

Contemporary Occupational Medicine Practice in Italy - 2016

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A few facts about Italy (ISTAT, 2012)

- 60 millions of residents
- Gross national product: 1.600 billions of Euro, 27.000 per capita
- Active population about 25 millions (10 millions females)
- Employment sector: Services 67%, Industry 29%, Agriculture 4%
- In the private sector most of the companies (95%) have less than 10 employees (47% of the total workforce of 17 millions)
- Large companies (more than 250 employees) employ the 19% of the workforce



A few facts about Health and Safety in Italy

- A single national institute (INAIL) for workers compensation in the private sector (and for some of the public sector)
- About 14 millions of workers covered, average fee per year per worker about 1.000 Euro
- 663.440 reported injuries (more than 3 days of absence from work) in 2014, 19% rejected
- 1.139 reported fatal injuries, 38% rejected
- More than half of the fatal injuries occur outside of the workplace



A few facts about Health and Safety in Italy

- Approximately 57.370 occupational diseases reported in 2014, almost 62% rejected, 640 fatal cases
- Most frequently reported diseases are musculoskeletal (low back pain, carpal tunnel syndrome, tendinitis)
- Reporting of occupational disorders included in a special list (DM 10.6.2014) is mandatory for any physician (regardless of the consent of the worker)
- Reporting of occupational disorders for compensation (DM 9.4.2008) is not mandatory if the worker does not consent



- DL 81/2008: lists most of the legal requirements (Framework European Directive 89/391, and subsequent specific Directives)
- Every company (with at least one employee) must appoint a safety officer (in small companies this may be the employer) and must document to have evaluated all occupational risks
- If there are conditions for which the law requires the health surveillance of the workers, then an occupational physician (*medico competente*) must be appointed



- Workers health surveillance may be required for exposure to:
 - physical agents (noise, vibrations ...)
 - harmful chemicals
 - biological agents (viruses, bacteria ...)
 - manual material handling
 - use of visual display units
 - night shiftwork
- For some occupations, e.g. drivers (list currently being revised), mandatory controls are required for alcohol/drugs use



- Health surveillance is required:
 - upon entering the job
 - at specified time intervals
 - after being absent for a health related matter for 60 days or more
 - upon leaving the job (in some cases)
- Health surveillance may be requested by the worker:
 - for a job related heath problem
 - for a medical condition which may be worsened by the job



- Beside performing health surveillance, the occupational physician is required by law:
 - to participate in the risk assessment process, the exposure assessment and the choice of preventive measures
 - to cooperate with the employer for the safety and health information and training of the employees, first-aid organization, and so on



National and Regional Government attributions

- According the actual version of the Italian constitution, health service organization (and legislation for the matter) are the responsibility of the regional governments
- The national government may pass legislation for this matter but, in the case, regional legislation will override national rules
- Actually, national and regional governments hold periodic consultations to coordinate this matter
- The situation will change in the future with OH&S going back to the national government (an amendment of the Italian constitution has been approved by the parliament)



National and Regional Government attributions

- Italian national health service is organized at the regional level, with each local government providing to the resident population the so called "essential services" (primary care, hospital treatment, preventive services) through local health units
- Inpatient care is totally free of charge, outpatient care and some drugs prescriptions may require a contribution by the citizen (sometimes significant)
- Dental care and nursing home care are not usually provided by the national health service (except in some cases)



Labor inspection services

- Since 1978 (operationally, a few years later) labor inspection was transferred from the Ministry of Labor to the local health units (regional government)
- In each local health unit there is a specific service (name may change in the different regions) which is in charge of labor inspection
- Among other attributions, occupational physicians working in labor inspection services may modify the fitness for work statements of company physicians, upon request of the worker



Occupational Medicine practice in Italy

- Occupational Medicine practice at the company level (*medico competente*) in Italy now requires the academic title of "Specialist in Occupational Medicine"
- This title is actually achieved after a four years full-time (paid) university course
- Specialists in Hygiene and Public Health, or Forensic Medicine, are allowed to practice occupational medicine at the company level after an additional (unpaid) one year course (master)



Occupational Medicine practice in Italy

- Doctors who want to practice Occupational Medicine at the company level must register with the Ministry of Health: currently their number is around 6.000 (1 in 3.000 workers)
- A few hundreds occupational physicians are working for universities, labor inspection services, national institute for workers compensation or armed forces
- It is unusual for Italian occupational physicians to be a full time employee of a private company (company dimensions)



Occupational Medicine practice in Italy

- There is currently no legal standard for "how much" occupational physician time a company should use (buy)
- However, due to historical reasons, occupational medicine practice in Italy is still mostly identified with periodic health surveillance
- Consequently, the focus is more on ill-health identification and fitness for work evaluation than on preventive activities
- Productivity is rarely an issue, especially for labor inspectors



The Italian Society of Occupational Medicine and Industrial Hygiene

- The largest society of occupational physicians in Italy
- Founded in 1929
- 1,900 members in good standing (turnover approximately 200/year)
- 13 regional chapters
- An annual congress attended by approximately 1,400 persons, 50% members of the Society
- http://www.simlii.it



The mission of Occupational Medicine

- For many years Occupational Medicine has dealt with the detection and treatment of occupational diseases (with little or no interest for occupational injuries)
- Later, Occupational Medicine has focused on prevention of occupational diseases (with some interest for occupational injuries)
- Now Occupational Medicine is well positioned to evolve toward becoming the "Science of Healthy Workers and Workplaces"



An agenda for Occupational Medicine

- Preventing occupational injuries, diseases and reduced life expectancy
- Reducing inequalities in health in the society as a whole, through the improvement of workers' health
- Using healthy work as a tool for improving workers' health (and wellbeing)
- Enhancing productivity of work through the improvement of workers' health



A view of the Work

 "If we exclude those prodigious and unique moments which destiny can gift us, then to love one's own work (which regrettably is a privilege of few people) is the best concrete approximation to happiness on earth: however, this is a truth that not many know."

(Primo Levi, The Wrench, 1978)



An Agenda for contemporary Occupational Medicine

- To empower the largest possible number of persons to live a fulfilling, productive, and long working life
- To extend the benefits of healthy work to the largest possible number of persons
- To allow the largest possible number of workers to share the privilege of loving their own work and thus to boost the productivity of work and the wealth of the nations



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