

The Emergency Pilots Don't Train For

Inside the Broken Transport Canada Aviation Medical System – Pilots Perspective

For more than two decades, I flew professionally without incident. I held an unrestricted Category 1 medical continuously since 1995, an Airline Transport Pilot Licence, and multiple ratings. Flying was not just my career—it was my identity, my livelihood, and the result of a lifelong passion that began in childhood.

Like many who find their way into aviation, this was never simply a job choice. From an early age, airplanes fascinated me with an intensity that never faded. That passion carried me through flight training, long days instructing, demanding schedules, and years of incremental progress in an industry that rewards perseverance far more than shortcuts.

I started where many professional pilots do: as a flight instructor, teaching others to fly while building experience and discipline. I moved on to medevac flight operations, where decision-making under pressure and operational reliability are non-negotiable. From there, I flew charter, adapting to varied aircraft, weather, and missions, before eventually earning positions within corporate aviation departments, flying corporate jets to the highest professional standards, both domestically and internationally.

Every step was earned. Every upgrade carried responsibility. And every medical renewal—issued without restriction for decades—was confirmation that I was fit to do the job safely.

What I was unprepared for was the day my health intersected with Transport Canada's aviation medical system—and how little recourse exists once that system decides you are “unfit.”

This is not a story about unsafe flying or being a risk to aviation safety.

It is a story about bureaucracy, silence, and a regulatory framework that prioritizes liability avoidance over medical reality, common sense, and human impact.

A Medical Event, Not a Medical Emergency

On December 9, 2019, I went to the hospital with abdominal pain. My appendix needed to be removed. During routine imaging, doctors identified unrelated findings involving my kidneys. Further investigation revealed kidney stones and a congenital kidney condition that is not uncommon in the general population. At the time, the recommendation was simply to follow up with my physician—it was not considered an urgent or life-threatening finding.

I was referred to a urologist and later a nephrologist. Importantly, I had no symptoms affecting cognition, physical capability, or flight safety.

Aware of my responsibilities as a professional pilot, I immediately contacted my **Civil Aviation Medical Examiner (CAME)**. His advice was clear, responsible, and safety-focused:

Do not fly. Address the medical issues. Apply for a medical only once your condition is stable.

That is exactly what I did.

In consultation with my employer, I voluntarily removed myself from active flying duties. To their credit, I was retained in an administrative role while undergoing treatment—an option that is not available to many pilots, who often rely solely on short-term disability benefits.

Over the following months, I underwent multiple surgical procedures to resolve the stone burden. Complications arose, including a serious bloodstream infection and surgical injury to the kidneys. As a result, I was left with kidney function consistent with chronic kidney disease (CKD) Stage 4—not due to progressive disease, but due to acute surgical damage. That is how the medical industry had to identify the issues I have.

Once I recovered and the stone burden was resolved, my overall health and condition stabilized.

Stability, Monitoring, and Medical Consensus

From 2020 onward, my life became structured around careful health management:

- Regular blood work (initially every three months, later extended to six)
- Yearly CT imaging (later reduced due to long-term stability)
- Ongoing quarterly follow-ups with both specialists

Across this entire period—including the COVID-19 pandemic—results remained stable. There was no deterioration, no symptoms, and no functional limitation relevant to aviation safety. My medical record clearly reflects this.

By the fall of 2022, after consultation, my general practitioner, urologist, and nephrologist all agreed that I could return to work as a pilot and supported that conclusion. In December 2022, following further consultation with my CAME, I formally applied for a Category 1 Medical Certificate, fully expecting that restrictions or conditions might be appropriate. My CAME believed that approval—even in a restricted form—was reasonable and achievable.

What followed instead was bureaucracy and silence.

Death by Delay

Transport Canada took **78 days** to respond. On February 28, 2023, I received a letter declaring me medically unfit and requesting further tests and information.

I complied fully.

Every test requested was completed. Every specialist letter was provided. I met or exceeded all objective standards, including comprehensive cardiovascular assessments and additional investigations that appeared unrelated to my kidney condition.

By mid-May 2023, all documentation was submitted through my CAME. He reviewed the results, expressed confidence in my overall health and stability, and forwarded everything to Transport Canada.

Then came another wait.

85 days.

Another letter.

More requests.

More testing.

More compliance.

This cycle repeated again and again. Eventually, previously completed tests were deemed “outdated” due to administrative delay, requiring them to be repeated—despite no change in my condition.

Across more than **three years**, Transport Canada never once:

- Contacted any of my treating specialists
- Contacted me directly
- Sought clarification or discussion with my medical team
- Conducted any functional or individualized risk assessment

All decisions were made on paper, behind closed doors, by medical officials who never met me and knew nothing of my circumstances beyond the documents in front of them. One internal review reportedly included an intern who participated in assessing my medical fitness.

Regulation Without Individuality

Transport Canada relied on Canadian Aviation Regulations Standard 424, specifically sections related to the genito-urinary system. These standards—like many medical standards in Canada—are broad and non-specific. They do not meaningfully account for individual medical history, long-term stability, or mitigation through restriction.

What is often misunderstood is how aviation medical decisions are legally framed.

Aviation medical determinations are preventive and risk-based, not fault-based. They are not an assessment of past performance or professional responsibility. The governing standard is public safety, not the civil law balance of probabilities. Transport Canada is not required to conclude that harm is likely—only that risk cannot be confidently excluded.

As a result, *evidence of stability, long-term monitoring, or specialist support does not compel certification*. Such evidence may be considered, but it does not create any entitlement to approval.

While Standard 424 allows flexibility, including restricted or conditional certification in appropriate cases, that flexibility is discretionary, not enforceable as of right.

Medical determinations rely heavily on the opinion of a Regional Aviation Medical Officer (RAMO), based solely on file review. In my experience, this process appeared focused on determining unfitness rather than working collaboratively toward safe return-to-duty solutions—despite unanimous support from treating specialists.

If these standards were applied proactively across the pilot population, a significant percentage of currently flying pilots would likely be grounded, often unknowingly. Many such conditions—kidney-related and otherwise—are asymptomatic until incidentally discovered, just as mine was.

The difference is disclosure.

I disclosed. I complied. I sought oversight and restriction if necessary.

And for that, I was removed from the profession entirely—while others may unknowingly fly or knowingly fly with identified or undiagnosed conditions.

Why “Evidence Showing Otherwise” Often Does Not Change the Outcome

This is the hardest reality:

- Aviation medical decisions are predictive, not retrospective
- Regulators are permitted to act on low-probability / high-consequence risk
- Courts and tribunals defer heavily to safety regulators

This means a pilot can have:

- Long-term stability
- Specialist support
- No functional impairment

and still lawfully remain unfit under the current framework.

Three Years of Proof, One Word of Silence

From 2024 through 2025, I continued submitting medical evidence demonstrating ongoing stability. Each request from Transport Canada was met promptly. Each letter was answered. Each test was completed.

The delays grew longer. Communication became nonexistent.

I ultimately self-advocated and wrote to:

- Transport Canada legal counsel
- The Director of Civil Aviation Medicine
- My Member of Parliament

None of these efforts resulted in meaningful response or accountability.

In December 2025—*1,107 days after my original application*—Transport Canada issued its final determination:

Unfit for any medical certificate, restricted or otherwise.

This decision came *366 days* after the most recent medical review had been requested.

The Tribunal: A Necessary but Limited Lifeline

I was informed that my only remaining recourse was the Transportation Appeal Tribunal of Canada (TATC).

This is where many pilots misunderstand the system.

The Tribunal is not designed to reassess medical fitness in the traditional sense. It cannot issue a medical certificate. It cannot award damages. It cannot compensate for lost income or a destroyed career.

What it *can* do—and what it exists to do—is critically important:

- Set aside unfair decisions
- Order reconsideration
- Require proper reasons
- Demand individualized assessment
- Require accommodation analysis

In other words, the Tribunal exists to correct process failures, not to second-guess aviation safety expertise.

Why This Case Matters Beyond One Pilot

Most unsuccessful medical appeals involve:

- Progressive disease
- Symptoms
- Non-compliance
- Weak specialist support

My case is the opposite:

- Stability over years, not months
- Unanimous specialist support
- Full compliance
- No deterioration
- No functional impairment

Most importantly, Transport Canada never meaningfully considered restricted or conditional certification, despite this being explicitly contemplated within the regulatory framework.

The delays alone—over three years—are extraordinary. In administrative law, extraordinary delay may render a decision procedurally unfair or unreasonable when livelihood interests are engaged.

The Myth of “Just Sue Them”

Many assume that if the Tribunal fails, a pilot can simply sue Transport Canada.

This is not reality.

Under Canadian law:

- Transport Canada is protected by **Crown immunity**
- Medical officials are indemnified for good-faith regulatory decisions
- Courts defer heavily to safety regulators

Tort claims for negligence or misfeasance face extremely high legal thresholds and rarely succeed.

The law does not compensate loss—it only corrects invalid decisions.

The only viable post-Tribunal avenues are:

- Judicial review in Federal Court, challenging unfairness or unreasonableness
- Human rights complaints, based on discriminatory effect and failure to accommodate

Even these paths are slow and uncertain. There is no automatic remedy for a destroyed career.

The Human Cost

This process has cost me:

- My profession
- My income
- My sense of identity
- Years of uncertainty

The mental toll has been profound—yet entirely absent from Transport Canada’s analysis.

Pilots are told to be honest about their health. But honesty only works if the system is designed to manage risk—not eliminate people. This concern is magnified by new privacy declarations requiring pilots to grant Transport Canada expansive access to personal medical information, without corresponding safeguards or accountability.

Right now, it is easier for the system to say “no” than to say “yes with conditions.” The consequences of “no” are borne entirely by the individual.

An Emergency We Never Brief For

Pilots train relentlessly for emergencies: engine failures, depressurization, system malfunctions.

What we do not train for is becoming medically grounded by a process that:

- Does not engage
- Does not explain
- Does not accommodate
- Does not acknowledge the human cost

Until that changes, pilots will continue to fear disclosure. And that fear—not transparency—is the real threat to aviation safety.

This is not just my story.....It is a warning.

I have now had to accept the reality that my flying career—and any realistic hope of returning to it—has been taken from me. My hope is that if my career has been sacrificed, it will not be in vain. I hope that pilots and the aviation industry take note, ask hard questions, and push for meaningful change. Do not let my story deter you from your own fight. If you are going through this process, know that you are not alone—many capable, conscientious pilots are struggling unnecessarily within the same system.

I once believed my contribution to aviation would be a long, fulfilling career, perhaps ending one day with a water-cannon salute on a final flight. That path was changed for me. If sharing my story helps prevent others from facing the same fight, then it still serves a purpose. My biggest recommendation is that the pilot community, unions, and businesses stand united to drive changes that are reasonable and fair.

When my eyes are drawn to the sky, know that I am flying with you in spirit, still dreaming the same dream.

Fly safe.