a relatively short lead time it was necessary to find suitable rooms, set up a framework program, appoint a scientific advisory board and organize many other things. From the beginning it was clear that finances would be a major issue. The DGMM is a relatively small expert association with a modest budget. Sponsorship is handled very restrictively in Germany; in the case of major losses or financial irregularities, the association board is personally liable under German law.

Despite initial concerns, the DGMM took on the task and managed, in collaboration with the University Medical Center Hamburg-Eppendorf under the auspices of the Institute for Occupational and Maritime Medicine, to set up an outstanding congress.

Around 350 experts from almost 50 countries used the opportunity for an intensive professional exchange. Over one hundred thirty scientific lectures and poster presentations as well as several satellite symposia underlined the high professional standards of the IMHA.

The Harbor City University offered a decent setting with short distances as well as proximity to our "clients", the sailors. Our connection to the international community of seafarers was underlined by a social evening with barbeque in the international seamen's club "Duckdalben" and the subsequent trip through the Port of Hamburg.



I will certainly remember the social evening in the Rowing Club "Favorite Hammonia" on the Alster. The plan was to get there on a short cruise with a typical Hamburg harbor barge. Unfortunately, the barge was not at the meeting point, so the whole company got to know the Hamburg subway system and the Hamburg rush hour traffic. For many participants, however, Hamburg's largest intersection is obviously a small street compared to major roads in their homelands. But in most countries motorists stop when pedestrians cross the street on "red" in dense traffic... After the excellent dinner, some participants embraced the opportunity and took a refreshing bath in the Alster.

On the last day of the congress the IMHA flag was handed over to Greece, the ISMH16 awaits us in Athens 2021. Until then, a lot of work lays ahead for the designated Congress President Ilona Denisenko and the newly elected IMHA Board headed by Rob Verbist.

■ FROM THE COURTS

We shall be including for our readership reviews on seafarer related matters from the courts. Here we see a case regarding alleged disability and the pro plaintiff view of the labour arbiters and the NLRC in the Philippines. Indeed, fortunate that the judiciary has a more even keel on such issues.

Philippine Shipping Update Supreme Court disregards findings of seafarer's doctor for abandoning treatment with the company-designated physician

By: Ruben Del Rosario, President, Del Rosario Pandiphil Inc

Seafarer was engaged by the company as an Able Seaman. During his employment, he experienced pain on his lower back and after consultation with a shore doctor was medically repatriated. The seafarer was referred to the company-designated physician where he was diagnosed with lumbosacral muscle strain. Physical therapy was recommended and seafarer showed signs of good improvement. Because of this progress, the company-designated physician assured the seafarer that he could be given a fit-to-work certification after six sessions of physical therapy. However, notwithstanding the assurance, seafarer no longer reported back to the company-designated physician resulting to his medical abandonment. For failure of the seafarer to report back, the company-designated physician issued a medical certificate assessing the former's disability at grade "11" based on his last medical examination.

The seafarer consulted his own doctor who declared him to be unfit to work at his previous occupation. He then claimed payment of disability benefits which was denied prompting him to file a formal complaint with the Labor Arbiter. The



seafarer argued that since his disability lasted for more than 120 days, and that he was declared unfit by his doctor, he is now entitled to maximum disability benefits. The company denied the claim as the seaman committed medical abandonment.

The Labor Arbiter and the NLRC favored the arguments of the seafarer and awarded full disability benefits. However, the Court of Appeals disagreed and limited the award to US\$7,465 based on the grade "11" assessment of the company-designated doctor. The Supreme Court affirmed the Court of Appeals.

The Supreme Court explained that the company-designated doctor has 120 days within which to issue a final medical assessment and upon sufficient justification this may be extended to 240 days.

Here, the seafarer was under the care of the company-designated physician, who regularly monitored and issued reports on seafarer's condition. However, on the 162nd day of treatment, the seafarer discontinued his physical therapy when he did not return for his treatment and the company-designated doctor has not yet issued a definite declaration on his condition. Without waiting for such declaration and/or the lapse of the 240 day period, the seafarer prematurely filed the suit even if his cause of action had not yet accrued.

Moreover, the opinion of seafarer's personal doctor cannot be given credence as it did not give the seafarer the cause of action he lacked when he filed the complaint. The Court said that while a seafarer has the right to seek the opinion of other doctors, such right may be availed of on the presumption that the company-designated physician had already issued a definite declaration on the condition of the seafarer, and the seafarer finds it disagreeable. Given the lack of certification from the company-designated physician, seafarer cannot rely on the assessment made by his own doctor.

Nevertheless, the Supreme Court stated that the seafarer is entitled to US\$7,465 based on the grade 11 disability rating as determined by the company-designated physician as this was issued within the time allowed to do so.

R. G. vs. Sea Power Shipping Enterprise, Inc. Mississauga Enterprises, Inc. et.al, G.R. No. 226200, August 5, 2019, Third Division, Associate Justice Henri Jean Paul Inting, ponente (Attys. Pamela Coseip-Abarico and David Valencia of DelRosarioLaw handled for vessel interests)

■ BOOKSHELF

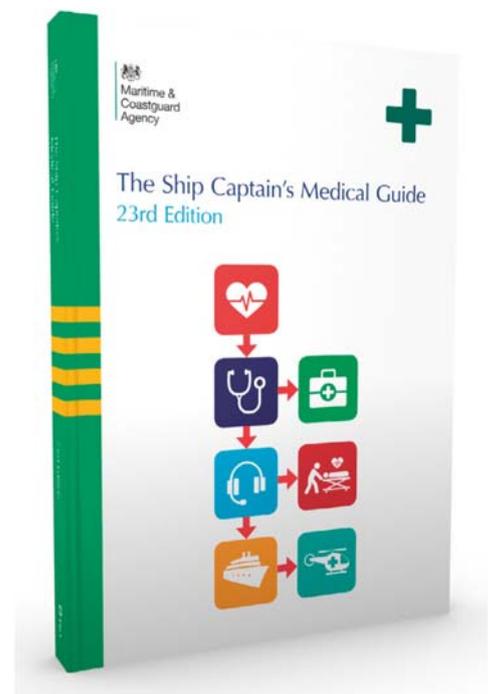


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COOK'S CORNER**LINGUINE AI VONGOLE**

By Chef Ruthcel Mendoza

Serves 10

**INGREDIENTS**

✓	Linguini Pasta	Fresh / in Packed 600g
✓	Water	6Lt
✓	Clams	Fresh 800g
✓	Olive oil	100g
✓	Tomatoes	Fresh 150g
✓	Shallots	Fresh 80g
✓	Garlic	Fresh 30g
✓	White wine	Cooking type 150 mls
✓	Cream	Cooking Cream 150 mls
✓	Salt and Pepper	
✓	Parsley	Fresh flat 30g

**MISE EN PLACE:**

- ✓ Boil the pasta in pasta water until al dente. Drain.
- ✓ Soak first and then wash the clams.
- ✓ Wash, rinse and sanitize all the vegetables and herbs.
- ✓ Blanch tomatoes, peel and deseed. Cut into concassé size.
- ✓ Peel shallots and chop.
- ✓ Chop garlic and parsley.
- ✓ Simmer the clams with a little white wine until open.
- ✓ Strain the liquid through a very fine strainer or hairnet.
- ✓ Set liquid aside for the sauce.
- ✓ Remove half of the clams from the shells and set aside.
- ✓ Keep half of the clams in the shells and set aside to put on top of the pasta.

METHOD:

- ✓ In a saucepan heat the olive oil over a medium/high heat.
- ✓ Sauté the shallots and garlic until translucent, add tomatoes, add the simmering liquid from the clams and add cream.
- ✓ Simmer and reduce sauce to desired consistency, add the clams into the sauce.
- ✓ Season to taste with salt and pepper. Toss to the pasta.
- ✓ Place on a warm pasta plate.
- ✓ Sprinkle with chopped parsley.

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