Maintaining Objectivity in FAA HIMS Evaluations: Clinical, Ethical, and Legal Guidance Regarding Spiritual Criteria

Executive Summary

This white paper provides guidance for FAA HIMS (Human Intervention Motivation Study) evaluators – including psychiatrists, HIMS Aviation Medical Examiners (AMEs), and mental health professionals – on maintaining objective, evidence-based criteria in pilot substance-abuse recovery evaluations. In particular, it addresses concerns about using "spirituality" or other subjective personal beliefs as factors in determining a pilot's readiness to be stepped down in monitoring or returned to flight status. Citing FAA policies, medical ethics standards, and legal precedents, this paper explains why spiritual or religious criteria are inappropriate and potentially risky in HIMS evaluations. It emphasizes that evaluations should rely on objective evidence of recovery and fitness, not on an examiner's perception of a pilot's spiritual life. Incorporating spiritual judgments in a government-related program can pose ethical dilemmas, legal liabilities (e.g. religious discrimination claims), and conflict with the FAA's own guidelines for HIMS. Instead, HIMS professionals are urged to follow best practices that ensure fairness, avoid bias, and uphold the highest standards of safety and professional integrity.

Key Points:

- **FAA HIMS Criteria:** FAA guidance for HIMS focuses on compliance, abstinence, treatment progress, and medical review, with no requirement for any specific spiritual outlook. Pilots' progression in HIMS should be judged by objective factors like sustained sobriety, negative tests, and compliance with treatment – not by subjective measures of "spiritual" development.
- **Ethical Standards:** Medical ethics (APA, AMA, etc.) insist that clinicians not impose personal religious beliefs or judge patients by their spirituality. Psychiatrists and psychologists must avoid discriminating based on religion or lack thereof, and focus only on clinically relevant criteria.
- **Legal and Regulatory Concerns:** Including spiritual requirements in a quasi-mandatory recovery program can amount to religious discrimination. U.S. courts and the EEOC have held that coerced participation in faith-based programs (like 12-step groups without secular alternatives) violates federal law and constitutional principles. A recent EEOC case against a major airline's HIMS program underscores the liability: the airline paid a settlement for refusing a pilot's request for a non-religious recovery program.
- **Objective, Evidence-Based Practice:** Using evidence-based, objective measures of recovery – such as toxicology results, neurocognitive testing, treatment records, and verified compliance – is not only scientifically and legally sound, but also ensures aviation safety. Subjective assessments of a pilot's personal faith or spiritual outlook have

no proven correlation with flight safety or relapse risk, and thus should not factor into aeromedical decisions.

- **Recommendations:** HIMS evaluators should adhere to FAA-approved criteria and professional best practices, which include maintaining objectivity, seeking consults or peer review if unsure, providing secular options for support groups, and treating each pilot's belief system with respect and neutrality. By avoiding any hint of religious or spiritual litmus tests, HIMS professionals protect both the pilot's rights and the integrity of the program.

Overall, the guidance is clear: "Spiritual fitness" is not an FAA-mandated criterion for pilot medical certification, and relying on such subjective measures can undermine ethical standards and invite legal challenges. HIMS psychiatrists and AMEs are advised to focus on what matters most – sustained recovery and demonstrable safety – while respecting each pilot's personal beliefs as a private matter outside the scope of medical certification.

Introduction and Background

The FAA's Human Intervention Motivation Study (HIMS) program is a well-established safety and rehabilitation initiative designed to help pilots diagnosed with substance dependence or abuse return to flying under careful monitoring. HIMS provides a structured path for recovery and eventual re-certification, involving treatment, monitoring (e.g. regular drug/alcohol testing), peer support, and ongoing evaluations by specially trained medical professionals. The core goal is to ensure that any pilot with a history of substance issues demonstrates stable recovery and does not pose a safety risk before resuming flight duties.

Standard HIMS Protocol: In practice, a pilot in HIMS undergoes intensive initial treatment (often including residential rehab or outpatient programs), followed by a multi-year aftercare and monitoring phase. FAA guidance outlines a "step-down" schedule over several years, during which monitoring frequency is gradually reduced if the pilot remains compliant and abstinent. Key components of HIMS aftercare typically include:

- **Regular Alcohol/Drug Testing:** Frequent random tests (urine, blood, breathalyzer) to ensure continuous abstinence from alcohol and illicit substances. Permanent abstinence from mood-altering substances is required for the rest of the pilot's flying career.
- **Peer and Management Reports:** Peer pilots (often other pilots in recovery) and employers (chief pilot or management) provide periodic assessments of the individual's performance and behavior, which are submitted to the HIMS AME/psychiatrist and FAA.
- **Support Group Participation:** Attendance at a peer support group for addiction recovery (for example Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or similar) is generally expected as part of the recovery maintenance. FAA's step-down plan explicitly lists "Attendance at peer addiction support group (AA, NA, etc.)" as a component of aftercare. This reflects the common clinical practice of encouraging recovering individuals to engage in ongoing support communities. Importantly, the FAA does *not* mandate any particular brand of support group or spiritual program – *either* 12-step or secular support groups can fulfill this role. The emphasis is on having a supportive network, not on a specific ideology.
- **Regular Evaluations by HIMS-Credentialed Clinicians:** The pilot is monitored by a HIMS-designated AME and typically a psychiatrist and/or psychologist. These professionals conduct face-to-face evaluations, review treatment progress, and submit reports to the FAA at defined intervals (e.g. psychiatrist reports every 6 months, AME exams every 3 months in early recovery). Their evaluations focus on medical and psychosocial stability, evidence of continued sobriety, and any signs of relapse or psychiatric instability.
- **Compliance and Documentation:** The pilot must demonstrate full compliance with all treatment and monitoring requirements. The HIMS AME compiles all relevant records – treatment discharge summaries, counseling notes, sponsor contacts, testing results, etc. – and provides a comprehensive report to the FAA for review. Any non-compliance or

concern (such as missed tests or contradictory information) is flagged and can delay or derail the certification process.

Throughout the HIMS process, decisions about stepping down monitoring or granting Special Issuance (the FAA's special medical certification for pilots in recovery) are made on a case-by-case basis. According to FAA policy, an airman's progression depends on their documented compliance and the individualized evaluation by HIMS professionals, with ultimate FAA approval. Nowhere do FAA regulations or official HIMS criteria mention a requirement for a pilot to have a particular spiritual outlook or religious belief system. The focus is on behavioral and medical evidence of recovery. For instance, the FAA's own certification guidelines specify that the evaluating psychiatrist's report should cover the "quality of recovery (including the period of total abstinence)" and make recommendations based on clinical findings. The "quality of recovery" is assessed via concrete factors like consistency in abstinence, engagement in treatment, and lifestyle stability – not an examiner's perception of the patient's faith or spirituality. In short, HIMS is intended as a medically grounded, safety-oriented program, not a forum for spiritual assessment.

The Issue of "Spirituality" in HIMS Evaluations: Despite the clear objective framework provided by the FAA, concerns have emerged about some HIMS evaluators placing undue weight on a pilot's "spiritual" status or involvement in faith-based recovery elements. For example, there are reports of HIMS psychiatrists questioning whether a pilot has undergone a "spiritual awakening" or expressing *"concern about [the pilot's] spirituality"* as a barrier to reducing monitoring levels. Such instances raise red flags. They suggest that, at least in some cases, subjective judgments about a pilot's personal belief system are being intertwined with the decision of fitness to return to flying.

It's important to note that spirituality and personal belief can indeed play a positive role in many individuals' recovery – a fact acknowledged in addiction medicine literature. Pilots who find strength in faith or spiritual practices should be free to integrate those into their healing process if they choose. However, the crux of the issue is choice and relevance: spirituality should be *self*-directed by the patient and not imposed or evaluated as a requirement by the examiner. When a HIMS professional makes a pilot's "spiritual progress" (or lack thereof) a condition for medical certification, this crosses into inappropriate territory. It potentially violates the pilot's rights, contravenes medical ethical standards, and even conflicts with legal protections against religious discrimination – all of which will be explored in this paper.

In the sections that follow, we will examine:

- **FAA Policy on HIMS Evaluations**: What the official criteria and guidance say – and do not say – about spirituality or subjective factors in assessing pilot recovery.
- **Ethical Standards (APA, AMA):** How professional ethics codes guide psychiatrists, psychologists, and physicians in avoiding religious bias and respecting patient autonomy.

- **Legal and Regulatory Precedents:** Relevant laws and cases (including Title VII of the Civil Rights Act and First Amendment considerations) that warn against incorporating religious requirements in mandated programs.
- **The Case for Objectivity:** Why objective, evidence-based standards best serve safety and fairness in HIMS, and how subjective criteria like "spiritual fitness" can undermine these goals.
- **Recommendations and Best Practices:** Practical guidance for HIMS AMEs and mental health professionals to ensure evaluations remain neutral, fair, and focused on legitimate clinical indicators – thereby avoiding ethical pitfalls and legal risk.

The tone throughout is intended to be professional and constructive. The goal is not to accuse or criticize any individual, but rather to clarify best practices and protect the integrity of the HIMS program. By carefully adhering to objective criteria and steering clear of personal belief-based judgments, HIMS professionals will uphold both the FAA's mission of safety and the medical profession's commitment to ethical, unbiased care.

FAA HIMS Evaluation Criteria: Emphasis on Objectivity and Compliance

FAA Policy Overview: The FAA's official guidance for HIMS evaluations provides a clear blueprint of the factors that *should* be considered when determining a pilot's readiness for step-down or return to flight. These factors are rooted in objective evidence of recovery and risk mitigation. Critically, nowhere in the FAA's criteria is there mention of "spirituality," religious faith, or any analogous subjective requirement. This omission is intentional, reflecting the FAA's focus on observable behavior and medical data rather than personal belief systems.

Key FAA policy language related to HIMS evaluations includes:

- **Compliance and Monitoring:** "An airman's progression is based on compliance, his or her individual evaluation by HIMS professionals, and FAA review. Permanent abstinence from mind- and mood-altering substances is required for the duration of the flying career.". This statement (from an FAA HIMS step-down plan document) underscores that what matters is compliance with the recovery program (e.g. attending required treatment, submitting to testing, following recommendations) and continuous abstinence. The *individual evaluation by HIMS professionals* refers to the clinical assessment of the pilot's health and behavior – again focused on medical and psychological criteria. There is no reference to any spiritual or religious benchmark in determining progression.
- **Support Groups (AA, etc.) – Flexibility Not Faith:** FAA guidance does encourage or require participation in peer support as a recovery maintenance strategy. For instance, in the HIMS step-down schedule, one of the elements listed is "Attendance at peer addiction support group (AA, NA, etc.)". The phrase "etc." is important – it indicates that alternatives to Alcoholics Anonymous or Narcotics Anonymous are acceptable. Indeed, FAA medical certification officials have explicitly clarified that the agency does not mandate attendance at AA specifically. The FAA's concern is that the pilot has some form of ongoing support and accountability, whether through AA, a secular program like

SMART Recovery, a pilot peer group, or another counseling framework. The intent is to ensure the pilot isn't recovering in isolation. Therefore, while AA – which has spiritual underpinnings – is commonly used, it is not an FAA-required component if the pilot finds a suitable alternative. Any HIMS evaluator insisting on a particular spiritual program would be acting beyond the FAA's requirements.

- **Psychiatric/Psychological Evaluation Standards:** The FAA's Guide for Aviation Medical Examiners and related HIMS documentation detail what the required psychiatric and psychological evaluations must cover. According to FAA specifications, the evaluating psychiatrist must provide:
    - A thorough record review (treatment records, prior diagnoses, etc.).
    - A comprehensive clinical interview including history of substance use and "the current status of drug or alcohol use (what used, how often, start/stop dates)".
    - Collateral information about lifestyle and functioning (for example, family/social impact of addiction, any legal or occupational problems, etc.).
    - Results of any diagnostic tests (such as the SASSI – Substance Abuse Subtle Screening Inventory) and a mental status exam.
    - An integrated summary with a diagnostic impression and an opinion on whether the airman meets criteria for substance dependence or other disqualifying conditions. The psychiatrist should comment on the "status of the airman" and the quality of recovery, including duration of abstinence. They also must explicitly state whether certain regulatory components of dependency are present or not (e.g. increased tolerance, withdrawal symptoms, impaired control, etc.).
    - Recommendations for further treatment or monitoring if needed.

Nowhere in this extensive list of requirements is there any instruction to evaluate the pilot's spiritual life or religious beliefs. The term "quality of recovery" might encompass the individual's engagement with recovery activities (such as regular meeting attendance, honest participation in therapy, making lifestyle changes to support sobriety). But any *quality* assessment is meant to be grounded in observable commitment to recovery practices and behavioral change – not a metaphysical judgment. For example, a psychiatrist might note whether the pilot actively uses support systems (mentor/sponsor, therapy, support group) and appears motivated and open about their struggles (all positive indicators of recovery quality). These are evidence-based predictors of maintaining sobriety. By contrast, whether the pilot professes a belief in a Higher Power or has adopted a spiritual worldview is not a medically objective criterion and is not required by FAA guidance.

- **FAA's Neutral Stance on Personal Beliefs:** In the context of HIMS and aeromedical certification, the FAA must remain neutral regarding an individual's personal beliefs. The agency cannot endorse or require religious practices as part of a federal certification process. In fact, FAA officials have implicitly acknowledged this neutrality. The case of

United Airlines and the Buddhist pilot (discussed further in the Legal section) brought to light that "the FAA does not mandate that a HIMS program require all participants to attend AA" and does not require any pilot diagnosed with alcohol dependence to attend AA for a special-issuance medical certificate. This statement affirms that as far as the FAA is concerned, recovery support can take many forms – spiritual for some, secular for others – and no single approach is demanded. It is up to the airman and their treatment providers to choose a suitable program, and HIMS evaluators should respect that choice as long as the pilot is indeed engaging in an effective support structure.

- **Objective Endpoints for Step-Down:** The decision to "step down" a pilot from intensive monitoring (for example, moving from Phase 1 to Phase 2 of HIMS, or reducing the frequency of testing and reports) is typically based on *time* in recovery and *stability*. FAA's HIMS step-down plan gives nominal timeframes (Year 1, Years 2–4, etc.) with minimum requirements like a year of documented sobriety and compliance before significant reductions in monitoring. The HIMS AME has discretion to adjust timing case-by-case, but always with the pilot's documented performance in mind. If a pilot has, say, 18 months of total abstinence, all negative tests, active participation in aftercare, positive peer and employer reports, and stable psychiatric evaluations, that pilot is a strong candidate for stepping down the monitoring intensity. Whether or not that pilot has embraced a spiritual outlook is irrelevant to these criteria. A non-religious pilot who meets all the objective markers must be treated no differently than a religious pilot who meets them – any other approach would be inconsistent with FAA policy and likely unlawful (as discussed later).

In summary, FAA policy and HIMS criteria are centered on performance and health outcomes, not personal beliefs. Compliance, abstinence, psychological stability, and honesty in the program are what the FAA expects HIMS professionals to assess. The introduction of "spirituality" into the evaluation is neither supported by FAA rules nor necessary for determining aviation safety. As the next sections will show, insisting on spiritual criteria not only deviates from FAA guidance, but also collides with fundamental medical ethics and legal mandates.

Medical Ethics: APA and AMA Standards on Avoiding Religious Bias

Professional ethics codes for clinicians provide a strong foundation for why "spirituality" should remain a personal matter for the patient and not a professional judgment by the evaluator. Both the American Psychiatric Association (APA) – representing psychiatrists – and the American Psychological Association (APA) – representing psychologists – along with the American Medical Association (AMA) have clear guidelines that prohibit imposing personal beliefs or discriminating based on religion. These ethical norms are directly applicable to HIMS evaluators (many of whom are psychiatrists or AMEs with medical licenses, and some are psychologists conducting neuropsychological testing). The essence of these guidelines is that clinicians must maintain respect for patients' autonomy and worldview, and focus only on clinically relevant factors.

American Psychiatric Association (APA) Ethics: Psychiatrists, as physicians, adhere to both general medical ethics and specific annotations for psychiatry. The APA has emphasized that while it's appropriate for psychiatrists to be aware of and sensitive to a patient's spiritual or religious background, they must never exploit or infringe upon a patient's beliefs. In fact, the APA has published resource documents on religion and spirituality in psychiatry which explicitly counsel that psychiatrists should never impose their own spiritual or religious beliefs on their patients. This statement bears repeating: *under no circumstance should a psychiatrist push their personal notions of faith or spirituality onto a patient or use those as a yardstick for the patient's progress*. Psychiatrists are encouraged to maintain appropriate boundaries – meaning that if a patient brings up spiritual issues, the psychiatrist can acknowledge and explore how it matters to the patient, but the psychiatrist must not proselytize or judge the patient for having or lacking certain beliefs. The APA's Position Statement on this topic, as well as guidelines from organizations like the World Psychiatric Association, reinforce the principle that the patient's welfare and values come first, and the clinician's role is to provide compassionate, evidence-based care without letting personal bias (religious or antireligious) intrude.

In a HIMS context, consider a psychiatrist who personally believes that spiritual growth is key to overcoming addiction. It is not unethical for that psychiatrist to hold that belief personally or even to discuss spirituality if the patient is interested. However, it *would* be unethical for the psychiatrist to require the patient to conform to that belief – for example, delaying a favorable report because the patient isn't "spiritual enough" by the doctor's standards. Such action could be seen as the psychiatrist gratifying their own beliefs "at the expense of the patient," which violates the guidance to avoid using the patient to satisfy the clinician's personal needs or biases. The APA ethics guidance quoted earlier continues: *"ethical boundaries… are best addressed by a commitment to… providing compassionate, respectful, medically appropriate care and avoiding gratifying the psychiatrist's needs or personal beliefs at the expense of the patient."*. In simpler terms, the psychiatrist must keep the focus on the patient's clinical needs (sustained sobriety, mental health stability, etc.) and not let personal convictions about spirituality dictate the evaluation.

American Psychological Association (APA) Code of Ethics: Many HIMS evaluations also involve psychologists, particularly for neurocognitive assessments or psychological evaluations of the pilot. The American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* likewise contains a straightforward mandate: *"In their work-related activities, psychologists do not engage in unfair discrimination based on … religion…"*. This is Standard 3.01, Unfair Discrimination, which prohibits psychologists from treating individuals differently or negatively due to the individual's religion, religious beliefs, or lack thereof. If a psychologist were to, say, give a less favorable assessment or "not recommend" a pilot for return to duty because the pilot expressed atheism or disinterest in a higher power concept, that would squarely violate this ethical standard. In the HIMS setting, the psychologist's role is usually to conduct testing and evaluate cognitive and psychological fitness. The psychologist might note if a pilot is engaged in healthy coping strategies or social support; but whether those supports are church-based or secular is immaterial to the evaluation. As long as the pilot has adequate coping mechanisms and social support to maintain sobriety, the psychologist's concern is satisfied. Any

negative inference made solely on the basis of the pilot's spiritual orientation would be an unethical bias. The APA Code also urges psychologists to be aware of cultural and individual differences, including religion, and to "try to eliminate the effect on their work of biases based on those factors". In other words, clinicians must introspect and remove any personal bias – positive or negative – they might have about a patient's religion when forming a professional judgment.

American Medical Association (AMA) Principles: As many HIMS examiners are physicians (AMEs, often specialist trained), the AMA Code of Medical Ethics is also relevant. The AMA's guidance echoes the themes above. One relevant principle is that while physicians have the freedom to act according to conscience, that freedom "is not unlimited" – physicians are expected to *"respect basic civil liberties and not discriminate against patients on the basis of arbitrary characteristics."*. A patient's religious affiliation (or lack of one) is a personal characteristic that is generally "not clinically relevant" to routine medical care. The AMA explicitly states that physicians must not refuse or delay care due to such characteristics if they are irrelevant to the patient's clinical condition. Translating this to HIMS: an examiner might personally feel a religious person is more likely to stay sober (an assumption not necessarily backed by evidence), but it would be unethical to allow that assumption to skew the evaluation. Each pilot must be evaluated on their own merits and clinical data, not on a stereotype or expectation tied to religion. The AMA Principles of Medical Ethics also enjoin physicians to uphold human dignity and rights, which includes respecting a patient's right to their own belief system. Importantly, if a physician has moral or religious beliefs that conflict with some aspect of patient care, the physician is obliged to either accommodate the patient or refer them appropriately – not to coerce the patient into the physician's belief framework. In the HIMS scenario, this could mean if a HIMS AME strongly believes in 12-step spirituality but the pilot prefers a secular recovery program, the AME's duty is to respect the pilot's choice (assuming the secular program is effective) or consult with another colleague rather than force the pilot into a spiritual approach. Imposing one's conscience on a patient in a way that limits the patient's opportunities (e.g., blocking their medical certification) would contravene these ethical obligations.

Non-Maleficence and Beneficence: Underlying all codes is the obligation to do good for the patient and do no harm. Imposing subjective spiritual criteria can actually cause harm: it may undermine the therapeutic alliance, making the pilot feel misunderstood, judged, or coerced. Research has noted that patients who hold certain beliefs can feel *mistrustful or alienated* if clinicians dismiss or contradict those beliefs. Conversely, non-religious patients can feel disrespected if clinicians assume they *must* adopt spiritual practices to recover. Either scenario is damaging. The ethical clinician aims to create a trusting environment where the patient's own values are honored. HIMS participants already are under significant scrutiny and stress; introducing a perceived religious test can add unnecessary conflict and anxiety, thus doing harm.

In summary, the consensus of medical ethics is clear: personal spirituality is the prerogative of the patient, not a performance metric for the professional to grade. Evaluators must guard against any form of religious bias – whether that means *favoring* those with a certain faith, or *penalizing*

those without faith. The APA (psychology) code flatly prohibits religious discrimination, and the APA (psychiatry) advises never to proselytize or impose beliefs. These standards exist to ensure that care (and evaluations) remain fair, respectful, and focused on health outcomes. Adhering to them is not only ethically right but also sets the stage to avoid legal trouble, which we address next.

Legal and Regulatory Considerations: Religious Neutrality in Mandatory Programs

In addition to ethical imperatives, there are strong legal reasons to avoid incorporating spirituality or religious-based criteria into HIMS evaluations. HIMS is somewhat unique in that it involves private actors (pilots' employers and private physicians) working in tandem with a government certification process (FAA medical certification). This means both employment law and constitutional law can come into play if religious bias is alleged. Two key areas to consider are:

1. Employment discrimination law (Title VII of the Civil Rights Act) – which applies to airlines (as employers) and by extension to any program requirements they impose on employees; and
2. First Amendment (Establishment Clause) concerns – which can apply to the state's (FAA's) involvement in mandating or endorsing religious content in a program required for professional licensure.

Title VII – Religious Discrimination and Accommodation: Title VII of the Civil Rights Act of 1964 is a federal law that prohibits employers from discriminating against employees on the basis of religion. It also requires that employers reasonably accommodate an employee's sincerely held religious beliefs or practices unless doing so would cause undue hardship on the business. In the context of HIMS, if a particular religious or spiritual activity is mandated as part of the recovery program, the employer (airline) may run afoul of Title VII if a pilot objects on religious grounds. This is not a hypothetical concern – it has already materialized in a high-profile case:

- **United Airlines EEOC Case**: In 2020, the Equal Employment Opportunity Commission (EEOC) filed a lawsuit against United Airlines on behalf of a pilot who was compelled to participate in United's HIMS program. United's program required pilots to attend Alcoholics Anonymous (AA) and work the first several of AA's Twelve Steps, which explicitly involve acknowledging a higher power ("God, as we understood Him," in AA's language). The pilot in question, a Buddhist named David Disbrow, objected to AA's religious content (theistic focus and prayers) and asked to substitute a Buddhist-based peer support group (Refuge Recovery) as his recovery program. United's HIMS administrators refused this accommodation and insisted he stick with AA. As a result, Disbrow was unable to complete HIMS and thus couldn't regain his medical certificate or return to work. The EEOC took up his case, alleging that United's rigid requirement violated Title VII's protections. In 2022, United agreed to settle the case, paying $305,000 and – importantly – changing its HIMS program policy to allow religious accommodations. Under the consent decree, United must permit alternatives to AA for

pilots with religious objections and institute training and policy changes to avoid future religious discrimination. The EEOC's press release on the case states clearly: *"This alleged conduct [United's refusal to allow a Buddhist alternative] violates Title VII… Under Title VII, employers must make a reasonable accommodation for an employee's sincerely held religious beliefs, so long as doing so does not impose an undue hardship."*. The outcome of this case sends a powerful message: Airlines (and by extension HIMS programs run under their auspices) cannot impose a one-size-fits-all spiritual program without regard to individual beliefs. If they do, they risk legal liability for religious discrimination.

For HIMS AMEs and psychiatrists, even if you are not the employer, it's critical to understand this legal backdrop. If you insist a pilot "must do AA" or must show a certain spiritual mindset, you could inadvertently be supporting a practice that courts deem discriminatory. The safer, legally compliant approach is to remain flexible: if the pilot can demonstrate engagement in a comparably effective secular recovery program, that should be accepted on par with AA. Indeed, the legal standard from the United case essentially requires that alternatives be offered – exactly as the EEOC attorney noted: *"If [employers] require their employees to attend AA as part of a rehabilitation program, they must make sure that they allow for alternatives for employees who have religious objections to AA."*. Best practice: treat any structured recovery support (whether faith-based or secular) as valid, and evaluate the pilot's commitment to *that* program, rather than the nature of the program itself.

Constitutional (Establishment Clause) Issues: The First Amendment's Establishment Clause prohibits the government from making any law "respecting an establishment of religion," which has been interpreted to forbid government entities from coercing individuals to participate in religious activities. While HIMS is not exactly a "law," it is a pathway one must navigate to regain a government-issued medical certificate. Thus, if the FAA itself were to mandate a religious activity (like AA meetings) with no secular alternative, it could raise constitutional issues.

Courts across the United States have indeed examined scenarios where individuals were coerced into 12-step programs by state actors (such as courts or probation officers) and found it unconstitutional. Notably:

- **Kerr v. Farrey (7th Cir. 1996): A** federal appeals court held that requiring an inmate to attend Narcotics Anonymous (which, like AA, involves acknowledging a higher power) as a condition for parole violated the Establishment Clause. The inmate in question was effectively forced to participate in religious content or face negative consequences for parole – an impermissible choice for the state to impose.
- **Warner v. Orange County (2nd Cir. 1997):** Another federal appeals court struck down a probation condition that mandated AA attendance for a DWI offender. The court recognized AA's religious elements and said the government cannot compel religious exercise as part of sentencing or rehabilitation.

- **Inouye v. Kemna (9th Cir. 2007):** The Ninth Circuit Court of Appeals likewise ruled that a parole officer violated a parolee's First Amendment rights by forcing him into AA/NA meetings under threat of revocation. Importantly, the court deemed the law on this issue "uncommonly well-settled," meaning any reasonable official should have known it's unconstitutional to mandate a religious program. In Inouye's case, like the United pilot's, the individual was Buddhist and objected to the theistic content, but was nonetheless compelled – leading to a successful lawsuit.

These cases collectively establish that coerced participation in programs with substantial religious content (like traditional 12-step groups) is a violation of the Establishment Clause, unless the individual is given a genuine choice of secular options. As one legal commentary summed up: *"Three federal circuit courts have held that coerced participation in 12-step programs like AA and NA violates the First Amendment."* And numerous other courts at the state and district level concur. The key from these rulings is the concept of choice. A government-linked program can *include* 12-step meetings as an option, but it cannot be the *only* option. Making it optional or providing alternatives (e.g., secular recovery groups such as SMART Recovery, LifeRing, Women for Sobriety, etc.) cures the constitutional problem. Participants then can select the approach aligned with their personal beliefs, and the state's role remains neutral regarding religion.

In terms of FAA and HIMS: If the FAA were to endorse a practice whereby pilots *had* to show "spiritual development" or complete inherently religious steps to get their medical back, this could be challenged as state entanglement with religion. Fortunately, as noted, the FAA's official stance does not do this – it allows "AA or equivalent" and does not probe a pilot's creed. We as HIMS professionals must ensure in practice we mirror that neutrality. Otherwise, even if unintentional, we might put both ourselves and the FAA in a vulnerable position. Consider a scenario: a pilot could argue that a HIMS psychiatrist acting as an FAA designee effectively imposed a religious test by denying medical clearance until the pilot adopted certain spiritual views. That pilot might have grounds to file a complaint under the Rehabilitation Act or First Amendment, given the FAA is a federal agency. Such a legal battle can and should be avoided by scrupulously sticking to secular, evidence-based criteria.

Anti-Discrimination Regulations: Beyond Title VII and the Constitution, there are other layers, such as state laws or federal regulations that prohibit discrimination in programs receiving federal support. While those are less directly applicable to HIMS, the overarching theme is consistent: avoid even the appearance of religious favoritism or pressure in any professional capacity.

In summary, the legal landscape sends a unified warning: Including spiritual or religious mandates in a compulsory program is high-risk. It can violate employees' civil rights and constitutional rights. The United Airlines case stands as a cautionary tale in our very industry – resulting in financial and reputational costs, and mandatory policy changes. Meanwhile, decades of court decisions underscore that freedom of belief is to be respected, especially by entities acting with government authority. As HIMS examiners, aligning our practices with these legal requirements isn't just about avoiding lawsuits; it's about upholding the fundamental American

value of religious freedom. By keeping our evaluations free of spiritual litmus tests, we both protect our pilots' rights and keep the FAA's program safely within legal bounds.

Importance of Objective, Evidence-Based Standards in HIMS

Given the ethical and legal imperatives discussed, one might ask: aside from avoiding trouble, why is it so crucial from a clinical and safety perspective to use objective, evidence-based standards in HIMS evaluations? The answer lies in the very purpose of HIMS – to accurately determine which pilots can safely return to the cockpit. This determination must be grounded in reliable indicators of recovery and fitness, not on subjective impressions that could vary widely from one evaluator to another. Here we outline why objective criteria best serve aviation safety, fairness, and the credibility of the HIMS program, whereas injecting subjective or spiritual criteria can undermine those goals.

1. Predictive Validity and Safety: The ultimate concern for the FAA and HIMS evaluators is preventing relapse (to substances) that could endanger flight safety. Therefore, the criteria we use should be those that empirical research and clinical experience identify as correlating with sustained sobriety and stable mental health. Proven predictors of a successful recovery (and thus lower risk of relapse) include:

- **Duration of Abstinence:** The longer a person has maintained continuous sobriety, the better their prognosis. For example, achieving one year of sobriety is a significant milestone; multiple years strengthen confidence. This is why HIMS step-down waits at least a year and often several before considering someone for unrestricted return.
- **Compliance and Engagement:** A pilot who actively participates in treatment, follows monitoring protocols, and engages with support networks is showing motivation and accountability. Non-compliance (missed therapy, missed tests, continued associations with heavy-drinking lifestyle) is a red flag. Compliance is directly observable and documentable.
- **Medical/Psychiatric Stability:** Objective measures like regular psychiatric evaluations showing stable mood, no re-emergence of addiction cravings (or well-managed if present), and good cognitive functioning (as per neuropsychological tests) are critical. For instance, HIMS often requires neurocognitive testing (CogScreen or similar) to ensure the pilot's cognitive function hasn't been impaired by substance use – these test results are hard data that can be tracked over time.
- **Support System:** Does the pilot have a support system – whether family, peer, or group – and are they using it? This can be measured by reports from sponsors/peers, frequency of meeting attendance (regardless of type of meeting), etc. The quality of support can be partially evidenced by, say, a letter from a peer monitor indicating the pilot regularly attends and constructively participates in recovery meetings (be they AA or secular). Note: it's the participation and openness that matter, not the dogma of the group.
- **Evidence of Behavioral Change:** Many HIMS psychiatrists look for tangible life changes that support sobriety – e.g., the pilot has established a healthier routine, avoids

high-risk situations (like bars), repaired relationships, or manages stress better via counseling or exercise. These can be documented via self-reports and collateral reports. If a pilot has a pattern of behavior (like repeated DUI arrests or conflicts at work) that has now ceased since treatment, that is objective evidence of improvement.

Now, where does "spirituality" fit into these evidence-based factors? At best, indirectly. For some individuals, adopting a spiritual outlook might be a vehicle that helped them achieve the above objectives (like giving meaning to their abstinence or finding community in a church group). For others, recovery is achieved through purely secular means (therapy, medication, rational decision-making, etc.). Studies in addiction medicine have shown that there is no single path to recovery that works for everyone. While 12-step programs (which encourage spiritual awakening) help many and are associated with positive outcomes in some studies, there are also many people who maintain sobriety through alternative approaches. From a scientific perspective, it's the *engagement and commitment* that often makes the difference, not the spiritual content per se. In fact, Project MATCH – a large clinical trial – found that while a 12-step facilitation program yielded slightly higher abstinence rates for some, cognitive-behavioral therapy and motivational enhancement therapy were similarly effective for many others. The takeaway is that different individuals respond to different approaches. Therefore, a one-dimensional measure like "spiritual involvement" is not a reliable or valid predictor across the broad pilot population.

2. Consistency and Fairness: HIMS evaluations need to be consistent to be fair. If one psychiatrist heavily weighs "spiritual maturity" and another completely ignores it, two pilots with otherwise identical profiles could get divergent outcomes – which is unfair and erodes trust in the process. Objective standards help minimize such evaluator-to-evaluator variability. They provide a common reference point (e.g., "Has the pilot remained abstinent for at least 12 months?" – yes or no; "Has the pilot complied with all testing requirements?" – yes or no; "Does the neurocognitive test fall within normal limits?" – numeric score comparison). In contrast, "How spiritually grounded is this pilot?" is answered by pure subjective judgment with likely no two evaluators agreeing on a scale. One examiner's concept of "spiritual enough" might depend on overt religiosity (e.g., attending church), another might think in terms of general personal growth or humility. It's nebulous. Such subjectivity is not acceptable when careers and public safety are at stake. To ensure fairness, evaluators must stick to criteria that can be applied uniformly and are explicitly part of the HIMS protocol.

3. Avoiding Bias and Protecting Diversity: The aviation community, like society at large, is diverse. Pilots come from all walks of life and belief systems. Some are devoutly religious, others are agnostic or atheist; some find spirituality in nature or philosophy rather than organized religion. If HIMS evaluations (even implicitly) favor those who align with a certain spiritual approach, it creates a bias that disadvantages pilots of other backgrounds. This not only raises the discrimination issues already discussed, but it also could discourage pilots in need from coming forward. Imagine a pilot struggling with alcohol who is atheist and has heard that "the HIMS doctors won't clear you unless you embrace God." That pilot might fear seeking help or delay reporting a problem, which is the opposite of what we want for safety. The HIMS program's

credibility rests on being seen as science-based and impartial, not ideological. By explicitly keeping spiritual judgments out, we send a message that *anyone* can get help and be treated equitably, whether they draw strength from a higher power, human support, or inner resolve.

4. Maintaining Professional Credibility: Aviation medicine is a highly specialized field that needs to justify its decisions to various stakeholders – airlines, the FAA, the public, and the pilots themselves. When an AME or psychiatrist makes a recommendation on a pilot's fitness, that recommendation might be scrutinized by FAA officials or even legal forums (e.g., appeals to the NTSB). Basing recommendations on objective evidence makes them defensible. For instance, an examiner can point to a pilot's lab results, compliance records, and cognitive testing to justify a decision. However, if an examiner were to write in a report, "Pilot has not yet had a spiritual awakening; therefore, I do not recommend return to duty," this would likely be met with serious question: On what scientific or regulatory basis is that conclusion drawn? It would not stand up well to external review. In fact, it could expose the examiner to criticism or discipline for straying from approved standards. Maintaining an evidence-based approach is part of professional duty – it shows that we are acting as medical experts and not as moral arbiters.

5. Supporting Recovery vs. Policing Belief: The role of HIMS professionals is to support and verify recovery, not to enforce a particular recovery philosophy. Recovery from addiction is deeply personal. What "works" for one person may not for another. Our job is to ensure that whichever method the pilot chooses is effective for them and meets safety requirements (e.g., total abstinence). We should be looking at outcomes (Is the pilot sober? Mentally fit? Likely to stay that way given current supports?) rather than prescribing the one true path. By focusing on outcomes and evidence, we actually encourage pilots to find *their* best path. Some pilots may indeed elect a spiritual route (and that's fine and can be noted as part of their support system), while others may choose different paths. As long as the outcome – a safe, sober pilot – is achieved, the HIMS evaluator's concern is satisfied. In contrast, focusing on *how* they got there (spiritually or otherwise) can distract from the real outcome measures and may even damage the therapeutic alliance if the pilot feels the evaluator disapproves of their personal approach.

To illustrate, consider two hypothetical pilots at a 12-month sobriety mark:

- Pilot A faithfully attends AA, talks about a renewed faith and how it keeps him sober.
- Pilot B attends a science-based recovery group, rejects the idea of a higher power, but uses cognitive strategies and therapy to stay sober.

Objectively, if both have no relapses, all tests negative, stable home life, etc., both are equivalently positioned for a favorable evaluation. And indeed, FAA's standpoint would clear both, since both met the requirements. Any divergence in how they are treated by an evaluator would be inappropriate.

Finally, it's worth noting that objectivity and compassion are not mutually exclusive. Some might worry that by not "valuing spirituality," we become cold or unsupportive. That is not the case. We absolutely can and should show compassion, understanding, and holistic care for the pilot. If a pilot finds meaning in spirituality, a good HIMS clinician will encourage them to use

every healthy tool at their disposal. Likewise, if a pilot is not spiritual, a good clinician respects that and helps the pilot leverage other strengths. In all cases, the evaluator's report and decision criteria remain grounded in the objective evidence of recovery. This dual approach – humanistic support combined with scientific rigor – best serves the pilot's well-being and the flying public's safety.

Recommendations and Best Practices for HIMS Evaluators

To ensure that HIMS evaluations remain fair, unbiased, and compliant with both FAA standards and ethical/legal requirements, we propose the following best practices for Aviation Medical Examiners, psychiatrists, and other professionals involved in the HIMS process:

1. Stick Rigidly to FAA-Defined Criteria and Medical Indicators: When conducting evaluations or writing reports, use the FAA's checklist and required report elements as your roadmap. Focus on documenting *objective findings*: the pilot's abstinence duration, compliance record, test results, treatment attendance, mental status exam findings, etc.. If you find yourself commenting on or considering something subjective (like "attitude towards a higher power"), pause and ask: *Is this required or relevant to safety?* In almost all cases, it won't be – so it likely doesn't belong in the assessment or decision. By adhering strictly to the sanctioned criteria, you also protect yourself – your recommendations will be backed by what the FAA expects, leaving little room for challenge.

2. Treat Support Group Involvement as Fulfilling a Requirement – Not a Spiritual Barometer: If a pilot is participating in a support group regularly, credit that as a positive factor (commitment to aftercare), regardless of the group's spiritual nature or lack thereof. Do not grade the pilot on *which* group or *how earnestly* they profess the group's creed. For instance, "Pilot attends Smart Recovery meetings weekly and reports benefiting from them" should be viewed as equally favorable as "Pilot attends AA weekly and works with a sponsor." The key is participation and benefit, not ideology. Remember that FAA's position allows "AA, NA, etc." – the "etc." is crucial. If an employer or peer ever questions "why you allowed an alternative program," you can cite FAA's neutral stance and legal requirements for accommodation. It's actually protecting the program to incorporate alternatives.

3. Provide Secular Alternatives and Document Offering Choice: If you as an AME or psychiatrist are in a position to advise or set requirements for a pilot's recovery activities, ensure you provide options. For example, if recommending aftercare: "Pilot should engage in regular support group meetings, such as AA or a secular alternative (e.g., SMART Recovery), according to personal preference." This signals openness and protects against later claims of coercion. It may also help the pilot be more honest – some pilots might pretend to go along with AA to appease the evaluator while secretly disliking it, which isn't a good outcome. By openly giving permission for a secular route, you foster honesty and autonomy. Document in your notes that you discussed options. This way, if any scrutiny occurs, it's clear you weren't pushing a religious program.

4. Cultivate Cultural and Religious Competence: Make an effort to educate yourself (and your HIMS team) on different recovery philosophies and cultural attitudes toward addiction. Not

everyone believes in the concept of a "Higher Power," and some may have alternative frameworks (like Buddhist mindfulness-based recovery, or purely medical models). Understanding these can help you better evaluate a pilot's sincerity and progress within *their* chosen framework. It also helps avoid misunderstandings. For example, a pilot might say "I don't pray about it, I just follow the science." A culturally competent evaluator wouldn't mark that as resistance or lack of insight; instead, it can be seen as a rational approach aligned with the pilot's beliefs. The goal is to not inadvertently pathologize or criticize what might simply be cultural or personal differences. The APA and AMA encourage clinicians to be aware of and respect religious diversity, and this absolutely applies here.

5. Focus on Behavioral Signs of Recovery Commitment: If you are trying to gauge how committed a pilot is to recovery (which is a fair thing to assess), look at their actions: Do they show up on time for monitoring? Do they proactively avoid triggers? Have they made lifestyle adjustments (new hobbies, different friend circles away from drinking buddies)? Do they speak openly about lessons learned or do they minimize the problem? These behavioral cues are much more telling than whether they use spiritual language. One could be very "spiritual" in words but not actually take concrete steps to stay sober, and vice versa. So, prioritize tangible evidence over rhetoric. This aligns with evidence-based practice: past behavior and demonstrated coping strategies predict future behavior, whereas professed beliefs may not.

6. Guard Against Personal Bias in Yourself: It's human nature for evaluators to have their own beliefs about recovery (e.g., perhaps you got training in a 12-step model, or conversely you're skeptical of 12-step and favor medical therapy). Acknowledge these biases internally and take steps to ensure they do not color your evaluation. One practical method is to use peer consultation: discuss tricky cases with a colleague or in HIMS peer groups without revealing identifying info, focusing on whether your evaluation criteria are fair. If you catch yourself thinking, "Pilot X just doesn't seem truly in recovery because they haven't embraced [belief/practice]," challenge that thought – is it supported by any objective evidence or is it your subjective impression? Use the peer or supervisor as a sounding board. HIMS is a small community; supporting each other in unbiased evaluations will raise the overall quality of the program.

7. Documentation and Language: Be meticulous and neutral in documentation. Avoid language in reports that carries religious connotations or judgments. For example, rather than writing "The pilot lacks a spiritual foundation for recovery," which is inappropriate, you might write "The pilot has chosen a secular recovery support approach and reports it is meeting his needs. He demonstrates insight into his addiction and has maintained sobriety for X months." If the pilot explicitly discusses spiritual matters, you can note it factually (e.g., "Pilot states he relies on prayer and faith as part of his support system"), but do not frame it as either a requirement or a deficiency. It's simply part of that pilot's narrative. Keep your professional conclusions tied to the core safety concerns: risk of relapse, cognitive/mental fitness, compliance. In technical terms, ensure your "Findings" and "Impressions" sections map to FAA's required determinations (e.g., does the pilot meet DSM criteria or not? Any disqualifying condition present or not? Is the risk of relapse acceptably low in your medical judgment given the evidence?).

8. Educate and Communicate with Stakeholders: Often, HIMS AMEs and psychiatrists interact with airlines' flight departments, chief pilots, or HR, who may not be as versed in these nuances. If you encounter an airline representative who insists "we require AA only," it would be wise (and part of your advocacy role) to educate them on why allowing alternatives is important – citing both the EEOC case outcome and the fact that FAA does not mandate AA. This proactive education can prevent a lot of friction. Similarly, reassure pilots that *your* role is to evaluate their health and safety objectively, not to probe their personal faith. Sometimes explicitly saying "Our concern is your sobriety and well-being, you are free to choose whichever support system helps you – my job is to assess how well it's working, not to pick it for you" can build trust with a pilot, leading to more openness and better compliance.

9. Use Multidisciplinary Perspectives: If unsure about a pilot's readiness, rely on the HIMS team (which might include addiction medicine specialists, psychologists, peer monitors). Their input can provide a rounded view that reduces individual bias. For example, a peer monitor's assessment that "the pilot actively shares and helps others in meetings" is a positive sign of engagement – whether that meeting is AA or not. Or a therapist's note that "pilot is resistant to exploring any inner emotional issues" could be a warning sign – but again that's a psychological resistance, not specifically about spirituality. By considering these multiple inputs, you focus on broad patterns of behavior and adjustment, drowning out any single subjective lens.

10. Keep Current with Guidelines and Case Law: The landscape can evolve. As seen with United's case settlement, policies were updated to allow religious accommodations. It's possible the FAA may also issue additional guidance in the future as awareness grows (for instance, an official memo reminding HIMS AMEs to be mindful of anti-discrimination principles). Stay updated by attending HIMS seminars, reading FAA bulletins, or participating in professional forums. Being up-to-date will ensure your evaluations are aligned with the most current standards (and you might share this white paper's insights with colleagues as part of that effort!).

11. When in Doubt, Err on the Side of Inclusion: If you are considering whether to sign off on a pilot's return or to recommend step-down, and the hesitation is coming from a vague sense of "something missing" that you can't quantify, be very cautious. Our decisions should not be mystical; they should be concrete. If the "something missing" is truly a clinical concern (e.g., you suspect undisclosed relapses, or see psychological denial), then gather evidence for those concerns and address them directly (with further testing, etc.). But if the only "missing" piece is that the pilot doesn't frame their recovery in spiritual terms and you're used to that framing, recognize that as a *you* issue, not a *them* issue. The pilot should not be penalized for not using the terminology or philosophy that some others do. Always fall back to: are they meeting the known requirements (abstinence, etc.)? If yes, and no clear disqualifying factor is present, then granting the step-down or clearance is likely appropriate. We are gatekeepers of safety, not gatekeepers of souls.

12. Foster an Environment of Respect and Neutrality: In your interactions with the pilot, set a tone that whatever their beliefs, they are respected. This can be as simple as using inclusive language. For example, instead of asking, "Have you found a higher power to help you in recovery?" (which presumes they should), you could ask, "What are the main sources of strength

or support that you draw on to maintain your recovery?" This latter question allows the pilot to answer in a way true to them – it could be "my faith in God," or it could be "my family and my personal determination" or "mindfulness meditation," etc. You then follow up on how they use those supports effectively. By normalizing all kinds of answers, you remove any implication that one type of answer is "correct." This approach aligns with a patient-centered, culturally sensitive interview style, which is encouraged in modern medical ethics.

Implementing these best practices will help shield both the pilot's rights and the evaluator's integrity. The outcome will be that decisions about returning pilots to the cockpit are made based on solid evidence and sound clinical judgment, without extraneous factors interfering. This not only reduces ethical and legal risks, but it also *strengthens the HIMS program's reputation* as a fair and effective pathway – encouraging more pilots to seek help when needed, and bolstering public confidence that only fully rehabilitated, competent pilots are allowed to fly.

Conclusion

In the FAA's HIMS program, where lives and careers hang in the balance, it is essential that evaluations be conducted with the utmost professionalism, fairness, and adherence to objective standards. Introducing "spirituality" or any subjective belief-based criterion into these evaluations is inappropriate for multiple compelling reasons. It lies outside the FAA's specified requirements, conflicts with core principles of medical ethics, and exposes the program and practitioners to legal challenges on grounds of religious discrimination.

This white paper has presented a detailed examination of why spiritual or religious litmus tests do not belong in determining a pilot's readiness to return to flight:

- FAA policy language governing HIMS makes no mention of spiritual qualifications – instead, it centers on compliance, abstinence, clinical evaluations, and safety-related behaviors. The inclusion of support groups in HIMS is meant to ensure pilots have ongoing help, not to mandate any particular religious approach. HIMS professionals should take their cue from these policies, keeping the focus on tangible recovery evidence.
- Medical ethics, from the likes of the American Psychiatric Association and AMA, remind us that we must respect each patient's personal beliefs and never impose our own. An evaluator's task is to assess health and risk, not to judge spiritual worth. By scrupulously avoiding religious bias – as mandated by ethical codes – we honor the dignity and rights of the pilots under our care.
- Legal precedents underscore that mixing mandatory programs with mandatory religion is a hazardous combination. The Title VII lawsuit involving a Buddhist pilot clearly illustrates the cost of failing to accommodate religious differences in a HIMS-like setting. Furthermore, the First Amendment jurisprudence warns us that no arm of the government should be seen as coercing religious participation. HIMS evaluators, in acting on behalf of the FAA, carry that responsibility of religious neutrality.

- From a practical standpoint, relying on objective, evidence-based standards is the best way to assure both safety and fairness. A pilot's fitness to fly is evidenced by sustained abstinence, stable health, and demonstrated responsibility – not by their personal creed. As professionals, we enhance the credibility of our recommendations by grounding them in data and observable facts, thereby avoiding arbitrary or biased decisions.

Moving forward, HIMS psychiatrists, AMEs, and mental health professionals are encouraged to implement the best practices outlined: maintain clarity on required criteria, offer secular options alongside spiritual ones, introspect on personal biases, document neutrally, and always ask "Is this factor truly relevant to safety?" If the answer is no (as with most spiritual metrics), then it has no place in the decision.

By fostering an evaluation process that is neutral, respectful, and evidence-driven, we not only protect ourselves and our organizations from ethical or legal missteps, but we also better serve the pilots who are striving to rebuild their lives and careers. These pilots deserve to be assessed on their merits – on the hard work they have put into recovery and the concrete progress they have made – without an overlay of subjective judgment about their inner beliefs. Many pilots will indeed attest that regaining their medical and returning to the skies is a profoundly meaningful, even "spiritual" experience for them; however, that meaning is for them to define, not for the evaluator to mandate.

In conclusion, objectivity and impartiality are not just bureaucratic ideals – they are the guardians of justice and safety in the HIMS program. By discouraging the use of "spirituality" as a criterion, we affirm our commitment to those ideals. We ensure that HIMS fulfills its true purpose: identifying pilots who are genuinely fit to fly again, using methods that are fair, scientific, and in full compliance with ethical and legal standards. Keeping the evaluation process secular and evidence-based is not a rejection of spirituality's value to some individuals; rather, it is an embrace of our role as healthcare and aviation safety professionals who must serve all individuals – of any faith or none – with equal dedication and without prejudice.

References:

- Federal Aviation Administration – HIMS AME Step-Down Plan (2021)
- FAA Guide for Aviation Medical Examiners – Substance Abuse/Dependence Evaluation Protocols
- FAA Certification Aid – HIMS Drug and Alcohol (Initial Certification Guidelines)
- American Psychiatric Association – Resource Document on Religion, Spirituality and Psychiatry (2021), ethical guidance against imposing personal beliefs
- American Psychological Association – Ethical Code Standard 3.01 (Unfair Discrimination: no discrimination based on religion)
- American Medical Association – Code of Medical Ethics (Principles I and IX, on respect for patients' beliefs and nondiscrimination)

- EEOC v. United Airlines (Consent Decree 2022) – Case of Buddhist pilot, outlining Title VII requirements for religious accommodation in HIMS program
- Kerr v. Farrey (7th Cir. 1996); Warner v. Orange County (2nd Cir. 1997); Inouye v. Kemna (9th Cir. 2007) – Federal cases prohibiting compulsory 12-step program participation by government without alternatives.
- UNC School of Government legal analysis on mandatory AA and the First Amendment.

(All citations refer to the numbered sources and line references provided in the text above. These sources substantiate the factual and legal assertions made in this paper.)