

Where is Occupational Medicine Going?

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Abstract

Occupational medicine, Occupational and Environmental medicine, Industrial Hygiene, Occupational and Sports medicine, Protection at Work, whatever it is called in different countries, this is an extraordinary important branch of preventive medicine. In some European countries, occupational medicine as a scientific study lost its recognition, starting from health centres to medical schools. The question to be asked is whether such an automatic negation of a new danger is positive, not only for the reason of the lost dignity, but also because of endangering community and environment. For a long while now we witness the results of low rating and significance of the occupational medicine. The traffic accidents and misuse of firearms have increased, as well as sudden deaths of young athletes at sports events, the number of work injuries and professional illnesses. Further question is the growing privatization and tendency of the total privatization of primary and specific healthcare, i.e. the whole health system except partially hospitals. The occupational medicine specialist at the open market losses the much needed neutrality and in order to keep the clients and survive, panders to contracted firms or to the workers. Furthermore, psychologists and psychiatrists that make a compulsory part of the occupational medicine teams, do inadequate work capacity assessments by overlooking specificity of the workplace. It is necessary to return dignity and independency to occupational medicine, so that it can achieve its primary task – assessment of work capacity, without any type of pressure. Trends of the modern occupational health services, visiting of work places, questioning and screenings have to be conducted but at the strong stationary Occupational medicine centres, preferably at scientific educational institutions.

Keywords: independent assessment, occupational medicine, recognition and significance.

Introduction

Occupational Medicine, Occupational and Environmental Medicine, Industrial Hygiene whatever it is called in different countries, this is an extraordinary important branch of preventive medicine. Performing its basic task – assessment of working capacity [1], Occupational Medicine on several occasions showed its supremacy over the Family practice. In Republic of Croatia there are trends of privatization of the whole Occupational Medicine, especially after the end of the recent war [2]. Not only in Croatia, but also in other countries there are trends of the OM privatisation as well as assimilation of OM with other speciality branches, such an example was done recently in Austria, in Vienna [3]. Weakening of OM has been taking place for already some time. This could have an impact on the whole society and the environment.

Nowadays it is possible to find in daily newspapers texts about increased misuse of firearms. This occurs because of inadequate examinations at OM services [4].

Under aged persons often experience injuries at work due to their

engagement at workplaces with special working conditions [5]. Furthermore, compulsory members of OM teams, psychologists and psychiatrists, assess workers regardless of the context of the specific workplace and environment and that leads to the fatal consequences [6].

Generally, in order to survive on the open market and running their own practices, OM specialists lower the criteria when issuing Health Certificates so that they can further keep workers i.e. firms registered at their surgeries.

The field of Occupational Medicine has a great many different possibilities of examination, for example the use of applied toxicology, which makes OM not only significant branch of medicine, but very interesting for young doctors who have interest in science [7].

OM specialists as expert witnesses participate in various difficult court proceedings, helping judges to come to right decisions [8] in complex cases.

For it is so extraordinarily important, it is necessary to return dignity and independence to OM, not only because it is a preventive branch

of medicine, but also because OM constitutes a part of university medicine studies program along with studies for sanitary engineers.

Material and Methods

The aim of this paper is to try to answer the question set in the title, “Where is Occupational Medicine Going ” analysing the structure of Occupational Medicine team on one side, (internal problems) and analysing organisation of some visited OM foreign university centres (external problems), on the other side. Table 1.

Table 1: Inner and external problems that influence OM teams

Internal problems	External problems
Psychologists opinion opposite to OM specialist opinion	Joining of OM with others speciality branches
Psychiatrist opinion opposite to OM opinion	Academic subject “Occupational Medicine” merging with other academic subjects at Medical schools with small number of teaching hrs.

OM, Occupational Medicine, hrs, hours.

Results

Results demonstrate that in OM teams exist internal problems, especially with psychologists and psychiatrists whose opinions are often contrary to those of the OM specialist. Furthermore, there exist external problems, i.e. the tendency of joining of OM with other speciality branches is growing, at medical schools there is a tendency of joining the study “Occupational Medicine” with other studies of Public Health. That way OM loses its recognition and independence necessary to directly influence safety of society and environment.

Discussion

OM team headed by the specialist in Occupational Medicine as the final result of their work issues Certificate about the working capacity or incapacity of workers who are employed at workplaces with special working conditions, Certificates for driving licence, holding firearms, for seamen, for persons who are professionally exposed to ionising radiation etc.

Specialist of Occupational Medicine gives their final assessment deciding whether the patient/worker is capable to manage a motor vehicle, safely handle and carry weapons, to stay in high altitude, in depths and so on. Never the less, the number of traffic accidents is on increases, as well as misuse of firearms, the number of accidents at work, the number of sudden deaths on sports grounds. For that reason it is necessary that Occupational Medicine specialist devotes maximal attention and does his job responsibly.

The truth is that many offenders have no driving licence, weapon licence, no medical examination prior to employment on jobs with special working conditions. In such instances, it is clear that the occupational specialist cannot be held responsible for the consequences.

It is necessary to additionally educate psychologists and psychiatrist who are compulsory members of OM teams in the way to send them on special courses that accentuate working and living environment and explain the effect of burden and stress on one’s organism and specific reaction, skill and emotional stability that is necessary in

some situations and occupations. Widening their views could change their attitude towards assessment of one’s working capacity. That way psychologists and psychiatrist would be closer to the opinion of the occupational medicine specialist and in teams internal problems would be solved.

That way the credibility of OM would also increase in public. Except internal problems, there are several external problems that affect OM. There can be many a reason some of being the financial situation, political influence, work migrations and so on.

The trends that are set in some European countries should be urgently changed^{3a}. Namely, the union of the Physical Medicine and of the Occupational Medicine in Vienna, Austria that resulted in reducing the Academic OM team to only two persons, professor of OM and assistant of OM, obviously that cannot be satisfactory.

In Zagreb, the capital city of Republic of Croatia, the Subject “Occupational Medicine” is taught within the subject “Health Ecology” and “Public Health”. Reduced to that level, Occupational Medicine loses its rating, independency and dignity, but more importantly, the community is put in danger. The number of teaching hours is reduced and consequently the knowledge of students’, the future doctors is reduced. Compulsory number of teaching hours should be increased.

The lack of knowledge is observed among both students and doctors doing specialization in Occupational Medicine in Italy, where they simply cannot adopt enough knowledge due to reduced study hours.

Furthermore, there is also the problem of medical doctors’ emigration to richer countries [9, 10]. Generally, in many countries there is a lack of medical doctors. In Republic of Croatia there is a lack of paediatricians, gynaecologists and family practitioners.

For now, in Croatia there are enough specialists of OM (about two hundred in total per about 4 million and one hundred inhabitants – of that number one third employed/workers).

OM specialists are mostly situated in bigger towns. In smaller towns there is a lack of OM specialists (1 specialist cares for approximately 4.500-13.000 workers). In the rural areas and all areas with a small number of inhabitants and workers, it is allowed for the OM specialist to make a contract with the Croatian Institute for Health Insurance.

If the employment without prior medical examination were to be allowed, the number of work injuries would significantly increase as well as the number of traffic accidents and misuse of firearms. The remaining OM specialists would go to countries that offer better salary and better possibilities.

It is necessary to strengthen OM services, work on its dignity and independency and to stop all these negative trends. That negative trends can only increase the costs for governments. To spend money on preventive means to spare money to avoid negative consequences.

Occupational Medicine specialists through their professional organisations as well as through participations in public international congresses, conferences, and meetings, and right communication can take OM to the right path of influence and the benefit for workers and the whole population and environment.

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