Light on the blind spots, connecting the dots. A workers‘ perspective on collaboration to prevent occupational cancer

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Healthy Workplaces

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1. Starting point: a worker's / patient's history

Prevention:

- there is a lot of dust in the factory. It is unpleasant. I have problems breathing
- there are strange smells, they sometimes make me dizzy.
- I don't feel well after a week of work. I have regular health complaints. What is wrong?
- I fell ill. I ask my GP whether it can have anything to do with my work in these dusts and fumes. It is difficult to assess, it can also be something else, he says. I am not sure whether I should return to work, but what can I do? I need the job.
- I return to work, but nothing changed. My health complaints come back.

Retrospection, after decades:

- I have a cancer. Can it have anything to do with my work?
- And if so, can I get financial compensation for the loss of income and the suffering?

2. The legal framework / theory is perfect

OSH Framework Directive and Carcinogens and Mutagens Directive provide a perfect framework for:

- **prevention,**
- **care and**
- **continuous improvement**

By way of:

- **Assessing risks**
- **Planning Action based at Hierarchy of prevention measures**
- **Regular update / improvement**
- **Involving workers**
- **Involving OSH experts**
- **Health Surveillance system**

3. Blind spot: can you see the danger?

3.1 Blind spot: hese are the effects

- **3.876 fatal occupational accidents in EU in 2015**

- **100.000 deaths each year in EU from occupational cancer**

3.1 Blind spots: Health risks are a blind spot in work

- Risks not being recognized as risks (dust, fumes, vapors)
- Postponed effects
- In case of occupational cancers: latency periods of decades
- The cancer often occurs late in the working life of after retirement

- Even in companies with an active safety policy, health risks are often simply not seen

3.2 Blind spots: work is a blind spot in health care

- Cure is the core
- Causes are not relevant for cure
- General practitioners and oncologists hardly ever ask for the occupation of the patient

Does it matter?

4. Actors at company level

- Employer / management
- Employees / employees representation
- OSH Experts
- Occupational Physician

5.1 Employer / Management

Duty of care

5.2 Employees / workers' representation

Right to be informed, consulted and to participate

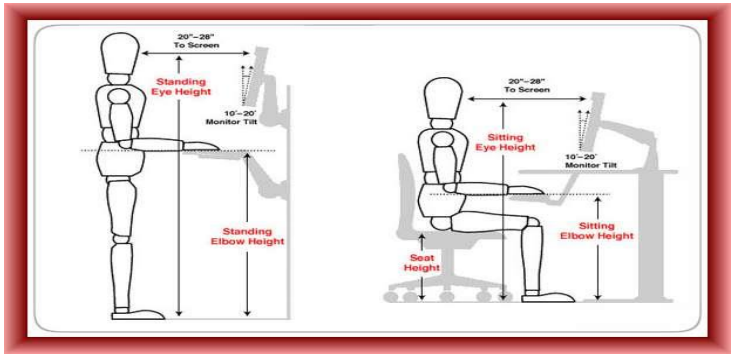
Duty to act in accordance with training and instructions

5.3 OSH Experts: advise in real life, not in theory

- Combination of experts needed

- How is the worker exposed in real life?
- What is the content of his occupation?
- How does he perform his tasks?

- Not only toxicology
- But also ergonomics
- Occupational Physician is also expert
- Look at the work in the real life situation!



5.4 Occupational Physician

- Not only sickness leave control
- Also health surveillance
- Work-relatedness?
- Feedback loop to prevention

- Often late involvement
- Often narrow task
- NO LINK TO PREVENTION!

6. Actors in public health care

- General practitioner
- Specialists (oncologists)

6. 1 General practitioner (and specialist)

- Aimed at cure (and care), not causes
- Thereby misses intervention option

- Important: GP is usually first medical contact!

6. Actors / actions outside company / health care

- Registration and data gathering
- Education and training
- Enforcement
- Compensation of work-related damage

6.1 Registration and data gathering

- No registration of occupational history in regular cancer registrations

Is it needed and how to obtain it?

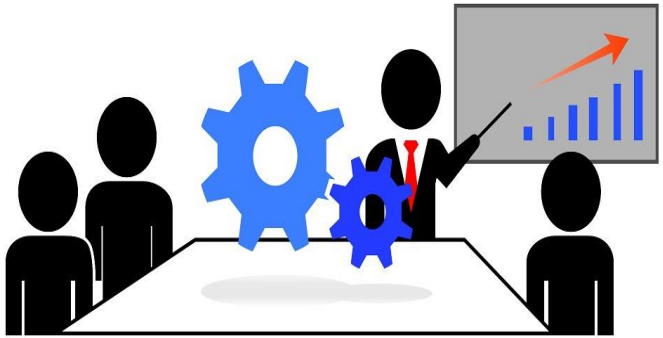
- Examples of data gathering projects:
  - OccIDEAS
  - Gyscop93
  - NOCCA

How can we use their information?

6.2 Education and training

- Training or OP's on the aspect of health and feedback to prevention
- Training of GP's on the aspect of work
- Training of OP's and GP's on their cooperation

- Good practices should not remain limited to the EU OSHA partners
- How to disseminate good practices to other companies?



6.3 Enforcement

- **Targeted:**
- **Priority sectors with lots of workers at risk (data!)**
- **Pertaining breaches of the law**

- **Even Labour Inspectorate has blind spot:**
- **often only safety is inspected**
- **often only reactive**

Labour Inspectorate lacks resources!

How to deal with this in light of persisting badly performing companies?

6.4 Compensation of work-related damage

Prevention is key,
but if things went wrong compensation is needed

The occupational cause of cancer is hard to prove

What about the feedback loop from compensation to prevention?
What can we learn from worst cases?

Finally

Risks with postponed effects, should not lead to postponed prevention

We should act upon them as if the effects will be there tomorrow

Thank you for your attention!

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