DoCumentum navale

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James Linds Lecture

James Lind's Honorary Lecture 2016 at the Norwegian Sea Health Conference in combination with the 10th year's Anniversary Norwegian Centre for Maritime Medicine and the signing of the MoU between the NCMM and the Royal Thai Navy Medical Department.

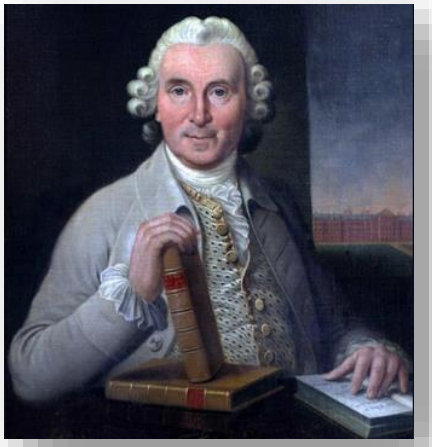


Figure 1 James Lind

In **A Treatise on the Scurvy**, published in 1753, Dr. James Lind concluded his introduction to the experiments he carried out six years earlier by saying that he wanted to show *"the best means of obviating the many inconveniences which attend long voyages and of removing the several causes productive of this mischief."*

The scurvy problem was not the only inconvenience he tried to eliminate and not the only cause of mischief he wanted to remove. Where he saw problems and challenges, he sought remedies.

Above all, Dr. James Lind was a practical man with a duty to perform, a pioneer on several areas and driven by the challenge of health problems that needed to be remedied.

Scurvy, which had taken so many sailors' lives, had been known for many years. Dr. Lind was not the first to use herbal cures for scurvy.

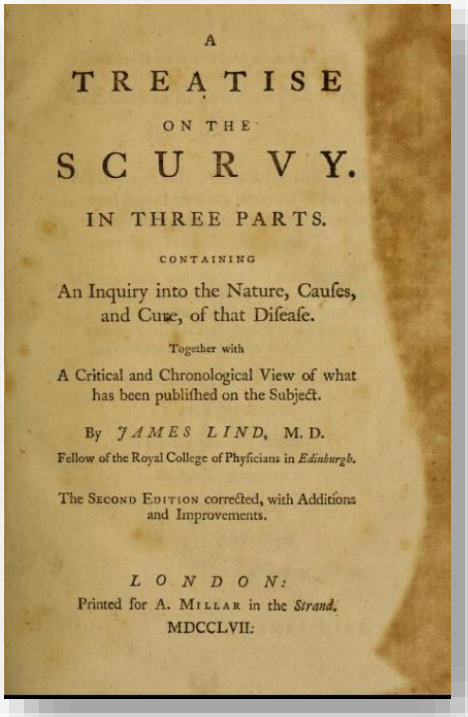
The Ebers´ papyrus, dated 1500 BC, prescribed onions as a cure for scurvy, but most physicians that described scurvy, Hippocrates included, did not prescribe a proper treatment and the treatment was inconsistent for centuries.

Then Dr. Lind carried out his famous "experiments" which are considered the first systematic clinical trials in medicine. Even if his conclusions were wrong, thinking that the disease was a digestive one and not a dietary, his approach and methods were right. Another 42 years should elapse until the Royal Navy implemented citrus as a cure for scurvy, 154 years until scurvy was experimentally produced in guinea pigs, and 179 years before the structure of Vitamin C was established. Even if James Lind stumbled over the solution and misinterpreted his own results, he happened to point in the right direction, inspiring others to pick up ideas and continue the good work.

Rear Admiral Alan Gardner used lemon juice with great results against scurvy during the 1794 non-stop voyage to India on board the Suffolk. This convinced Sir Gilbert Blane, the physician to the fleet, to write the Admiralty's recommendation that lemon juice should be issued routinely to the whole fleet in 1795 – which also gave rise to the derogatory description "Limey" to the Royal Navy sailors.

Even if Dr. James Linds name forever will be connected to his scurvy experiments, scurvy was not the only inconvenience he prevented or cause of mischief he removed to improve seafarers health. His pioneer work on typhus was another. His recommendation to all sailors to shave and scrub their bodies, and that clean clothes and bedding should be provided regularly reduced the number of typhus cases in the British navy to almost non-existent, whilst it still was a big problem in competing navies, like the French. *"Almost all diseases are easier prevented than removed",* he said. We still believe that is true.

The problem of keeping water in casks fresh for a long time was well known. Hence, this inconvenience, or should I say problem, called for a solution. In 1759, Lind discovered that the steam of heated salt water was fresh. He proposed to use solar energy for distillation of water, and suggested other ways of making distillation possible on board ship, even designed his own apparatus for filtration of water, and in 1762 sent a description to Dr. Robertson at the Royal Academy of Portsmouth on how to utilize the sun rays to boil sea water and achieve fresh water through distillation. However, it was not until 1810 that production of fresh water through distillation of



A

TREATISE

ON THE

SCURVY.

IN THREE PARTS.

CONTAINING

An Inquiry into the Nature, Causes, and Cure, of that Disease.

Together with

A Critical and Chronological View of what has been published on the Subject.

By JAMES LIND, M. D.

Fellow of the Royal College of Physicians in Edinburgh.

The SECOND EDITION corrected, with Additions and Improvements.

LONDON:

Printed for A. MILLAR in the Strand.

MDCCLVII.

seawater was implemented by the use of a new cooking stove.

Dr. James Lind lived up to his declared intentions, to avoid or clear away the many inconveniences that occur during long voyages and to remove causes of mischief, or health problems, if you like. He was one of the biggest pioneers in maritime medicine. Its no wonder we regard him as the father of maritime medicine.

Learning from other people means to learn from their motivation, their attitude, their methods and their success, as well as learn from their mistakes and miscalculations. I think we can learn from Dr. James Lind in all these respects. It still makes sense *"to obviate the many inconveniences which attend long voyages and to remove causes productive of this mischief".* His attitude was to do what it takes. His duties were his propulsion power.

Shipping has dramatically changed since the time when James Lind was a naval surgeon on HMS Salisbury in the Channel Fleet. Ships are bigger and stronger. Engines have replaced sails. GPS navigation has replaced the navigation using sun and stars. Ships are not anymore troubled by calm air and they are not to the same extent as earlier endangered by heavy seas and strong winds.

Working as a member of the crew is much safer today. Scurvy is no longer a problem, antibiotics can cure bacterial diseases and vaccination can prevent many viral diseases. Hearing protection can reduce noise related hearing loss and safety glasses and protective eyewear can stop foreign bodies from hitting the eye. Survival suits increase the chances in case of shipwreck.

At the same time new problems have arisen, like the effect of chemical substances, the time pressure with minimum manning levels and effectiveness demands, loneliness, culture and language challenges, lifestyle diseases and challenges to the human brain, coping with an overload of information from modern technological equipment.

Shipping in the 18th century was much more of a national business, even if travel and transport was between countries and on the high seas.

Contrary to the situation at that time, the shipping industry of today as well as national maritime authorities must adjust to the international character of the context in which they operate, and comply with a number of international conventions on safety,

training, living and working conditions, transport of different cargo types, ship design, building and dismantling, prevention of pollution and many more.

The Maritime Labour Convention 2006 of the International Labour Organisation, under its Title 4, Regulation 4.1 about "Medical care on board ship and ashore" states in paragraph 4:

"The requirements for on-board health protection and medical care set out in the Code include standards for measures aimed at providing seafarers with health protection and medical care as comparable as possible to that which is generally available to workers ashore".

Those who are responsible for the provision of medical care for seafarers are challenged with high goals and demands.

We all know that we cannot place a specialized university hospital within range of every ship out at sea. We know about the possible safety consequences of medical incidents at sea, the challenges with a crew with limited training, knowledge and skills regarding medical care, the limitations in medical equipment and medicines, the limited possibilities for medical evacuation, the time lapse between a medical incident on board and hospitalization, the substandard hospitals in some regions where seafarers are brought to shore, and we all know that we will not be able to provide seafarers with the same quality medical care that can be provided on shore.

These gaps should be filled, and we are the persons in charge of doing what it takes.

Vision is the direction or course you follow. Goals are destinations you reach.

These goals could be regarded a vision, as we will never reduce the difference to zero and reach the destination, but at the same time it is fully possible to measure the gap between the medical care that is provided on shore and what is provided at sea.

This gap shall be as little as possible, and medical care shall be as comparable as possible. The possibilities change with time as medical knowledge increases and technologies develop. It is our responsibility to reduce this gap – which again means that we shall never rest.

One of the never-resting tools is the Norwegian Centre for Maritime Medicine, the NCMM.

After many years of lobbying, the NCMM eventually was established and got its mandate from the parliament in the Parliamentary Bill No 1 of 2004-

NORWEGIAN CENTRE FOR
MARITIME MEDICINE

2005. Interim management started early 2005, led by professor Aksel Schreiner, who continued to work with us until a few weeks before he passed away in 2014 at the age of nearly 82. Regular operations started on 1st July 2006 – which means that the NCMM celebrates its 10 years' Anniversary this year.

From a rough start with little or no money, just two people hired, each in 60 % position, we have grown, and today we count 5 full-timers and 10 part-timers – altogether 15 employees.

In this period, we have not rested much, and we are proud of what we have achieved.

We got our mandate from the Norwegian Parliament. According to this mandate, we shall

- Collect and disseminate knowledge on maritime medicine
- Initiate and perform research
- Register the incidence of diseases and accidents at sea

- Participate in the health education of seafarers
- Be the point of contact for international collaboration in maritime medicine
- Operate Radio Medico Norway

The obligations established by the mandate are of such a character that we will never be able to conclude; ”mission is completed”. They call for approaches that which will change over time, due to new demands from seafarers and the shipping industry, because of the changes in the industry, development of technology and medicine, and made possible – or limited – by available finances.

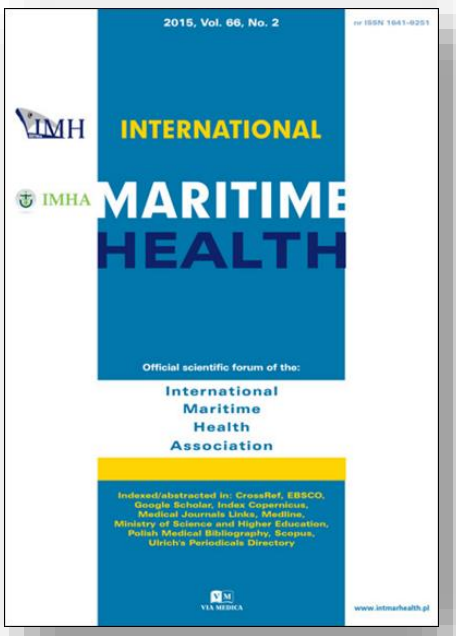
Today we are active on most of the fields mentioned in the Parliamentary Bill, except from the register of incidence of diseases and accidents at sea, where a joint venture involving several parties will be necessary.

The NCMM is established to be a national tool in the process of making life better for seafarers through activities in the mentioned fields. As men and women of duty, with a clear task from the Parliament, we have to ask ourselves: Where are the gaps today? What is possible to do to narrow the gaps? What should we do? – Or, should I say, what would Dr. James Lind have done, had he been working with us?

It will take too much of your precious time to list all the challenges we have. I will just mention a few:

The training of seafarers in medical care needs an upgrade, which means that new model courses should be developed; and we need to influence the IMO; instructors should be trained - today there are no requirements for their competence; teaching material should be upgraded - what exists is out dated and designed for the past; distant learning via satellite internet communication, e-learning, 2-way video supervision and guidance should be basic and should be implemented by the industry.

Training of doctors and other health professionals that are able to work at sea and in remote areas, can provide professional medical advice from ashore to lay seafarers in charge of the ship medicine chest, can continue the development of medical selection and establish this professional area on safe evidence-based grounds, can carry out occupational risk assessment on board ships in accordance with the international recommendations, can influence life-style related diseases among seafarers in an effective way and - can work as field researchers and in the registries, to establish that evidence that we are lacking, should be focused on. The recommendations for how to build



ship medical facilities must be updated, and included in the building of new ships from the design stage.

Medical equipment and the ship medicine chest should follow the latest treatment recommendations, be updated regularly, correspond to teaching books, be as international as possible and be known to all doctors giving telemedical advice. The biggest challenge on this point is to influence all seafaring nations to work together on reasonable recommendations and regulations.

The telemedical assistance services around the world are poorly developed, the Radio Medico Norway being one amongst very few exceptions, but the need for a better understanding between ship owners that new technology should be implemented, is obvious.

The International Medical Guide for Ships, as well as many national guides – the Norwegian Guide “Medicine on Board” included – desperately need an update, or should I rather say – desperately call for a completely new approach – or a replacement. A web-based platform, providing guidance in a pedagogic way, easier to find, integrated with the medical advice from onshore and the medical record system, where information easily can be transferred to hospital onshore – wherever the ship might be, probably is a modern solution that would improve health service provision to seafarers.

The Textbook of Maritime Medicine, which we have developed and made freely available on the Internet, needs a continuous updating process, to be the dynamic information source we intend it to be.

The medical standards used for pre-employment medical examinations should be based on evidence. The ethical questions that arise in the interface between different standards developed by international UN bodies, national maritime authorities, employers, insurers and crewing nations actually have not been answered, and call for our attention. To be honest: Only a few dare to pick up these questions, and really discuss them. We lack consensus on where to draw the line between acceptable and unacceptable risk in those medical examinations, and we do not have databases, which can help us learn from our possible mistakes. That is – some data exists in insurers' medical records, even if they have not published many studies based on these data.

At the NCMM we have a researcher who, in the best spirit of Dr. James Lind, has demonstrated how Legionella can be removed and prevented from survival and replication in the amoebas. We need to work on spreading the good news to maritime health professionals, the shipping industry as well as to the maritime authorities all over the world. We plan for an international workshop next year in cooperation with Germany.

We certainly should provide tailored advice in shipowners' risk assessment according to the Maritime Occupational Safety and Health – or MOSH - Guidelines from the ILO. The new MOSH guidelines should be implemented by flag states and the shipping industry. To achieve this, international work is necessary, and we have a job to do in our country.

We support and contribute to the publication of the world's only indexed, scientific journal of maritime medicine in the English language, namely the International Maritime Health. The Deputy Chief Editor comes from the NCMM, although the International Maritime Health Association formally appoints him. The financial basis for the journal is weak, and we need to find solution to strengthen the journal and keep it going.

I could have mentioned more examples. Even if you think this list was long – and I hope, not boring – I can assure you that this is not a complete list.

A complete list of actions that we need to take care of in the future, will be much, much longer, shall we do what it takes, narrow the gaps and provide seafarers with the health service to which they are entitled.

I will call your attention to an important factor for success.

We all know that seafaring is international. We also know that unilateral approaches and measures usually are quite unsuccessful, as the ship owners could change the flag on the ship and move from one jurisdiction to another in a few hours. This means that the only ways to influence and improve the living and working conditions, improve health and wellbeing for seafarers, are international, multilateral and bilateral cooperation. The more international the cooperation is, the better it is.

This is why we have been so active in the International Maritime Health Association, in the UN Agencies, International Labour Organization and International Maritime Organisation, as well as worked with international bodies like the International Seafarers Welfare Network, NIVA - the education institute funded by the Nordic Council of Ministers.

This is also why we are supporting the Norwegian

Maritime Authorities in the development of a multilateral cooperation, which has grown slowly from the beginning that included the UK, Netherlands, Germany and Norway, and now also can enjoy the company of Sweden, Finland, Denmark, Faroe Islands and Belgium.

We work on harmonization of medical standards, mutual recognition of medical certificates, training of doctors, quality assurance of doctors, and hope that the training module developed by this group, - and written by the NCMM – will be successfully implemented by other countries in the world.

The first formal MoU between the NCMM and an institute in another country was the MoU with the Medical University of Gdansk. With them, we primarily work on the publication of the International Maritime Health - a milestone in the development of the NCMM.

Another example of such cooperation across the borders is on the agenda here today. In a few minutes we will witness the signing of a Memorandum of Understanding between the Royal Thai Naval Medical Department and Haukeland University Hospital, executed through the Department of Occupational Health and the NCMM.

A few years ago, we started to discuss the possibilities, and especially the last year this has been on our agenda after a formal invitation through the Thai ambassador to Norway. We welcome the delegation from Thailand led by admiral Rattanasumawong to us in Bergen! We are proud and feel honoured that they have chosen to work close with us, and we look forward to this collaboration with anticipation.

Like the Royal Thai Navy Medical Department, the NCMM is also in the process of establishing a joint civil-military centre, based on the agreement between the Medical Service of the Royal Norwegian Armed Forces, the Medical Service of the Royal Norwegian Navy and Haukeland University Hospital.

This means co-location of the maritime, naval and diving health professionals in one centre of excellence, the NCMM. We look forward to the future working together as one single centre!

Let me conclude this speech by saying that we want to follow the lead of Dr. James Lind, to do what it takes to remedy illness and accidents at sea, or in his own words:

> *".. to obviate the many inconveniences which attend long voyages and to remove causes productive of this mischief."*

We will learn from his motivation, his sense of duty, his success and his mistakes, and work hard to achieve solutions to the challenges seafarers face today, hopefully with as few mistakes as possible, and as much success as possible.

This is a day of joy and celebration, full of possibilities and opportunities, and we are looking to the future with optimism. Let us find the means to bring maritime medicine forward, in the spirit of Dr James Lind.

The motto of the Norwegian Centre for Maritime Medicine is *"AD SALUTEM NAUTARUM"*. It means to the health of the seafarers. I invite you to join me I in this toast to our seafarers' health: Please rise! To the Health of the Seafarers! - AD SALUTEM NAUTARUM! - Cheers!

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NORSK SENTER FOR MARITIM MEDISIN

Fra Senteret

Norsk senter for maritim medisin ved et skille

I 2016 feiret Norsk senter for maritim medisin (NSMM) sitt 10-års jubileum. På de ti årene har vi vokst fra to personer i 60% stilling, til 17 personer i til sammen cirka 10 årsverk.

Da Stortinget vedtok å etablere NSMM, ble det også omtalt i proposisjonen hva senteret skulle drive med. Dette står omtalt i St. Prp. Nr. 1 (2004-2005). Dette mandatet ble formidlet videre til oss gjennom departement, regionalt helseforetak, helseforetak og avdeling uten ytterligere fortolkning, og det ble opp til oss selv å finne ut hva vi skulle gjøre. Det har vi gjort.

Kortversjonen av senterets oppdrag er følgende:

- Samle og formidle kunnskap om sjøfartsmedisin til redere, fartøy, myndigheter og andre brukere
- Initiere og utføre forskning
- Registrere forekomst av sykdom og ulykker til sjøs
- Gi undervisningsstøtte ved utdanning av sjøfolk
- Være kontaktpunkt for internasjonalt samarbeid på feltet
- Drive Radio Medico Norway (RMN)

Vi har aktivitet på så godt som alle mandatpunktene. Det er ikke tid og sted i denne artikkelen til å utbrodere hva disse aktivitetene er og har vært. De som kjenner oss vet godt hva vi driver med, både i inn- og utland. Det er likevel ett mandatpunkt vi ikke har klart å realisere ennå – det som gjelder registrering av sykdom og ulykker til sjøs. Dette har vist seg å være en

ganske stor sak, som krever samarbeid med flere myndighetsorgan og partene i næringslivet. Ved inngangen til 2017 står dette høyt på prioriteringslisten.

Men det er ikke denne saken som alene betyr at vi er ved et veiskille. I 2017 slår vi sammen Norsk senter for maritim medisin med Norsk senter for dykkemedisin, og Forsvarets Sanitets (FSAN) kontor for UVB- og dykkemedisin (UVBD) på Haakonsvern, samt deler av Sjøforsvarets Sanitet (SANSJØ). Senteret blir også et knutepunkt for de militært ansatte som arbeider ved andre avdelinger i Haukeland Universitetssjukehus.

Dette betyr at vi blir omdannet til et sivilt-militært senter samtidig som oppdraget blir utvidet til å omfatte dykkemedisin og en del militærmedisinske gjøremål. Samtidig får vi flere kolleger å samarbeide med.

Det ligger store muligheter i en slik endring, mest i form av synergier i et større og sterkere fagmiljø.

Samarbeidet er tuftet på en Intensjonsavtale mellom Forsvarets Sanitet, Sjøforsvarets Sanitet og Helse Bergen HF, en rammeavtale som omhandler samarbeid med helseforetaket generelt og en mer konkret avtale som omhandler senteret spesielt. Et oppdragsmøte bestående av FSAN, SANSJØ og Helse Bergen vil hvert år utforme det konkrete oppdraget til senteret.

Allerede i januar har vi det første felles seminaret, der alle berørte ansatte i alle de fire enhetene er invitert til å delta. Her vil vi diskutere enhetenes nåværende oppdrag, de ansattes behov og forventninger til samarbeidet og legge grunnlaget for å bygge den nye organisasjonen med størst mulig medvirkning av alle som skal arbeide der.

Leserne vil nok få høre mer fra oss framover, og vi tror vi vil ha spennende ting å fortelle om etter hvert som samarbeidet i det nye senteret skrider fram!

Jeg takker alle som har vært medvirkende til at NSMM har nådd så langt som vi har gjort siden oppstarten i 2006, og ønsker at 2017 skal bli det året der vi framstår som enda større, sterkere, med høyere aktivitet og større faglig tyngde.

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Historiske glimt

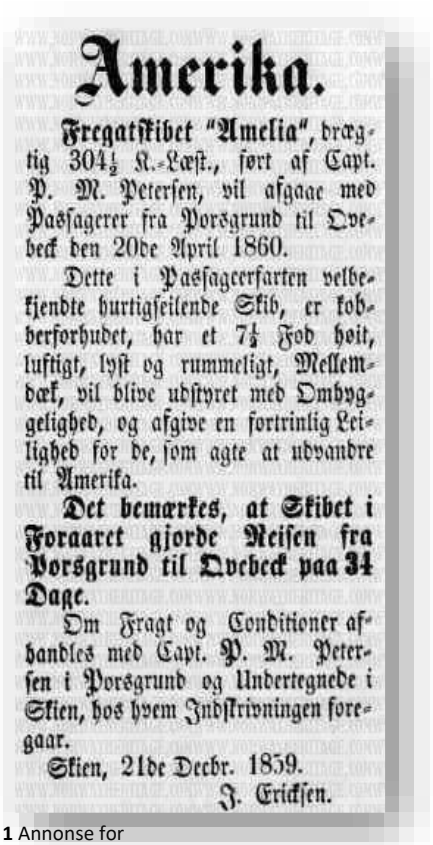
I denne spalten tar vi frem lærerike og interessante korte beretninger fra historien.

Katastrofen ombord emigrantskipet "Amelia"

England opphevet i 1849 navigasjonsakten av 9. oktober 1651. Navigasjonsakten hadde påbudt at varer fra koloniene skulle fraktes på engelske skip og varer fra Europa på engelske eller opprinnelseslandets skip. Opphevelsen fikk avgjørende innflytelse på den norske emigrantfart.

Allerede få dager etter at opphevelsen av loven den 1. januar 1850, kom den første norske skute med trelast fra Canada til England. De norske redere s å straks muligheten til å kombinere to fraktfarter - fra Norge, ofte via England, med emigranter til Canada og trelast i retur til England. Her var det igjen muligheter for utfart med kull, enten til fjernere land eller hjem til Norge for vinteropplag. Den økede sannsynlighet for returfrakt fra Canada medførte lavere billettpris for utvandrerne og dette medførte igjen at emigrantene foretrakk denne ruten. Allerede i 1850 kom de første til Quebec og prisen sank. Utviklingen gikk raskt og allerede i 1851-53 reiste det 2000 flere over Quebec enn over New York. I perioden 1854-65 landet 44 100 i Quebec, mens bare 520 kom via New York, og 2280 valgte en indirekte reisemåte. Nesten hele den norske

emigrasjon var på denne måten kommet på norsk kjøl.[1]



Amerika.

Fregatskibet "Amelia", drægtig 304½ N.-Læst., ført af Capt. P. M. Petersen, vil afgaae med Passagerer fra Porsgrund til Quebeck den 20de April 1860.

Dette i Passagerfarten velbekjendte hurtigseilende Skib, er kobberforhudet, har et 7½ Fod høit, luftigt, lyst og rummeligt, Mellemdæk, vil blive udstyret med Ombyggelighed, og afgive en fortrinlig Leilighed for de, som agte at udvandre til Amerika.

Det bemærkes, at Skibet i Foraaret gjorde Reisen fra Porsgrund til Quebeck paa 34 Dage.

Om Fragt og Conditioner afhandles med Capt. P. M. Petersen i Porsgrund og Undertegnede i Skien, hos hvem Indskrivningen foregaar.

Skien, 21de Decbr. 1859.

J. Ericksen.

Figure 1 Annonse for emigrantskipet "Amelia".

I Porsgrunn fulgte man godt med i denne omlegging, og det knytter seg først og fremst til en "ny" mann i byens forretningsliv, Peter Magnus Petersen. I 1855 startet P. M. Petersen sitt eget rederi under firma P. M. Petersen & Søn.

Til tross for at Petersens emigrantskip var kjent for å være godt utstyrt og for sine dyktige førere, inntraff det på barken "Amelia"[2] i 1862 den verste katastrofen i den norske emigrantfarts historie.[3] "Amelia" forlot Porsgrunn den 20. april og ankom Quebec den 20. juni.[4]

Blant de 280 passasjerer brøt det ut tyfus og meslinger - skipsfeber kalte man det. Hele 49 emigranter døde under overfarten og 170 ble innlagt på hospital i Quebec hvor ytterligere 31 døde. En av passasjerene forteller at de måtte legge likene anføttes i kasser da man ikke hadde nok bord til kiste for hver enkelt. Det måtte hentes sten fra ballasten og legges i kistene slik at de skulle synke efter begravelsen i sjøen. Det var hverken doktor eller prest om bord og en av utvandrerne måtte ta begge roller.[5] Tradisjonen har utbrodert dette til at

> *"av 300 passasjerer hadde vi bare 8 i live da vi kom frem".*[6]

President
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Faglitteratur

I denne spalten ønsker redaktøren å henlede oppmerksomheten på interessant faglitteratur. Leserne bes sende innspill til spalten pr e-post til redaktøren.

Veteraner

Hougsnæs S, Bøe HJ, Dahl AA, Reichelt JG. 2016. Norwegian male military veterans show low levels of mental health problems four years after deployment in Afghanistan. Nord J Psychiatry. 2016 Jun 29:1-7.

Background: Deployment of soldiers is associated with considerable rates of mental disorders after redeployment.

Aims: The aim of this study was to identity prevalence of probable mental disorders and associated factors among male Norwegian soldiers at a mean of 4 years following deployment to Afghanistan in 2001-2011.

Methods: The retrospective questionnaire-based study invited all Norwegian veterans deployed to Afghanistan from 2001-2011 to participate. The response rate was 59 %, but only the 3403 men

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[1] *Worm-Müller, JS. 1935. Den Norske sjøfarts historie. Fra de ældste tider til vore dage. 2, 1; 566-ff. & 595.*

[2] *Barken "Amelia" ble bygget i Medford, Massachusetts, USA i 1847. Skipet ble kjøpt av P. M. Petersen i 1858. http://www.norwayheritage.com/p_ship.asp?sh=amela Anvendt: 2017-02-05.*

[3] *Tønnessen, JN. 1957. Porsgrunn historie. Fra trelast og skipsfart til industri 1807-1920. 2; 622-624.*

[4] *http://www.norwayheritage.com/p_ship.asp?sh=amela Anvendt: 2017-02-05.*

[5] *Worm-Müller, JS. 1935. Den Norske sjøfarts historie. Fra de ældste tider til vore dage. 2, 1; 595 & 622. Semmingsen, I. 1942. Veien mot vest.. Utvandringen fra Norge til Amerika 1825-1865. 1; 136 & 175.*

[6] *Tønnessen, JN. 1957. Porsgrunn historie. Fra trelast og skipsfart til industri 1807-1920. 2; 267.*

(47.5 %) who completed all items of the four different screening instruments were used to define cases with mental health problems were included. Independent variables covered deployment and post-deployment issues.

Results: The prevalence of subjects with mental health problems was 5.1 % (95% CI = 4.4-5.9%) of the sample. Among deployment-related factors, physical and mental problems during deployment were most strongly associated with mental health problems after deployment. Among post-deployment factors high neuroticism and limitations in work, social, and family functions showed the strongest associations. In multivariable analysis, younger age at first deployment (OR = 0.95), neuroticism (OR = 6.40), increased current alcohol intake (OR = 3.08), impaired family function (OR = 1.91), more sleep problems (OR =1.13), and increased negative civilian life events (OR = 1.39) remained significantly associated with probable mental disorders.

Conclusions: Among male Norwegian veterans from Afghanistan, the prevalence of mental health problems was low, and mainly associated with post-deployment factors. Veterans complaining of mental symptoms should be diagnosed, treated, and examined for other problems of life.

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Til eftertanke

I denne spalten trekker vi frem treffende sitater.

… for de som ikke har sett «Kongens Nei»

«Får jeg igjen noe å gjøre med oppdragelsen av de unge offiserene, vil jeg legge enda mer vekt på studiet av historie enn jeg har gjort tidligere.»

General Otto Ruge, april 1940.

Maritime gaver

Foreningen har fått laget både kaffekrus, mansjettknapper, slipsnål og pin med foreningens logo. Fine til eget bruk og fine til presanger. Bestilles på vårt nettsted http://www.nfmm.no

Formalia

DoCumentum Navale er et nyhetsbrev for Norsk Forening for Maritim Medisin. Nyhetsbrevet sendes ut tre ganger i året til foreningens medlemmer og andre interessenter. DoCumentum Navale sendes kun ut elektronisk. Alle tidligere utgaver kan lastes ned på vårt nettsted.

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- Dr. Joachim Benske. Fastlege og sjømannslege, Fredrikstad. Varamedlem.

Nettsted

På nettstedet - www.nfmm.no - kan alle medlemmer oppdatere sine personalia og kontaktopplysninger. Vennligst husk å holde dine kontaktopplysninger oppdaterte.

Presidenten sender ut elektroniske meddelelser til medlemmer og interesserte fra tid til annen. Vil du stå på listen er skjer påmelding på nettsiden.

Presidentens bakside

I denne spalten vil presidenten dele sine baksidetanker med leserne.

Selvstendig forening

Norsk Forening for Maritim Medisin skal fremme fagfeltet maritim medisin og organisere de som er interessert i helse på sjøen. Foreningen ble etablert under navnet Norsk Forening for Sjøfartsmedisin den 9. mars 1969 og ble samme år en forening i Den Norske Lægeforening. I utgangspunktet var foreningen både en fagforening for offentlig ansatte sjømannsleger og en faglig forening for leger opptatt av sjøfartsmedisinen. Det er mange år siden 1969 og Legeforeningen har utviklet seg til en forening som er organisert rundt fagforeninger som ivaretar medlemmenes økonomiske interesser og spesialistforeninger for de enkelte offentlig godkjente spesialiteter og ivaretar disse fagområdene.

Norsk Forening for Maritim Medisin er hverken en fagforening eller en forening for en enkelt spesialitet. Foreningen er en forening for de som er interessert i faget maritim medisin og begrenser ikke sin aktivitet til leger eller til medlemmer av Legeforeningen.

På siste generalforsamling ble det enstemmig besluttet å melde foreningen ut av Den norske Legeforening.

NFMM vil i henhold til sitt formål fortsette å være en selvstendig og demokratisk forening som er åpen for alle som er interessert i maritim medisin. Medlemskapet i DNLF medførte et demokratisk underskudd da kun leger som var medlemmer i DNLF kunne stemme og ha verv i vår forening. Vedtaket på generalforsamlingen medfører at NFMM er åpen for alle som er interessert i og vil gjøre en innsats for maritim medisin.

Vi er overbevist om at de nye rammebetingelsene vil gjøre foreningen mer interessant for mange og øke bredden og styrken i arbeidet for maritim medisin i Norge og internasjonalt.

Seminar

Foreningens årlige videreutdannelsesseminar ble arrangert ombord på MS Color Magic fra 21 til 22 oktober i år. Det var bare 28 deltagere denne gangen, men diskusjonene ble gode og nettverket utviklet. Seminaret ble arranger ti samarbeide med våre gode samarbeidspartnere Sjøfartsdirektoratet, Norsk Senter for Maritim Medisin, Saniteten i Sjøforsvaret og Forsvarets Sanitet. Det var foredrag fra Sjøfartsdirektoratet, Kystverket, Havarikommisjonen for skip og Norsk Olje og Gass samt rikelig tid til å diskuterer relevante casus fra Fagnemnda og ikke minst lærerike casus fra Radio Medico. Vi fikk også tid til å se nørmere på seleksjon og et foredrag om maritim medisinsk historie. Årets videre og efterutdannelseskurs er fastsatt til fredag 21. oktober på Hotell Opera i Oslo. Sett av dagen!

Tidsskrift

Medlemmene får nå tilsendt det eneste internasjonale tidsskrift som har maritim medisin som tema, International Maritime Health. Tidsskriftet har sin bakgrunn fra Polen og redigeres av Maria Jezewska og Eilif Dahl er deputy editor. Økonomien i tidsskriftet er vanskelig så foreningen har for det første hjulpet litt til, men i tillegg har presidenten sammen med lederen for Norsk Senter for Maritim Medisin vært en tur i Polen for å snakke med redaksjonen og for å utforske muligheter til å etablere en mer robust struktur rundt dette viktige og gode tidsskriftet.

Verving

Det er mange sjømannsleger og andre gode kolleger som ikke er medlemmer i foreningen. Jeg oppfordrer våre medlemmer til å rekruttere ett nytt medlem hver, vi trenger å spre budskapet. Spesielt viktig er det å få med seg andre fagkategorier enn leger for å utvide vår forening i bredde og høyde.

President
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