

In the shuttle era much closer cooperation will be required between ~~some members~~ mission and payload specialists and flight medicine.

In the past flight crew were primarily pilots & selected for, among other things, excellent health and little or no medical or life sciences training.

This was modified on S.S. when the first physician astronaut flew and when ^{some emergency} medical training was given to other crewmen. Informal agreements between crew & ^{ground} medical personnel worked well at the working physician level but there were unnecessary episodes involving ~~see~~ L5D administrators.

During shuttle a three man crew & at least one scientist, who hopefully will often be a life scientist or physician will be the norm as will various numbers of other people among whom may be life scientists. This population ^{in many cases} will not have been as ~~can~~ meet

as high a level of physical fitness).

A new *modus operandi* between flight medicine and flight crew must evolve if optimum mission operation ~~can~~ is to be achieved. It is hoped that ^{in LSD} a clear distinction will be made & maintained between research and ~~the~~ operational medicine. ~~Like it~~ Regardless of any ~~new~~ desires otherwise any practicing physician on board a spacecraft will become the primary source of medical care to the crew. He will of course work in concert $\bar{c}$ the ground medical team as regards ~~interpretation of~~ diagnosis, procedures & treatment. A question immediately arises in administrative circles as to who is 'boss'. To any ^{$\bar{c}$ other physicians} physician who has ever practiced, this becomes a meaningless question in many cases.

Rather he is used to being a member of a team which reaches a consensus ~~in~~ often in spite of marked differences of opinion. The same professionalism is required to an even greater extent in Shuttle