

Sample Module

"Medical Surveillance in Occupational Health"

Hello everybody!

This week we want to look at Medical Surveillance in companies: What are we doing or supposed to do to watch over the health of the employees? What does the law in India require us to do? How do other countries regulate medical surveillance in the workplace?

But we also want to look behind the scene: Why are we doing it? What is the medical, economic and ethical rationale behind it? What kind of examination does actually make medical sense? What is the evidence that medical examinations at the workplace actually help to improve health or prevent diseases?

As we are working with confidential data: What are we allowed to tell management? How do we inform the patients of the results? How do we inform management of the results? What happens when we find an occupational disease?

Please read the INTRODUCTION paper at the end of this document.

You realize that now, in the last half of the course, we are going into more complex issues, ethical questions and questions of our quality, integrity and team working capabilities inside the company. Have fun! Wagner

Learning objectives # 9, 10 and 11:

At the end of this module you should be able to

1. Explain the relevance, reasons and limits of medical surveillance in reference to other methods of risk control like e.g. engineering controls
 2. List steps and components of medical examinations in a surveillance program
 3. Refer to legal requirements regarding medical surveillance
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Mandatory Reading:

1. Read through the regulations of the country you are living in regarding medical surveillance. Make notes which section on special hazards and the mandatory medical surveillance apply to your company.

2. Read again the ILO [Technical and Ethical Guidelines for Workers' Health Surveillance](http://www.ilo.org/public/english/protection/safework/health/whsguide.htm) 1997 at
[<http://www.ilo.org/public/english/protection/safework/health/whsguide.htm>]

3. Read **ACOEM Statement on Medical Surveillance** at [ACOEM Guidelines Overview](http://www.acoem.org/guidelines/consensus/Overview), look for the Guideline on Medical Surveillance (1 page) at
<http://www.acoem.org/guidelines/consensus/>

Voluntary Reading

You can go back to the module on *Ethical Conduct* and check out the resources to see what they say about Medical Surveillance of workers.

Other interesting material:

Sentinel health events from the Pan American Health Organisation PAHO:
<http://www.paho.org/English/DBI/ES/V10N6-Choi.pdf>

OSHA overview site on **medical surveillance**:
<http://www.osha.gov/SLTC/medicalsurance/surveillance.html>

OSHA Standards of **medical surveillance**:
<http://www.osha.gov/SLTC/medicalsurance/standards.html>

OSHA resource page on **medical screening**:
<http://www.osha.gov/SLTC/medicalsurance/screening.html>

GOOD PRACTICE GUIDE for Occupational Health Centers from the Finnish FIOH, available at <http://www.ttl.fi/NR/rdonlyres/F93AF62E-C63D-4FCE-BB7C-91AC6D4B4158/0/gohp1.pdf>

Attention: Mandatory Posting!!

Discussion question of this week:

Post a short note (approx. one paragraph or 5-10 lines) on the question:

- Do you think the medical surveillance as mandated in the national Factory Act is helpful to protect workers from injury and disease? Explain why - or why not!
- Explain the different aspects of the problem
- What do you suggest should be improved in the Indian regulations?

Post your response in the Discussion Board under the "M13-Med Surveillance" discussion thread!

Note: I will open this thread of discussion by posting the first email under "M13-Med Surveillance". Post your comment by answering to the first email of this new thread using the REPLY button. Only responses which are posted in the correct discussion thread will be considered for grading.

Written Assignments for Drop Box:

A. Send in a list of medical examinations for your company's workers MANDATORY according to the national legislation. List the respective rule and section together with the required medical examination.

If you do not work as a company doctor, please choose one company where you have contacts, learn about the workplaces and draft a medical surveillance program according to the national legislation.

B. Choose three of the following case studies and answer the questions!

- Asthma in the Navy
- Heart Murmur in Merchant Navy
- Driver in the National Archives
- Glucosuria in a Seafarer
- Working in the Cold

You find these case studies in our **Resources and Case Studies**. *Send it to us using the DIGITAL DROPBOX.*

Note: I suggest that you download the case studies including the questions, write your answers into this new document and send it to us using the DIGITAL DROPBOX.

Do NOT forget to put your NAME, the Module NUMBER and the TOPIC into the NAME of the FILE!

C. Voluntary Assignment:

None this week

Marks

Posting in discussion board: You will get **5 marks** for your posting on the discussion question on "medical surveillance as mandated in the Factory Rules"; marking will be based on the fact that they are correct, comprehensive and concise. Your assignment has to be posted in the Discussion Board if not it will not be graded.

Written Assignments:

- A. You will get **10 marks** for your list of mandatory examinations in your company
 - B. You will get **10 marks each** for each of the three mandatory case studies
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Additional Resources

Please go to **Course Material** and **Other Resources** to find additional links and documents.

Good luck!

N. Wagner

INTRODUCTION PAPER

The inner logic of medical surveillance:

Note: Because we do not have a good chapter in the book on this topic I want to forward a little introduction. Medical surveillance has to be done in a very responsible way. Mistakes from our side can and do get people fired or leave them unemployed. - Wagner

We should always be aware that we are performing a risky task when we conduct medical examinations in a company. Employees might be fired because of the things we discover (even though the law does not allow for it ..); people might be harassed or mobbed by superiors when medical information leaks out of our office; we might lose our reputation as doctors when we breach confidentiality and do not stick to the facts.

"The facts", though, in medical surveillance are often a little blurred as we all have certain "beliefs" about health and disease which are not based on actual knowledge. So, before coming to a conclusion about somebody's fitness to work we should be really sure about our knowledge and how much of that alleged "knowledge" is actually based on evidence.

Example: *Can someone with epilepsy drive a car or a truck for a company? Let's presume an employed driver develops epilepsy.*

How would you decide, what would you write as result of your medical examination on the paper and sign? Can he or can he not??? If NO, why?; if YES, why? OR: if YES, under which circumstances or with which limitations???

What do we (=the occupational medical community or the scientific community in general) know about epileptics as drivers? Do they really cause accidents? Do they cause more accidents than healthy others under treatment, only at the beginning of treatment or only if untreated?

How do we balance (1) the right of others not to be damaged by an epileptic causing a traffic accident, (2) our obligation to recommend the right thing so the epileptic himself does not get hurt if he has a sudden loss of consciousness and (3) the right to work (and need) of the epileptic so he can support himself and his family?

His GP comments on the fitness-to-work, decides that he cannot be a driver and sends these statements to the company. Consequence: the worker gets fired. Why? The GP has quasi signed his demission papers with his judgment.

The GP thought that nobody with epilepsy can work as a driver. That is wrong!

The truth is that only the epilepsy seizure is dangerous for the person and others involved when he drives. If the driver does not have a seizure everything is okay. If he does not have a seizure he is a normal person. Isn't he?

So, which limitations apply to that situation? Which tasks as a driver can he drive or task can he do? Can he drive small cars but not school buses or trucks with dangerous goods? How good does the treatment have to be? How

many years should he have been seizure-free in order to be allowed to drive etc?

For a correct medical surveillance program you have to know the exact workplaces, should know the disease and know the consequences of that disease for the safety of the person and of others.

Why do I give all these warnings?

It is a very common event that doctors state that someone is "not fit for that work". Even in industrialized countries with a long tradition in occupational medicine often GP send these recommendations to the company and people loose their job because of that statement. What went wrong?

For us to set up a responsible medical surveillance program we have to balance ethical, medical, scientific, psychological and societal issues. Professional organizations in countries often have very detailed and specific recommendations for different tasks in combination with different diseases.

If you do not have these recommendations (and there are no comprehensive one in India) you need to look into the literature or in regulations of other countries. Accounting for special situations (such as laws and liability regulations) in your country you will have a pretty good standard as guidance.

*I can only recommend that your company buys a book on this. The only and best in English I have found so far is: **R.A.F. Cox, F.C. Edwards, K. Palmer. Fitness for Work - The Medical Aspects. 2000, 3rd edition.** It refers to the UK legal system but essentially concentrates on the medical knowledge we have on certain occupations, their medical requirements and on medical conditions which affect our working capacities. For general information you should refer to the [ILO Technical and Ethical Guidelines for Workers' Health Surveillance 1997](#) mentioned below.*

In summary, when we conduct a medical examination (= medical surveillance program) and give our **medical opinion on the fitness-to-work** of a person entrusted to us as company doctors we should be able to answer the following questions:

- a. Why do we do it? What is the purpose of this examination?
- b. What are the known or suspected hazards in the workplace?
- c. What is the actual risk for the individual or for third persons being damaged when something occurs to the individual worker because of his/her medical condition?
- d. If these are the risks and dangers, then what are the medical requirements for the health of the worker (mental, physical, emotional) working on this job?
- e. If these are the medical requirements for that job: what constitutes an acceptable state of each organ system and what constitutes an unacceptable condition of each organ system?

Note: All these standards have to be based on knowledge of evidence-based medicine, the workplaces including the company set-up, location, emergency procedures, use of PPE etc. It can NOT be based on our suspicion or health beliefs or people will lose their livelihood because we are negligent as doctors.

- f. Which medical tests do I have to perform in order to test if the individual complies with the above set-up medical standards? What are the cut-off points?
- g. *Our decision:* what can I, management or the worker do to still keep him/her working even though he/she does not comply with the standards? Can the use of additional protective equipment, job rotation or treatment help to keep his/her job?
- h. How do I communicate the examination results to the individual? How do I communicate the final **decision** [*Note: NOT the results!*] to management?
- i. Where do I refer if I find something wrong but which is not work-related?
- j. What is the sensible and medically correct interval for the next examination?

I hope I could clarify some difficult issues Now let's start with the Module and the Assignment. - Wagner