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Aviator Healthcare Hesitance: An Examination of Healthcare Avoidance, Pilot Mistrust, Presenteeism, & Risk

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Safe aviation operations require pilots to maintain constant physical and psychological well-being. While the FAA and pilot advocacy organizations encourage aviators to discuss health concerns with their medical providers, studies demonstrate continued healthcare hesitance behaviors. This article explores possible factors impacting aviator healthcare hesitancy, including pilot personalities, financial considerations, and pilot mistrust. After providing a background of these areas, the article turns to research into the impact of presenteeism within the community, along with its associated personal and operational safety risks. Ultimately, this article seeks to prompt and aid future research by providing an overview of the current literature on the prevalence and implications of healthcare hesitance in the aviation community.

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Civilian and military aviation operations require physical and emotional well-being for safe operations. As a result, pilots are periodically evaluated by specially trained physicians to determine their aviation fitness (Medical Certificates, 2022). These exams are designed to ensure pilots are free from physical or psychological symptoms that would compromise the safety of aviation operations. While regulators, unions, and advocacy groups have pushed for improved acceptance of previously disqualifying conditions and a reduction in mental health stigma (i.e., Geil, 2023; Federal Aviation Administration [FAA], 2023c), recent research continues to demonstrate a troubling trend of healthcare hesitance among the aviation community (Hoffman et al., 2019, 2021, 2022, 2023; Nowadly et al., 2019; Patel et al., 2023). These hesitations may come from many sources, including pilot personality, financial considerations, and mistrust of regulatory agencies. As a result, aviators demonstrate a high propensity for presenteeism – the act of piloting aircraft with prohibited health symptoms – inducing unnecessary personal and operational risk in aviation operations (Hoffman et al., 2019, 2021, 2022, 2023; Johansson & Melin, 2018; Patel et al., 2023). This paper seeks to prompt and aid future research by providing an overview of the current literature on the prevalence and implications of healthcare hesitance in the aviation community.

Why the Hesitance?

“Roger” seemed to have it all. A graduate of the U.S. Military Academy at West Point, Roger led and commanded U.S. Army UH-60 ‘Blackhawk’ aviators in Iraq and Afghanistan. After nearly ten years of service, he decided to transition into the National Guard, fly as an Air Ambulance pilot for a local Emergency Services company, and start a family. He spent his free time at local beaches with his wife and their two young children while helping local veterans overcome their mental health symptoms by hosting sporting events and therapeutic writing seminars. He seemed to be the military aviation poster child – strong, outgoing, dedicated to service, and above all, resilient. However, without notice, Roger became another mental health statistic. But why? With so many avenues to get professional help from his employer, the Veterans Administration, his medical co-workers, and even peer support from the veterans he was helping, why was Roger unable to seek the help he needed? This is an example of the danger of healthcare hesitance.

For this article, healthcare hesitance is defined as a delay or refusal to seek needed healthcare services. Among the aviation community, research indicates this hesitance may stem from a fear of losing one’s medical certification to fly – a condition known as “grounding” (Hoffman et al., 2019, 2021, 2022, 2023; Johansson & Melin, 2018; Patel et al., 2023; Wu et al., 2016). Exploring the cause of this fear, three possible areas emerge - pilot personality, financial considerations, and a lack of trust.

Pilot Personality

Successful pilots often possess characteristics that can make help-seeking difficult. Additionally, aviation can become part of an aviator's psyche, making it hard to separate their hobby or profession from themselves. These can negatively affect health-seeking tendencies.

Pilot Mindset

Personality characteristics that make individuals successful pilots can also make them hesitant to seek external care (Britt et al., 2016; Wu et al., 2016). Movies like *Top Gun* and *The Right Stuff* showcase these self-reliant, resilient, determined, and ego-filled attitudes. While these are characterizations of stereotypical aviators, there is truth in their projections. When in the air, pilots must have the confidence to rely on themselves and, perhaps, the one other pilot next to them. When mechanical or other issues arise in flight, they must have the determination to solve the problem on their own, along with the resilience to overcome adversities, as there is often no one else to turn to. Combined, these aspects can create the strong ego many associate with aviators (Albright, 2017; Wu et al., 2016). While these mindsets are helpful when overcoming adversities in flight, they can prevent pilots from seeking the mental and physical assistance they may need (Britt et al., 2016; Wu et al., 2016).

Pilot Identity

For many pilots, flying is more than a job. It is a passion (Fraher & Gabriel, 2014; Kurukulaadithya et al., 2023). Many have dreamed of being a pilot since childhood, looking skyward whenever they hear an airplane, even as adults. Adding to that, researchers have found commercial and recreational pilots that compare the sensation of flying to a euphoric drug-induced high, with some arguing it can be just as addictive (Kurukulaadithya et al., 2023). Having experienced these sensations while using the self-reliance and determination described previously to achieve this dream, being a pilot can become not just a career but part of their identity (Fraher & Gabriel, 2014). As such, the possibility of losing this aspect of themselves due to a medical issue can become unimaginable, causing some aviators to not even consider the possibility of seeking assistance, even for minor issues.

Financial Considerations

Financial considerations can also hinder healthcare seeking. Whether looking at the expense of medical treatments or the loss of income due to a medical suspension, pilots may feel forced to weigh both possibilities before reaching out for assistance.

Medical Expense

For aviation personnel, the costs associated with seeking medical care go beyond health treatment expenses. When an aviator is diagnosed with a disqualifying condition or seeks counseling for mental illness symptoms, regulatory agencies often require not only additional testing to verify their medical eligibility but also years of recurrent examinations to maintain their certification (Federal Aviation Administration, 2023b, Snyder, 2021; Weis, 2023). Costs

for these additional evaluations can exceed \$9,000 U.S. Dollars each and are often not covered by insurance (Pacific Neurobehavioral Clinic, 2023; Snyder, 2021; Weis, 2023).

These expenses can be especially true regarding required mental health evaluations and testing. As an example, a recent report details the journey of a former U.S. Army ‘Chinook’ Crew Chief who was previously diagnosed with PTSD but, with years of treatment, had been stable, symptom-free, and off all medication for many years. After spending six years and more than \$30,000 of his own money on testing by FAA-approved experts, he is still without a medical clearance for recreational flying (Weis, 2023). As one can imagine, the threat of these costs deters aviators and prospective pilots from seeking assistance.

Lost Income

Another consideration affecting healthcare avoidance is the possibility of income loss. Pilots cannot exercise their profession without the required medical certification (Medical Certificates, 2022). While pilots for most major airlines can expect some income when grounded due to long-term disability insurance, commercial aviators without this coverage risk the loss of all wages until they gain recertification. Even those with disability insurance typically receive only one-half to two-thirds of their regular pay, and generally for one year or less (American Airlines, 2023; Southwest Airlines Pilots Association, 2016). One can imagine how these considerations could affect aviator healthcare-seeking tendencies.

Pilot Mistrust

Research indicates aviators' mistrust of both regulatory organizations and medical providers (Britt et al., 2018; Hoffman et al., 2019, 2021, 2022, 2023; Frantell, 2021; Nowadly, 2019; Wu et al., 2016). While the FAA has recently increased its mental health-related outreach to pilots and refresher training for aviation medical examiners, it is still to be determined if this is enough to overcome mistrust among aviation community members.

Organizational Mistrust

Most pilot-organizational trust issues appear to come from a negative presumption of any mental health counseling. When completing the FAA’s MedXPress form, pilots are required to include all medical visits within the last three years (FAA, 2023a). While there are a few caveats for items that do not need reporting, including counseling not related to substance abuse or medical or mental health treatment, examinations, or evaluations, this item is often cited privately by aviators as a primary obstacle to seeking mental health support. Additionally, neither the MedXPress form for aviators nor the Guide for Aviation Medical Examiners provide guidance on what constitutes a treatment, examination, or evaluation (FAA, 2023a,b). This leaves initial interpretation up to the examiners and applicants, providing a gray zone many aviators appear unwilling to tread. Instead, recent research indicates a propensity towards seeking informal care to avoid disclosure (Hoffman, 2021, 2022, 2023; Daku, 2021; Nowadly, 2019).

Well-publicized FAA actions in 2002 and 2023 provide substance to pilots' organizational mistrust (Airplane Owners and Pilots Association [AOPA], 2007; National Business Aircraft Association [NBAA], 2023). Operation Safe Pilot in 2022 cross-checked social security disability information against aviation medical disclosures (AOPA, 2007). This resulted in 3,220 pilots receiving notices of investigation for making false statements with possible punishments, including criminal prosecution, loss of their medical certification, and possible nullification of earned aviation qualifications. Only 40, or 1.24%, were ultimately prosecuted, but this appeared to reinforce aviators' fear of the FAA medical system (AOPA, 2007). This year, nearly 5,000 current and former military members found themselves in a similar situation when the FAA cross-checked medical applications to VA disability records (NBAA, 2023). Nearly 75% have already been cleared, with only 1.25% told to stop flying until further evaluations can be conducted. The discrepancy between the number initially notified versus the number instructed to stop flying (4,800 versus 60) appears to have re-emphasized caution in the aviation community about the risk of seeking assistance that could require reporting (NBAA, 2023).

Provider Mistrust

Since most aviators do not deal directly with federal regulators, much of the mistrust is exposed at the provider level. A recent study among U.S. Air Force pilots found that only 57% were comfortable reporting minor issues with their flight surgeons, and only 44% were comfortable discussing major, grounding-level issues (Nowadly et al., 2019). Interestingly, when asked about 'Other Pilots' in their unit, 87% believed they would withhold minor issues, while 74% stated they would withhold grounding qualifying conditions. When exploring the pilot-provider relationship, 48% stated that regulations negatively affected the connection with their flight surgeon, with greater transparency of certification and waiver processes as a possible remedy.

Healthcare Avoidance Prevalence

Research into healthcare avoidance by Hoffman et al. (2019, 2021, 2022, 2023) highlighted the prevalence of healthcare avoidance among recreational, commercial, and military pilots alike. The four-question survey asked participants if fear of losing their medical certification had caused them to seek informal care, fly with new symptoms that should have been evaluated, fly when on medication that required approval, or withhold or misrepresent their medical status. The results demonstrate the depth of aviator avoidance, with nearly 76% of military pilots and 70% of unionized commercial pilots reporting 'yes' to at least one question. Almost 44% of unpaid recreational pilots reported the same. Additionally, 15% of respondents chose not to answer at least one of the questions. Seeking informal care was the top response, with 46% of all pilots and 56% of military pilots self-reporting this tendency, followed by withholding or misrepresenting medical information by 27% and 43%, respectively.

Presenteeism and Risks

Healthcare hesitance, regardless of the reason, can result in presenteeism, the act of presenting at work when one should call out sick (Johansson & Melin, 2018). As one can

imagine, flying under these conditions increases both personal and operational risks. A study of European airline pilots found that 63% reported conducting such activities within the previous 12 months. Of those reporting presenteeism, 69% also reported making errors associated with their degraded physical or mental state while in flight. Additionally, while 65% reported taking sick leave in the past year, only 25% had done so for non-physical ailments.

Exploring the psychological effects of healthcare hesitance, a 2016 study of airline pilots found that 36% reported experiencing up to seven poor mental health days per month (Wu et al., 2016). The rate for those aged 41-50, that of a typical airline Captain, was 44.5%. The research additionally found that nearly 14% of Airline Transport Pilot participants screened positively for clinical depression, with 4% reporting suicidal thoughts within the previous 14 days. These findings suggest the need for research into overcoming barriers to seeking both physical and mental healthcare.

The Good News?

Reading these negative impacts of healthcare avoidance can be disappointing, but there is some good news – pilots want to seek help. One study on healthcare avoidance found that nearly 75% of pilots who reported at least one avoidant behavior also stated they would use alternatively sanctioned interventions if they were available (Hoffman, 2021). Additionally, 63% of non-avoiders stated they would also welcome alternative options. In a separate study of collegiate aviators, up to 69% said they were willing to use an anonymous hotline to get mental health assistance if one was provided (Daku, 2021). Almost half of the participants stated they would still use the service, even if they could be identified if they were deemed a risk to themselves or others. Ultimately, this indicates a willingness to seek help if it is provided in a format that provides pilots with psychological safety.

Future Research Needs

While this paper explored the current state of healthcare hesitance research, more focused studies are needed. Little is known regarding the extent to which organizational and social stigma, pilot attitudes, and institutional or instrumental barriers play a role in healthcare hesitance. How might age, gender, and participation in different career fields influence these barriers? Additionally, what types of alternative interventions do aviators consider acceptable? Mindfulness training, Transcendental Meditation, and internet-based cognitive behavioral therapy have demonstrated effectiveness in reducing mental health symptoms without direct engagement with medical professionals (Bostock et al., 2019; Hadjistavropoulos et al., 2021; Nestor et al., 2023). Could these options provide the alternative interventions aviators are seeking? While there is at least one study exploring barriers to mental healthcare and the perception of alternative treatments among U.S. Army Aviation personnel, similar research on other aviation populations is needed.

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