PILOT AGING POLICIES IN INTERNATIONAL AIRLINES

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INTRODUCTION: For decades regulatory agencies adhered to an arbitrary upper age limit for pilots engaged in passenger operations. Based on these regulations, considerations airlines set up contractual agreements with unions and/or individual pilots. With the advent of modern diagnostic techniques and operational monitoring these rules and contracts were recently challenged.

DEVELOPMENT: Stress should be put on medical-physiological criteria rather than purely chronologically arbitrary limits. Performance capability is essential in determining one's fitness as a pilot. Medical technology provides new diagnostic techniques which enable us to predict with better confidence that a pilot will not become suddenly incapacitated especially where the cardiovascular system is concerned. The degradation of a pilot's perceptual, psychomotor and intellectual functioning which is expected in the aging process may be detected and assessed with a great measure of confidence by physicians, co-workers and family and documented during simulation performance and line checking. In a relatively small airplane like EL-AL the medical officers and flight operations supervisors staff know each pilot personally and in many cases are familiar with the family environment. This enables them to detect occasionally some hidden symptoms. EL-AL maintains the long-established mandatory retirement of operating crew members at age of sixty. However it was recently agreed (as first officer only) on a yearly contract provided they fulfill the medical and operational criteria. This meets the current government regulations and we feel confident that no undue risk is involved. Similar arrangements exist in a few other airlines. Our first year's experience will be discussed.

REVIEW OF PERFORMANCE, MEDICAL, AND OPERATIONAL DATA ON PILOT AGING ISSUES.

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Introduction: An extensive review of the literature and studies relating to performance, medical, and legal data regarding pilot aging issues was performed in order to determine what evidence there is, if any, to support mandatory pilot retirement. Popular misconceptions about aging, including the failure to distinguish between the normal aging process and disease processes that occur more frequently than older individuals, continue to contribute to much of the misunderstanding and controversy that surround this issue. Results: Review of medical data related to the pilot aging issue indicate that recent improvements in medical diagnostic and treatment technology have made it possible to identify a high degree of individuals who are at risk for developing sudden incapacitating stress and for treating those with disqualifying medical conditions. Performance studies revealed that after controlling for the presence of disease states, older pilots are able to perform as well as younger pilots on many performance tasks. Review of accident data showed that older, healthy pilots do not have higher accident rates than younger pilots and, indeed, evidence suggests that older pilots have an advantage in the cockpit due to higher experience levels. The Man-Machine-Mission-Environment interface of factors can be managed through structured, supervised, and enhanced operations, maintenance, flight reviews, and safety procedures in order to endure safe and productive operations by reducing the margin of error and by increasing the margin of safety. Conclusion: There is no evidence indicating any specific age as an arbitrary cut-off limit for pilots to perform their flight duties. A combination of regular medical screening, performance evaluation, enhanced operational maintenance, and safety procedures can more effectively ensure a safe pilot population than a mandatory retirement policy based on arbitrary age restrictions.

FIGHTING CREW FATIGUE IN ADVANCED LONG-HAUL COMMERCIAL AIRPLANES - B.C. Grober. Boeing Commercial Airplane Group, Seattle, WA.

The rapid increase in two-crew glass cockpit airplanes operating on long-haul routes has generated international interest in better understanding how fatigue affects crew performance on advanced commercial flight decks. This topic provides a unique opportunity for human factors experts to focus on a combination of biomedical, operational, and equipment design issues that directly impact human operators. The panel will examine the issue from the different perspectives of individuals who are actively involved in the ongoing debate. The presentations will emphasize the physiological basis for long-haul crew fatigue, the contribution of the flight deck environment to crew alertness, and the operational factors unique to such airplanes in the long-range environment. Panelists will also discuss regulatory, operational and design approaches for mitigating the potential negative effects on overall crew performance. A general discussion will follow completion of the individual papers.

ALERTNESS MANAGEMENT IN TWO-PERSON LONG-HAUL FLIGHT OPERATIONS - M. R. Baglioni and P. H. Gendel. NASA Ames Research Center, Moffett Field, CA and San Jose State University Foundation of NASA Ames Research Center.

Long-haul flight operations involve cumulative sleep loss, circadian disruption, and extended and irregular duty schedules. These factors reduce pilot alertness and performance on the flightdeck. Conceptually and operationally, alertness management in flight operations can be divided into preventive strategies and operational countermeasures. Preventive strategies are utilized prior to a duty period to mitigate or reduce the effects of sleep loss, circadian disruption and fatigue during subsequent flight operations. Operational countermeasures are used during operations as acute techniques for maintaining performance and alertness. Results from previous NASA Ames field studies document the sleep loss and circadian disruption in three-person long-haul flying and illustrate the application of preventive strategies and operational countermeasures. One strategy that can be used is both a preventive and operational manner is strategic napping. The application and effectiveness of strategic napping in long-haul operations will be discussed. Finally, long-haul flying in two-person highly automated aircraft capable of extended range operations will create new challenges to maintaining pilot alertness and performance. Alertness management issues in this flight environment will be explored.

A PILOT'S PERSPECTIVE ON LONG HAUL OPERATIONS IN TWO CREW COCKPITS - Paul D. Gallacher. Northwest Airlines, Minneapolis, MN.

A comprehensive approach to the issue of flight crew fatigue must address crew performance requirements as well as psychophysical factors such as sleep loss and circadian rhythmicity. Emphasis on the former has increased with the relatively recent introduction of advanced two-crew airplanes. As the accompanying growth in flight deck automation and CRT displays. This paper will address these factors from a pilot's perspective. Included will be a description of typical flight profiles and crew duties along with the associated occurrence of boredom and fatigue. One topic of particular concern is the programming of automated flight systems in terminal areas at the end of long-haul flight segments. The discussion will also focus on the use of augmented crew during extended range operations and the problems encountered in the scheduling of rest breaks in onboard sleep facilities.


Commercial air carriers are moving toward greater use of advanced-technology aircraft with increasing levels of automation. Frequently, this transition entails a reduction in the size of cockpit crews; specifically, from 3 to 2 pilots, eliminating the position of flight engineer. This reduction is being accomplished in the context of a dramatic increase in commercial traffic, no revision in FAA Flight Time/Duty Time regulations and efforts by commercial carriers to exploit the full potential of the new, long range aircraft coming into service. Professional pilot groups are very concerned that human factors considerations, i.e., fatigue, circadian dysrythmia, scheduling parameters and the human/automata interface are not being adequately addressed.