In this issue of Occupational Medicine

Old diseases in old guises: if preventable why not prevented?

This edition of Occupational Medicine contains two papers about outbreaks of work-related respiratory disease [1,2]. The first of these reports an outbreak of silicosis among workers sandblasting jeans in Turkey. The second is an outbreak of extrinsic allergic alveolitis or hypersensitivity pneumonitis among workers in a car engine-manufacturing plant in the West Midlands of the UK.

The outbreak of silicosis reported in Turkey is clearly a major occurrence with two deaths among a total of at least 14 probable cases, two cases having only equivocal evidence of disease. These cases occurred after only relatively brief periods of exposure in predominantly young and inexperienced workers. The authors highlight low awareness of the danger of silica among both employers and employees, and poorly controlled work conditions at a number of workshops. As the authors state, such an outbreak is ‘alarming’ and given that silicosis is a well-recognized disease, it represents a failure of preventive efforts at a number of different levels.

The second outbreak in a UK engineering business, however, represents a different type of failure and one that can be squarely levelled at the employer. Allergic alveolitis due to metal working fluids is hardly a new disease, nor should it be unknown to a large engineering business in the UK [3]. While details of the workplace concerned are brief, this appears to be a major systems failure likely to be a consequence of management failure against the background of a failing company. Given the health and safety culture and resources in this country, it could be argued that the UK outbreak represents a greater failure than the Turkish outbreak, although the latter may only be the tip of an iceberg and has more serious consequences.

These are not isolated occurrences, as witnessed by the ongoing incidence of work-related injury and illness in all countries where it is reported with anything approaching reasonable accuracy [4,5]. The frustration is that we know exactly how to prevent these work-related conditions but making it happen is a different matter. In the Turkish situation, there needs to be government action and legislative change to improve awareness, unless Western Europeans can be persuaded to change their fashion requirements. The second situation is one where occupational health has to look to itself and the role it can play in promoting health and safety culture within an organization. Those companies who have robust management systems which foster strong health and safety culture injure fewer of their employees and cause less work-related ill-health. They also reap the financial benefits. If companies cannot learn this lesson after 30 years of it being preached at them by the HSE, perhaps there needs to be a clearer link for a business between work-related injury or illness and the business’s bottom line. To be most effective, this must be a clear ‘cause and effect’ relationship. At present, the financial consequences for a management failure in occupational health rarely seem to be of the same magnitude as a similar breakdown in production or financial management.

Perhaps, the true costs of work-related illness or injury should be borne by the business responsible. In theory, this is the situation in North America but most businesses insure against this potential liability through the workers’ compensation system. This weakens the direct link between cause and consequence, and one effect of this is that the emphasis often moves from primary prevention to managing disability and hence cost. Such a change could cause considerable difficulty to some businesses at least in the short term and some would go out of business but without consequence there is no incentive to change. Ultimately, the importance of primary prevention in the workplace is a societal and political decision. Perhaps, these papers will add additional incentive to keep this debate at the top of our priority list.

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References