skills are an important part of the curriculum for UK GP training but less so in occupational medicine. This is an area that the Faculty of Occupational Medicine could usefully address.

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References


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The silent killer

Each one of them has left a wound on my heart. The first was the most awful. I was a final year student doing a locum in paediatrics, on evening casualty duty. The ambulance brought in two pink, sleeping babies and a distraught baby sitter. Nothing could be done; they were dead, a leaking gas fire. It was my first experience of carbon monoxide poisoning. At that time the usual cause was attempted suicide by gas oven or car exhaust in the garage, and anyone on casualty duty became familiar with the condition. Conversion to North Sea gas and the fitting of catalytic converters to vehicles have reduced the risk from these methods. Nevertheless, episodes still occur and many are industrial accidents. All are preventable.

The most recent was a lady who had a demanding job requiring numeracy and communication skills. She also had a hobby, at which she was a national expert, requiring frequent travel. In order to reduce her energy bills she arranged to have her roof insulated. Unfortunately a pump the workers brought was sited next to a vent into her house. When her carbon monoxide alarm went off she was assured that it was just a fault and switched it off but just before she lost consciousness, she managed to make a confused call to her mother who was able to get an ambulance. Thanks to sympathetic management by her employer she eventually got back to work but her brain damage means she can never perform this at other than a very basic level. Her hobby is lost to her. Her life is destroyed.

When I say that these accidents are preventable I imply that in Britain we have systems that reduce risk. In less advanced countries I have often seen good regulation but poor or absent enforcement, and I used to be confident that here we were better at making sure the regulations were adhered to. Two things seem to have happened that make me feel less confident. First, industries have changed and now we have either very large companies where those at the top have little idea of what goes on at the bottom, or very small concerns where the owners are ignorant of health and safety issues and confident that they are unlikely to be bothered by an overstretched inspectorate. Secondly, we have seen a systematic denigration of ‘Health ‘n’ Safety’, part of an attempt to free industry of red tape and make us prosperous again.

I know I am biased since I only see patients when something has gone wrong, but I do feel that a nation has lost its soul when it ceases to care about the workers who, after all, support our economy. Wordsworth described nature as ‘red in tooth and claw’. This describes unregulated capitalism also; Adam Smith’s invisible hand is no use against predators. Only red tape, strong and tightly bound, can control them. But where do we hear the call for more of it?

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