Editorial

Looking through the Crystal

The profession faces many threats from the social, political and economic pressures that stand between the physician and the patient. That transaction is no longer as pure and as unfettered as it might be. Occupational medicine is no stranger to this situation.

As we rush headlong towards the millennium, we have already witnessed major upheavals on the world stage and turmoil in the trade and the currency markets. We need perhaps a new approach that is flexible and responsive to the needs and uncertainties of the nineties but which will serve as a basis for the specialty to grow and develop well into the next century.

It would not be time wasted if we were to dedicate time in the next seven years to discussion, debate, talk, controversy and reflection on the profession of tomorrow and the specialty of the future.

It has been suggested that the two principal driving forces for the nineties will be biotechnology and computers. The 'age of biology' is the description given to the next decade. These will have implications for the occupational physician of tomorrow. Computers will permit orders of magnitude of enhancement of data processing, opening the doors to improved information management and retrieval, as well as improved toxicological surveillance by techniques such as quantitative structure activity relationship analysis.

Will the 'age of biology' be the open door to genetic testing for predisposition to chemically induced disease and monitoring of high risk workers? First mentioned by Richard Severo in 1980, the issue is fraught with risk of social and political upheaval. The onus must be on the legislators to prevent the worker being deprived of a livelihood rather than an obligation to control exposure placed on the employer.

The future of occupational medicine clearly depends on the excellence of its research and a continuing supply of well trained medical graduates. We have commented on both issues in this column before. In the UK, there is some hope in the establishment of the British Occupational Health Research Foundation. International links can hopefully be used to increase collaboration and enhance the production of cost effective research.

More alarming perhaps is the crisis facing medical education. Training in occupational medicine must be realistic and relevant to the needs of the learner at undergraduate, generalist or specialist level. Both in the US and UK, there is concern about the falling quality in both medical school applicants and education generally. One response has been the switch to problem based learning, an approach taken up by the Faculty of Occupational Medicine here in Britain, albeit in modified form. It is clear that medical education in the future, both general and specialist, cannot remain traditionalist.

Occupational Medicine recognises this need by taking account of both research and practice. We were asked some time ago if we were interested in educational papers. Our reply has always been the same—in the affirmative. Our allegiance has always been to the process of practice and this needs to be strengthened in education and training.

What changes can we expect in medical practice and how can these interact with occupational medicine? One attribute has been the rise of holism which has a managerial parallel, the need to be customer driven. The inevitable effect of this will be, in time, a better educated client of the occupational health service, which may make prevention easier in the long run, but life considerably more awkward. Informed consent will be high on the agenda. Paternalism will be quietly marginalised.
Quality assurance will no doubt affect occupational medicine as much as medical practice. However, medical practice will also become more preventive in focus as the consequences of quality assurance activities take effect. It is possible that this may lead to increased competition between general practitioners and occupational physicians.

Economic forces will continue the drive in the hospital service towards community care, ambulatory and minimally invasive surgery. This may well have repercussions for occupational medicine of the future as it parallels such issues as rehabilitation leave and elderly care.

The rise of public health medicine has restored this specialty to its former glories. It is now close to its position in the 19th and early 20th centuries. Through our relationship with industry, government, unions, press and public, we can seek to influence opinion to the benefit of the workforce of tomorrow. Equally, as a specialty we must be seen to be accountable for our actions and therefore the public relations aspects of our work cannot be overlooked.

Britain and Ireland stand alone in maintaining a voluntary policy of provision of occupational health care. Will EC initiatives change the position in the future? Indeed, what are the best systems for the delivery of health care? The debate over value for money has not left us untouched and will not do so in the future. The International Commission on Occupational Health has recently initiated a scientific committee on health services research. It is hoped that this will provide a key to open up this under researched area which will become increasingly important in the future.

Like other journals of its kind, we believe that the future of Occupational Medicine is bright. We have identified above some issues that we expect and hope will be raised in these pages in the years to come. It is for the readers, however, to write them.

This journal remains only as good as its published pages and the papers contained therein. Occupational Medicine ceases to be of any value if it fails to serve the needs of its readers. To ensure that balance is correct requires interaction and for this reason the Letters to the Editor column is crucial to the future and is an area where we are not performing well.

Letters of course, are one of our prime means of communication. We may dash off several dozen after a day in our occupational health departments. But Letters to the Editor are an important means of communication of differing views, criticisms or alternative suggestions for published material or other matters which do not warrant a full paper or report. Properly written and constructed with supporting data, they can fulfil their function as the bedrock of journalistic argument and the substance of science. Occupational Medicine’s policy remains that the author of a paper, which is the cause of comment in a letter, will be shown the copy and given a chance to reply. Nonetheless, we hope that this will not deter potential contributors.

Our columns provide readers with a platform for individual expression and a chance to contribute to the debate that hopefully arises from the pages in this publication. We hope that you will help enliven them to the benefit of all concerned and for the good of occupational medicine.

Denis D’Auria
Honorary Editor

References