OCCUPATIONAL MEDICINE:
THE ROLE OF
THE COMPANY PHYSICIAN

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Published by Modern Medicine of Ireland
on behalf of the
Irish College of General Practitioners
October 1989
Printed in England by Oakfield Press Ltd
Sponsored by Smith Kline & French (Ireland) Ltd
The father of occupational medicine is generally regarded as Bernardino Ramazzini. In his book "De Morbis Artificium" three hundred years ago, he writes:

"The accident from which I took occasion to write this treatise of the disease of tradesmen is as follows. In this city which is very populous for its bigness, and is built both close and high, it is usual to have their houses of office (cesspits) cleaned every third year, and, while the men employed at this work were cleansing that at my house, I took notice of one of them who worked with a great deal of anxiety and eagerness, and, being moved with compassion I asked the poor fellow, why he did not work more calmly and avoid overtiring himself by too much straining? Upon this the poor wretch lifted up his eyes from this dismal vault, and replied that none of those who had not tried it, could imagine the trouble of staying above four hours in that place, it being equally troublesome as to be struck blind. After he came out of the place I took a narrow view of his eyes, and found them very red and dim; upon which I asked him if they had any usual remedy of this disorder. He replied that there only way was to run immediately home and confine themselves for a day to a dark room and wash their eyes now and then with warm water, by which means they used to find the pain somewhat assuaged. Then I asked him if he felt any heat in his throat, and difficulty of respiration or headache, and whether the smell affected their nose or occasioned a squeamishness? He answered that he felt none of these inconveniences, and that the only parts which suffered were the eyes, and that if he continued to work longer at the same work without interruption, he would be blind in a short time, as it had happened to others. Immediately after, he clapped his hands over his eyes and ran home. After this I took notice of several beggars in the city, who, having been employed at this work, were either very weak sighted or absolutely blind."

We ask ourselves, what is an occupational physician?

He is a doctor, who in relation to any work place, takes full medical responsibility for advising those working therein, on all matters connected directly or indirectly with the work. Just as a general physician would not take responsibility for the health of a patient without examining him, so the occupational physician cannot properly undertake his responsibilities without regular examination of the workplace.

The company will require its doctor to be mature, confident, tactful and discreet. He must be able to make positive decisions and give quick advice on a variety of subjects. He must be seen as a respected friend and confidant to whom anyone can turn for advice or help. He must be seen by all to be an independent arbiter within the company.

His duties fall broadly under two headings:

a) The effects of health on the capacity to work.
b) The effects of work on a persons health.
His job is concerned with maintaining a healthy, productive workforce in a safe working environment. This responsibility includes:

1. Advice to employees on all health matters relating to their work capacity. He must ensure they work in a comfortable, healthy environment.

2. Examination of applicants for employment, and advice as to their placement. He must maintain adequate medical records.

3. Immediate treatment of medical and surgical emergencies occurring at the place of employment.

4. Diagnosis, treatment and rehabilitation of occupational injuries or illnesses as far as possible. This includes the detection and subsequent prevention of industrial diseases. His duties include return to work evaluations, advice on suitable work, and disability evaluations. He may be required to undertake specialised examinations, such as in respirator wearers, vehicle operators, and periodic examinations, especially in workers exposed to special hazards.

5. Where the occupational physician is full time in one organisation, he usually has administrative and clinical responsibility for the occupational service and its staff.

6. It is his duty to advise and assist in the day-to-day delivery of preventative medical service, assisting or devising a health appraisal programme, employee assistance programme, health educational, nutritional counselling, advice on exercise, and disease detection programmes.

   He has responsibility in relation to first aid services. It is his responsibility to ensure that first aiders are competent to carry out their role, concerning the surveillance of hazards; he must study the nature of the work and the working environment and its effect on the health of the employees.

7. He must advise management regarding the working environment in relation to health, the occurrence and significance of hazards, the health aspects of safety, and the statutory requirements in relation to health. He must be watchful for patterns of stress in particular areas, give advice to management and also counsel the employee.

8. He must give advice on medical and immunisational problems and requirements for company officials travelling abroad - many of these employees are provided with emergency travel kits.

9. He may be called by management to assist in absentee control. Many companies require the employee to attend the company medical officer for examination if off work for any length of time - to evaluate the situation. He must also encourage the employee to return to work.

10. He must be familiar with the work practices of the company, and this means regular visits onto the factory floor.

11. He must work closely with other members of the multi-disciplinary team, especially in the area of plant safety and industrial hygiene. He must assist or devise programmes in health education, first aid, and cardiopulmonary resuscitation.

12. He must work in harmony with the occupational health nurse. Behind every good company doctor is likely to be an even better company nurse. For every employee who calls to the doctor, three should be able to visit the nurse and depart happily - the problem solved.

13. All company medical officers should inform the applicant or employee on all medical problems noted during the medical examination. The individuals should be urged to consult their own doctor, when the results of the examination will be made known to him by consent.

14. It is important that an employee is made fully aware of any possible risk to health associated with a chemical or work practice in his or her employment.

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**Professional etiquette**

A doctor in occupational medicine needs to exercise constant care in his relationship with his patients, for while he holds his appointment from the management, his duties concern the health and welfare of the workers individually and collectively, and in the course of his work he will constantly be dealing with patients of other doctors. When one remembers that most company medical officers are working part-time and are themselves engaged in primary care, the problem becomes very sensitive.

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**Whom should the occupational physician treat?**

All employees who suffer or allege they have suffered an illness or injury in the course of their employment should be seen as soon as possible. The patient may need to be transferred outside the plant for treatment.
and care. The diagnosis and treatment of non-occupational injuries or illnesses are generally not to be the responsibility of the company medical officer, with certain exceptions:

a) In an emergency, the employee should be given emergency care to prevent loss of life or relieve suffering, until such time as the patient can be placed under his or her own doctor.

b) For minor disorders, first aid or palliative treatment may be given if the condition is one for which the employee would not reasonably be expected to seek the attention of his or her physician, or to enable the employee to complete his current work shift before consulting his own doctor.

c) Requests for repetitive treatment of non-occupational disorders should be discouraged.

### Relationship with colleagues

The occupational physician should initiate treatment only in an emergency. Treatment is normally the responsibility of the general practitioner. Any finding he makes, with the employee's written consent should be passed on to the employee's own doctor. If the company doctor feels the employee should consult his own general practitioner, he must be encouraged to do so. Only in emergencies should the employee be referred to hospital or for consultant opinion, unless with prior understanding with the general practitioner.

In the case of absenteeism due to illness, the company medical officer may obtain information from the employee's own doctor only after his or her written consent has been obtained. This signed consent form should accompany any request for information from the family doctor.

A doctor in occupational medicine needs to exercise constant care in his relationships. Again, it must be stated that while he holds his appointment from management his duties concern the health and welfare of workers, individually and collectively, and in the course of his duties he is constantly dealing with patients of other doctors. This is all the more relevant when one considers that 90% of doctors involved in occupational medicine in this country have only a part-time commitment to occupational medicine.

Doctors that could be regarded as working full time in occupational medicine in this country would include the following:

- **ESB** 1 doctor
- **CMO Civil Service** 2 doctors

### Department of Labour
2 doctors

### Department of Defence
24 doctors (most of these also have a clinical commitment)

### Garda Síochána
1 full-time doctor who also has a clinical commitment

### Department of Social Welfare
24 doctors approx

There are several doctors, apart from this list, who are fully occupied in the practice of occupational medicine.

### Confidentiality

The company medical officer often finds himself in a difficult position, viewed with mistrust by employees, and management may feel he is not obliging enough. To function successfully, the company medical officer must be seen to be impartial, and the doctor must obtain the confidence of the work force. The employee must be made to realise that his medical records belong to the medical department, where management can have no access. Only with the employee’s written consent or by an order from court can the records be released.

The doctor often finds himself in a difficult position. He may learn that the patient has a condition that makes him unfit to work, or is even a potential danger to others at work. In some instances the employee does not wish this information to be passed on to management. He should advise the employee to seek medical help or, in some instances, to change his job. If the employee refuses, then the doctor must tell the employee that his responsibility extends to other employees and he cannot allow him to continue to work.

### What information does management require?

The kind of information management requires is the length of time an employee will be off work, what his work capacity will be on return, whether he will be permanently unfit, or even likely to die. Consent from the employee is usually given once assurance has been given that the doctor will not undermine the employee’s position in the company, and that he is not in collusion with management.

Many companies have special forms where this decision is passed to management - whether the
patient is fit or unfit for work, or qualifying the type of work he can do, and still not including any clinical detail.

Likewise, if the company medical officer discovers a patient who is suffering as a direct consequence of his work, he has the duty to advise him, or her, on statutory benefits. If he suffers from one of the prescribed diseases, if management is culpable, he should ensure that the employee is compensated.

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**Absenteeism**

The doctor must be seen to act as an honest broker. In every case it is the duty of the doctor to establish the wishes of the patient and of management, bearing in mind that his responsibilities lie in two directions.

Many doctors find themselves in a difficult position when asked to examine employees who have been absent from work for some time. The Irish Society of Occupational Medicine in “Guidelines on Good Occupational Health Practice 1986” states:

“Employees with a poor sickness absence record, should only be examined with a view to identifying the occupational causes of ill health and other chronic medical ailments. The doctor should not be required to act as a policeman.”

It is important that close links are established between the employee’s general practitioner and the occupational physician in sorting out the difficult cases returning to work. The general practitioner and the occupational health physician may disagree on the correct timing of the return to work, and on the suitability of the patient to resume his or her job in its original or modified form. In the final analysis the general practitioner is the employee’s medical caretaker.

In practice, difficulties may arise when the employee’s written consent to contact his or her own doctor is not forthcoming. Some companies, as part of the terms of employment, have been able to avoid this situation.

A modified certificate of inability to attend work has been suggested.

This may or may not contain the cause of illness in the interest of patient confidentiality. However, many bodies, such as the civil service, require a definite diagnosis to be stated, and so do otherwise may have unfortunate consequences for the patient. The usefulness of such a certificate would be giving employers an indication of when the employee might be fit to resume work.

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**A healthy workforce**

The reasons for a pre-employment or pre-placement examination may include assessment of fitness for a specified job, such as heavy goods, or public service vehicles, or food handlers or assessment for any job.

A health questionnaire is self-administered, followed by a review by the occupational nurse, and blood pressure, urine analysis, vision and peak flow readings are recorded.

The questionnaire may reveal previous dermatitis or respiratory obstructive disease, which may render the person unsuitable for a specific job. Ideally, audiometry should be carried out as a marker for future hearing tests, especially if the person is to be employed in a noisy area. Prospective employees evaluated in a pre-employment medical examination may be classified as follows:

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Physically qualified for any type of work</td>
</tr>
<tr>
<td>II</td>
<td>Qualified for employment with certain specific restrictions</td>
</tr>
<tr>
<td>III</td>
<td>Should not perform a specific job</td>
</tr>
</tbody>
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**Periodic medical examinations**

At times, because of the nature of their work, specific periodic examinations are necessary for certain employees. The purpose of this exam is to determine whether there is any evidence of adverse health effects which might arise from the employee’s occupation, or whether the employee might have a medical condition which could pose a threat to the product.

Biological monitoring is a regular measuring device to detect early signs of toxicity in the exposed workforce. It is no substitute for environmental monitoring. The substance itself, or its metabolite, may be measured in urine, in blood, or in expired air, and must not exceed recommended levels for toxic substances. Metabolites in urine include mandelic acid from styrene, hippuric acid from toluene, phenol from benzene, trichloroacetic acid from trichloroethylene. Biological monitoring gives a measure of uptake of a toxic substance irrespective of route of absorption. With environmental monitoring, it can give a full picture of exposure and uptake of a toxic substance in the workplace.

The problem of working with solvents should be realised: the physician must be mindful of personality changes or neurological symptoms and signs. The working environment, which is crucial to maintaining...
a happy workforce, involves temperature control, air movement, humidity, illumination, noise levels, and comfort of seating.

The company physician is likewise concerned with environmental monitoring. The philosophy underlying environmental monitoring is that, if the airborne concentration of substances that may constitute a potential risk is kept below some predetermined level, then no harm will come to the exposed worker. The physician will not be directly involved in obtaining or sampling these measurements, but he must be aware of this ongoing process. He should work closely with the industrial hygienist and safety personnel. He should come on to the factory floor. He should be involved in first aid, CPR and health education.

Health education

This is aimed towards achieving lifestyle changes that will keep the employee healthy and productive. It may involve the introduction of a new way of living necessary to improve health.

Smoking withdrawal programmes, substance abuse programmes (especially alcohol), exercise regimes, nutritional counselling, and stress management, all form part of the occupational physician's management of employee health care. Remember, absence from work may be an escape from stress.

The issue of reproductive health is a complex one. Current levels of knowledge may raise more questions than they answer. The possible association of miscarriages and birth defects is of considerable concern to employees working with visual display units. While it is generally accepted that they do not constitute a risk, it is wise to discuss the problem with the pregnant operator and let her have the opportunity, if possible, to transfer to another job if thought necessary.

In the Guidelines from the Federated Union of Employers concerning the operation of VDUs, it states:

"Studies have shown that there are no significant radiation emissions from either the screen, side or back of VDUs. Therefore, there is not evidence of health risk for VDU operators due to radiation."

Concerning pregnancy

"Investigations which have been carried out throughout the world involving the measurement of radiation emissions from VDUs, and the study of groups of operators to identify all ill effects - have not been able to show VDU operation as a cause of miscarriages or birth defects."

The guidelines are not intended to provide a rigid framework for VDU operations because conditions can vary between places of employment. The standards and criteria set down provide a sound basis for discussion at company level aimed at ensuring safety and health.

One of the prime objectives of an occupational health service is to identify hazards, and advise on the control necessary to prevent ill-health and possible occupational disease. As part of their contribution towards good health with the advent of desktop analysers, many companies offer their employees a screening service to detect hypercholesterolaemia which is a recognised risk factor in coronary artery disease.

Education of the doctor

The Barrington Report is now in the national plan. The last positive statement from the Minister gave early next year as a time for implementation, though informally it may be put into effect at an earlier date.

Concerning competence, the report places a responsibility on an employer to ensure and maintain a safe and healthy workplace. However, he may obtain appropriate suitable advice to fulfil these duties. The employer essentially has to be sure of the 'quality' of his advice. Failure in quality will be his responsibility, and his legal advisers will be quick to examine this 'quality' in the event of a compensation claim case. The employer will turn to the Department of Labour, and the academic body for occupational medicine, to seek appropriate advice.

Competence can be in two ways:

1. To deal with a specific problem - such as audiology/audiometry, but have no knowledge on other aspects of occupational health services.

or,

2. Someone who is paid by the company, as company medical officer, to provide occupational health services - this person must be competent for that job.
The areas he needs to be competent in, to be an occupational physician of this sort, are listed in the International Labour Organisation document, which is the accepted document in this country and in the EEC. There are specific directives for different jobs - for instance, working with lead. On balance, it would seem wise for any doctor offering services to industry (if they are deemed to be occupational health) to be trained in this specialised area. Hence it is important that the courses provided are appropriate for the job in Ireland, ie the training must cover all the ILO requisites to be considered appropriate.

Negotiations are well advanced for the establishment of a new course in 'occupational medicine for doctors only' which would give rise to a diploma in occupational medicine. It will be run by the Professor of Community Medicine and Epidemiology, University College Dublin. This course is now scheduled to start in January 1989.

The Faculty of Occupational Medicine is holding its first examination for the DFOM (Diploma for the Faculty of Occupational Medicine) in December 1988. The training for this Diploma consists of a minimum of fifty (50) full days or equivalent of formal training before admitting candidates to the examination. Part of these days are spent working in industry. It was agreed that a flexible attitude would be taken to training which could include distance learning and audiovisual tapes. A multidisciplinary approach would be used as the basis for this examination. The examination consists of a dissertation, followed by an oral, clinical examination and written papers.

The Faculty of Occupational Medicine contend that in the UK, many universities undertake courses in occupational medicine to prepare candidates for the examination of the Faculty of Occupational Medicine, RCP, London, which remains the only examining body.

At present, discussions are continuing in the hope that the views of both sides might be accommodated and that there might be only one diploma examination. The position is likely to be clarified within the next few months.

Finally, in an ICGP questionnaire on occupational medicine only 35% of the doctors who replied were members of the Irish Society of Occupational Medicine. Application forms are readily available and anyone interested is encouraged to join.

Patrick J Henry
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November 1988

**Addendum:**

Since this paper was delivered, a two-year course in occupational medicine, for doctors only, is being run at University College, Dublin.

On completion of the course, doctors can sit for an examination to obtain a Diploma in Occupational Health. University College, Dublin, and the University College of Limerick run a multidisciplinary course, which includes doctors.

"Safety, Health, and Welfare at Work" is the title of this diploma course.

Doctors who complete either course are eligible to sit the LFOM (Licentiate of the Faculty of Occupational Medicine, RCP). This replaces the DFOM examination.
Smith Kline & French, a name synonymous with vaccination, has through its biological division Smithkline Biologicals produced the following records in the world of vaccines.

- **1956**
  - Killed polio vaccine*

- **1961**
  - Live polio vaccine (PA 60/23/1 & 2)

- **1969**
  - Rubella vaccine* (PA 60/42 1 & 2)

- **1976**
  - Heat-stable measles vaccine* (PA 60/36/1)

- **1984**
  - Varicella vaccine**

- **1986**
  - Genetically engineered human vaccine* against hepatitis B ('Engerix B', PA 60/49/1)

- **1988**
  - Providers of the measles mumps rubella vaccine ('Pluserix MMR' PA 60/50/1 & 2) to the Department of Health in Ireland.

Further information and full prescribing information on these vaccines is available on request from:

Smith Kline and French (Ireland) Limited
Broomhill Close, Tallaght, Dublin 24. Tel: 517511