

# Statement on the monitoring, prevention and the compensation of Occupational and Work-related Diseases



## **The world of work is changing**

New technologies, globalization and demographic shifts have produced far-reaching changes in the world of work and **new challenges for the health and safety of workers**.

Europe has always been at the forefront with regard to occupational health and safety, a fact which has resulted in detailed legislative framework. The Occupational Safety and Health Framework Directive 89/391 EEC marked some fundamental improvements in occupational safety and health (OSH), specifying minimum obligations as regards health and safety throughout the European Union (EU).

Occupational ill-health is a continuum from strictly occupational diseases to symptoms aggravated by working conditions. All the entities within this spectrum should be addressed properly.

## **There is an urgent need for reliable data**

In 2012 direct and indirect costs due to lack of proper safety and health at work were estimated to be around 3000 billion Euros in Europe. The incidence of many occupational diseases has decreased in the past decades. However, the number of cases of **certain occupational diseases** appears to be on the **increase**, in particular that of occupational cancers, musculoskeletal disorders, and work-related mental health problems. Over 80% of years of life lost or lived with disability arise from illnesses due to occupational factors. Despite the remarkable efforts of e.g. EUROSTAT, EU-OSHA and the MODERNET-network, the statistics on occupational diseases are still vague and unreliable, mainly due to under-reporting and under-diagnosing. Tracing of **new occupational health and safety risks** can be improved too, so that thousands of new cases can be prevented.

**Reliable data are required** in order to set appropriate prevention priorities. Current registration systems cannot fulfil all roles: prevention on a personal level, prevention on the enterprise level, input for national/EU decision making, compensation of the injured. Adequate and accurate exposure data are difficult to obtain because work history is increasingly becoming more fragmented, it may involve working in different countries and/or self-employment. Furthermore, occupational and work-related diseases can manifest themselves as non-occupational diseases, leaving their true cause unidentified. Finally, as diagnostic criteria for occupational diseases are sometimes not founded sufficiently on evidence based research, the notification of cases of an occupational disease may be inadequate. There is a **European-wide need for registers** providing data with medical (non-legal) focus.

## **It is high time to improve prevention of work-related ill-health**

Prevention of occupational diseases requires a higher level of commitment and ambition from the Member States and the EU authorities. Emphasis must be laid on aspects such as the creation of a «culture» of prevention, the development of related skills and the use of a participatory approach. Research priorities and policy implementation need to be reviewed and revised, so as to reinforce the OSH social dimension and thus foster a broader concept of well-being at work. The challenges relating to the global economy and the risk of growing social inequality need to be met by careful co-ordinated actions, including the protection and the promotion of workers' health. It is therefore essential to **focus closely on prevention**. Measures to simplify regulations and eliminate unnecessary administrative obligations, which are detailed in the new EU OSH Strategy, can be part of preventive policy. Nevertheless, safeguarding health and safety of the individual workers should be the main objective, even in times of economic difficulties.

### **There are tasks for Occupational Medicine and other medical specialities**

Occupational medicine specialists have an essential and important role in the tracing and the medical assessment of work-related and occupational diseases. They need continuous **high quality education and training on occupational diseases**, and European and national harmonized and consistent quality guidelines covering diagnostic procedures and agreed criteria regarding occupational diseases.

Furthermore, other medical specialists must be educated appropriately, so as to increase their awareness of possible occupational causes of diseases, to refer suspected cases of work-related or occupational diseases to specialists in occupational medicine.

### **Help the victims: rehabilitation and compensation**

Occupational diseases can have far-reaching social and economic consequences for victims. ILO-recommendations indicate that victims of occupational diseases should have access to **adequate rehabilitation and receive decent financial compensation**. Access to such services should be improved in many EU Member States, regardless of the legal and insurance system in force.

### **Conclusions: recommendations from UEMS-OM**

UEMS-OM is dedicated and has the expertise to contribute to the advancement of prevention of work-related ill health. We urge:

- policy makers to set health at work as a high priority and provide the legal framework (for increased enforcement, education, improvement of the effectiveness of occupational health practice) and commensurate funds for such actions;
- governments to provide legal means, human and financial resources for building exposure databases and run competent and effective inspection bodies;
- trade unions to convey messages to workers as to what they can do for their own health;
- employers' organisations to develop industry-specific standards that can contribute to the prevention of occupational ill-health and to the registration of valid data on actual occupational exposures;
- non-governmental organisations to participate in and promote the development of evidence-based recommendations regarding the prevention and identification of occupational diseases;
- universities to focus research on the development of practical diagnostic and preventive measures, and to train every health care worker on occupational health;
- occupational safety and health professionals to achieve multidisciplinary co-operation;
- medical personnel in the health services that provide treatment services to consider possible ill-health effects of work exposures, work organization and working methods for every patient;
- the above parties to aim at achieving consensus in regard to OSH.

UEMS-OM is a reliable partner in all initiatives within the frame of these actions and is ready to provide its expertise.

### **References**

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