LETTERS TO THE EDITOR

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The NRL precedent?

Dear Sir,

Most involved in occupational medicine will know of recent legal and regulatory pronouncements relating to natural rubber latex (NRL). With the importance of precedent to legal interpretation, it seems sensible to speculate on the effect of NRL decisions elsewhere.

NRL, though not grown in the UK, is a natural (agricultural) product, and like so much plant based material, has the potential for sensitization. It is harvested and transferred to production facilities, where other sensitizers such as accelerators may be added. The products are ubiquitous in our lives, and include gloves, the gold standard for protection for many years. These do cause sensitization at work.

We know that NRL is legally a substance hazardous to health and under Regulation 7 of COSHH [1], ‘exposure’ must either be prevented or where this is not reasonably practicable, adequately controlled. Some have suggested NRL must go, though the regulatory view allows consideration of suitable alternatives within the scope of reasonable practicability. Hence the situation appears to be NRL gloves are out, unless there is no reasonable alternative for each particular situation.

Looking at precedent, perhaps another natural product this time grown in the UK is relevant. Wheat certainly causes sensitization and in the bakery it is mixed with sensitizers such as amylase, and resultant asthma is well recognized. The products are extensively used by the population and certainly are provided by employers for use ‘arising out of or in connection with work’. These products have the potential to cause allergy and intolerance.

Should we therefore assume that flour and wheat products this time grown in the UK is relevant. Wheat certainly causes sensitization and in the bakery it is mixed with sensitizers such as amylase, and resultant asthma is well recognized. The products are extensively used by the population and certainly are provided by employers for use ‘arising out of or in connection with work’. These products have the potential to cause allergy and intolerance.

Risk assessment, real or perceived, also cannot be the answer, since Regulation 7 appears as an absolute requirement irrespective of risk.

Separate from UK law, there are fundamental ethical concerns here, such as equity between agricultural producers irrespective of country of origin. Sustainability too; with the potential for natural products to sensitize, what is the consequence for our planet if this fact, irrespective of risk, forces us to prevent exposure and hence adopt man-made industrial substitutes.

Irrespective of the future of NRL, I wonder if the absolute requirements of Regulation 7 are sensible or sustainable and would be interested in other occupational physicians’ thoughts.

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References


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Re: Chemical, biological, radiological and nuclear terrorism: an introduction for occupational physicians

Dear Sir,

I read with interest Thornton et al.’s [1] paper looking at terrorism from the occupational physician’s stand point. There are certainly important aspects of terrorist risk and response relevant to our specialism, and about which our employers and clients will seek our advice.

I do, however, have concern regarding the radiation and nuclear aspects of the paper, which to my mind do not address the key areas of occupational medicine interest. Table 1 in listing industrial use as medical sources and nuclear power plants ignores a significant proportion of our society’s use of radiation and radioactivity available for terrorists’ consideration. The description of potential weapons as nuclear or atomic is not readily understandable and the terms themselves are not explained in the text.

In the section on hazard, there is no attempt to differentiate nuclear yield from devices that disperse radioactive material nor mention of terrorist triggers for industrial events for which detailed accident plans already exist and are in the public domain. The text has no discussion of the hazards of radiation vis-à-vis contamination, and in terms of radiation, there is no mention of deterministic effects. This leads to the important
omission of considerations of early diagnosis and early management of radiation injury.

In relation to carcinogenesis, while there is a clear consensus that this is a stochastic effect of radiation exposure, the authors would struggle to provide convincing epidemiology to support their statement that ‘a small increase in exposure to a large population would cause a long term increased incidence of carcinoma’. The one referenced assertion of hazard in the paper, that spent fuel pools (more often referred to as ponds in UK) could cause a disaster on the scale of Chernobyl is at best over simplistic. The most clear health consequence of that accident is of course childhood thyroid cancer from released radioactive iodine and spent fuel events could not have such a result.

The paper does identify the stages of national arrangements for incidents involving radioactivity (NAIR) response, but makes no mention of the identification of designated hospitals for receipt of casualties contaminated by radioactive material, or who may have been exposed to high levels of radiation. Similarly, the paper makes no mention of intervention in the accident/incident situation and the basis of decision making for the implementation of urgent early countermeasures to protect the public from stochastic risk is left unaddressed.

Few would argue with the conclusion of the paper, and in terms of chemical and biological events, the text has much merit. I would, however, suggest that in the radiation field, there is a need for further coverage if occupational physicians are to have even an introduction on the terrorist threat.

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References

Dear Sir,

Your review in the Monitor [1] highlights the continuing need for vigilance in treating people with back pain. Despite the wealth of sound advice including the Faculty of Occupational Medicine’s Guidelines for the Management of Back Pain at Work [2] inappropriate investigation and treatment are still all too frequent. Chris Keeling-Robert’s article in January’s Talkback [3] is just one of the many ways that BackCare has campaigned to improve access to information, research and individual support for back pain sufferers over the last 35 years. Supporters of BackCare are regularly updated with information in this area and can contribute to attempts to communicate these issues as they relate to work.

Your readers might also be interested to join the million or so people who visit BackCare’s website (www.backcare.org.uk) each year or to suggest to their patients, customers and clients that they make use of BackCare’s Helpline (Tel: 0870 950 0275) or its many publications — the most well-known being Guide to the Handling of People [4] the 5th edition of which is being launched next month. During BackCare Awareness Week (11–17 October 2004) [5] we will be focusing on ‘Posture and Back pain’ with a particular emphasis on ergonomics in schools — a long forgotten target of preventive medicine [6].

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References

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Pabulum

Dear Sir,

Thank you very much for increasing my personal lexicon with the word ‘pabulum’ [1].

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