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# Researching Seafarer Health

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# Approaches to health investigations

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- **What matters?**

*Risks*

- **What works?**

*Interventions*

- **Who cares?**

*Resources and implementation*

- **Data sources**
  - routine, commissioned
- **Comparisons**
  - populations, trends
- **Methods**
  - Quantitative: events, measurements
  - Qualitative: surveys, perceptions
- **Reporting**
  - funder
  - participants
  - scientific
  - implementation oriented



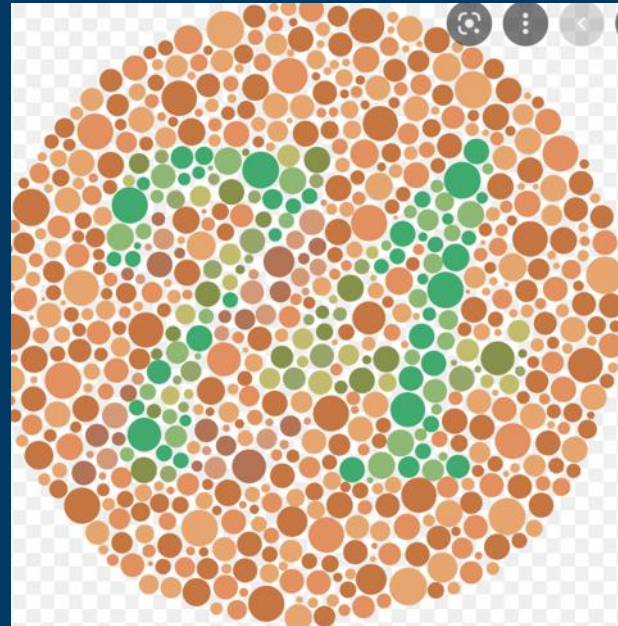
# Example: colour vision (safety critical – 5% males red/green deficient)

19C – ship casualties

1910 – Trattles case. Board of Trade studies

National differences in testing.  
Screening with Ishihara and review by range of alternatives.  
Poor test validity.

2001 CIE recommendations



# Example: colour vision (What are the visual requirements for seafarers now)

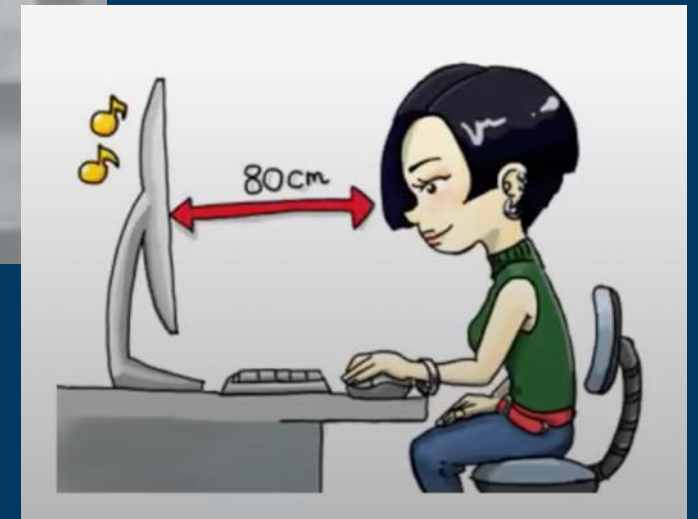
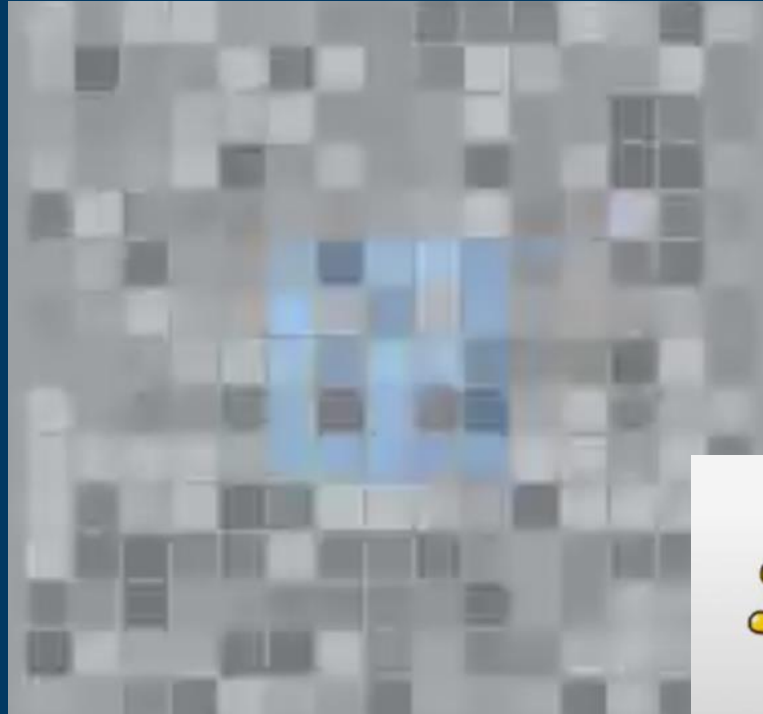
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– IMO accepted CIE but  
USA/Cdn objected.

2010 to present. Valid  
screen-based tests (CAD).  
Now for any PC/tablet

**How to get maritime  
world to accept and  
mandate?**

*Safety? Discrimination?*



# Example: infectious diseases. Control, treatment, new risks – *seafarer lives, operational problems*

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Lots of historic data – never analysed.

From quarantine to WHO IHRs.

Research – controls, antibiotics. Simple tests.

- New infections – old restrictive habits

- HIV, Ebola, Covid.

How to learn and have rational approaches to prevention that:

- **Protect seafarers**
- **Prevent spread**
- **Reduce disruption**

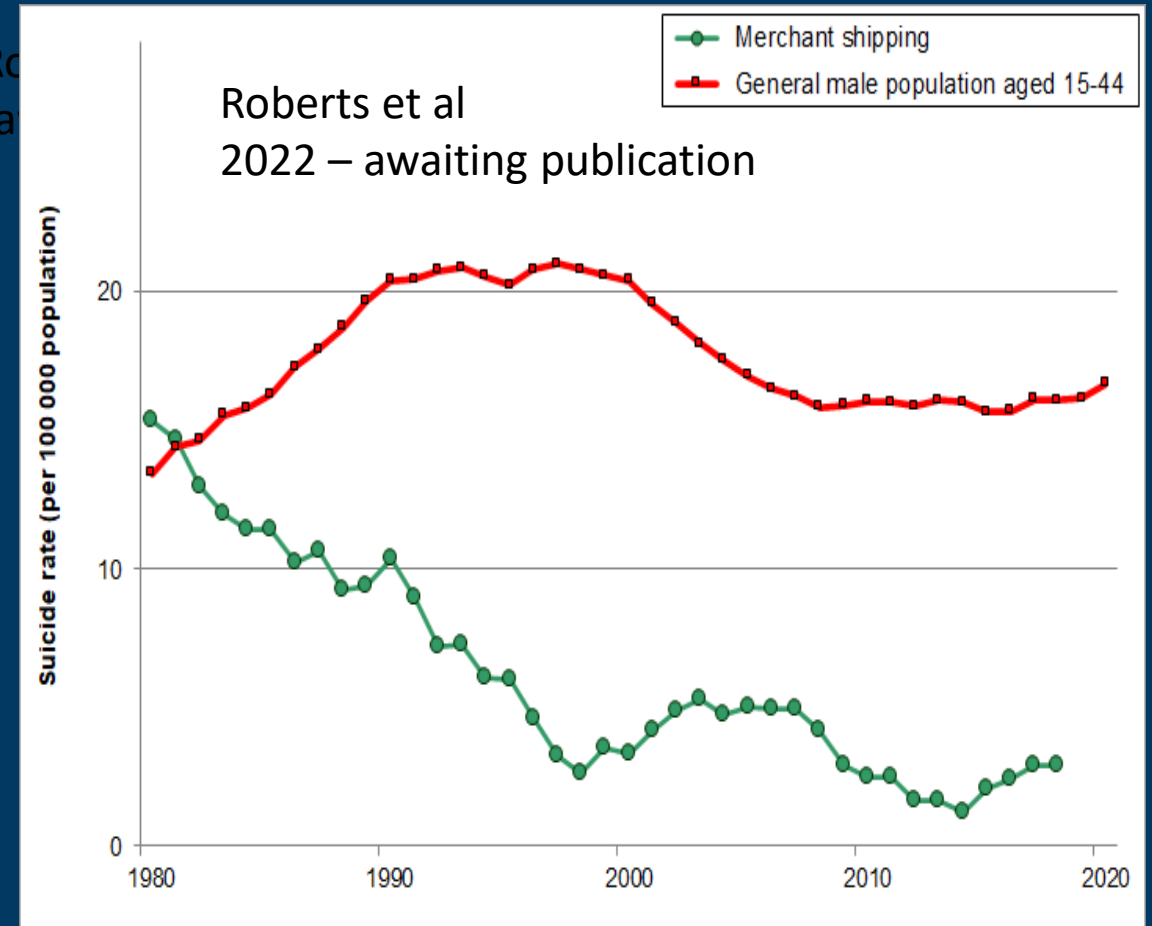


# Example: psychological wellbeing

## Distress...>.ill-health...>.unfitness...>.suicide

- Concern about wellbeing increasing.
- Suicide rates (UK flag) reducing, now less than general population – problems with claiming benefits from P&I.
- Long established understandings: personality, security, equity, good living and working conditions.
- Help: web access, buddies, managers, online, clinical.
- Remedies: decent work with fair rewards, access to support.

Figure 2 Trends in suicide rates in UK merchant shipping and the general male population aged 15-44 years



# Example: psychological wellbeing

## - State of mind – difficult to study

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### INVESTIGATION

Review of information on concerns and remedies

Quantitative – unfitness, repatriation, TMAS, suicide – crude

Qualitative – perceived present state, contributors -subjective

Consensus/mixed methods – focus groups

- **SHS Yale project** – review and focus groups.
- - stressors and contributing factors
- - current good practices
- - suggested remedies
- ‘A caring culture’



# How to frame 'a caring culture'?

- Full compliance with best practice for all MLC etc. health requirements
- Active approach to health promotion to add healthy years to seafarers' lives
- Decent working conditions and support arrangements to secure wellbeing.

**Means to signify corporate support for 'caring culture' initiative.**



And don't forget fishing!







**Looking after the health and welfare  
of seafarers and their families since 1821**

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[seahospital.org.uk](http://seahospital.org.uk)

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