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ETHICAL ASPECTS IN THE PRACTICAL ACTIVITY OF THE OCCUPATIONAL HEALTH PHYSICIAN

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ABSTRACT
Occupational health is one of some medical specialties in Romania that enjoys with an own statute, having similarities with the international code of ethics of occupational health professionals of the International Commission of Occupational Health.
In the Romanian law concerning the specific professional statute of the occupational health physician there is a title that refers at ethical aspects „Principles of ethics and deontology in occupational health practice" that include 11 articles.
Our paper presents some situations with which we were confronted and are real problems of ethics regarding the relation with specialists in other specialties, to establish the fit at work of psychiatric patients and of some colleagues' physicians, the professional secret.

Keywords: occupational health, ethics, practical activity

Introduction. General Considerations

Ethics is the branch of social sciences, which establishes the norms and standards of behavior which are applied in judging human actions. It represents a set of principles which people use in order to decide what is good and what is wrong. Ethics approaches systematically the understanding and the acceptance of some human behaviors judging them in a moral light.

Morals is the product of the social consensus. It comes from the Latin "moss, mores" and reflects the good and the evil separating what has to be done from what doesn't have to be done in human actions and behavior. Historically the reflection of moral traditions and beliefs about good and evil was associated with a certain type of society or religion (Catholic morals, Marxist morals). Morals have the history and the codes of written and unwritten rules of every époque. The members of a certain society are subjects to these rules and traditions.

The sources of the standards of the ethics:

- The utilitarian approach. According to utilitarianism that action is the best which brings about the greatest satisfaction for a larger number of persons and produces the greatest balance of the benefit given the prejudices (Hutcheson, 1725).
- Rights approach. The ethical action fully represents the rights of those affected.
- The correct and impartial approach. The ethical action treats people equally or unequally; it treats people proportionally and correctly.
- The usual approach. The ethical action has the most contribution in realizing the quality of common life.
- Virtue approach. The ethical action embodies the customs and human values in their real value.

The ethical behavior has five perspectives:

The ethical virtue – concentrates on basic reasons and intentions of action

Deontology - concentrates on what has to be done

Consequences – concentrates on the consequences on what has been done

Ethical situations – concentrates on the context of events and the way of reacting to what the situation demands.

Bioethics – comprehensive aim of ethical and philosophic reflections of all biological forms of life in the context of the development of medical, biological and technical sciences.

Applied ethics is made up of a bunch of disciplines which try to analyze philosophically cases, situation, and relevant dilemmas for the real world. These disciplines are: the ethics of IT , the ethics of animal's welfare, the ethics in business, the bioethics, the ethics of environment, the ethics of scientific research, the ethics in public politics, the ethics of international relations, the ethics of media.

A central role in applied ethics is played by the argumentation based on cases. The target is the identification of the convergences, in determined cases, between the analyses done from the perspective of different ethical theories.

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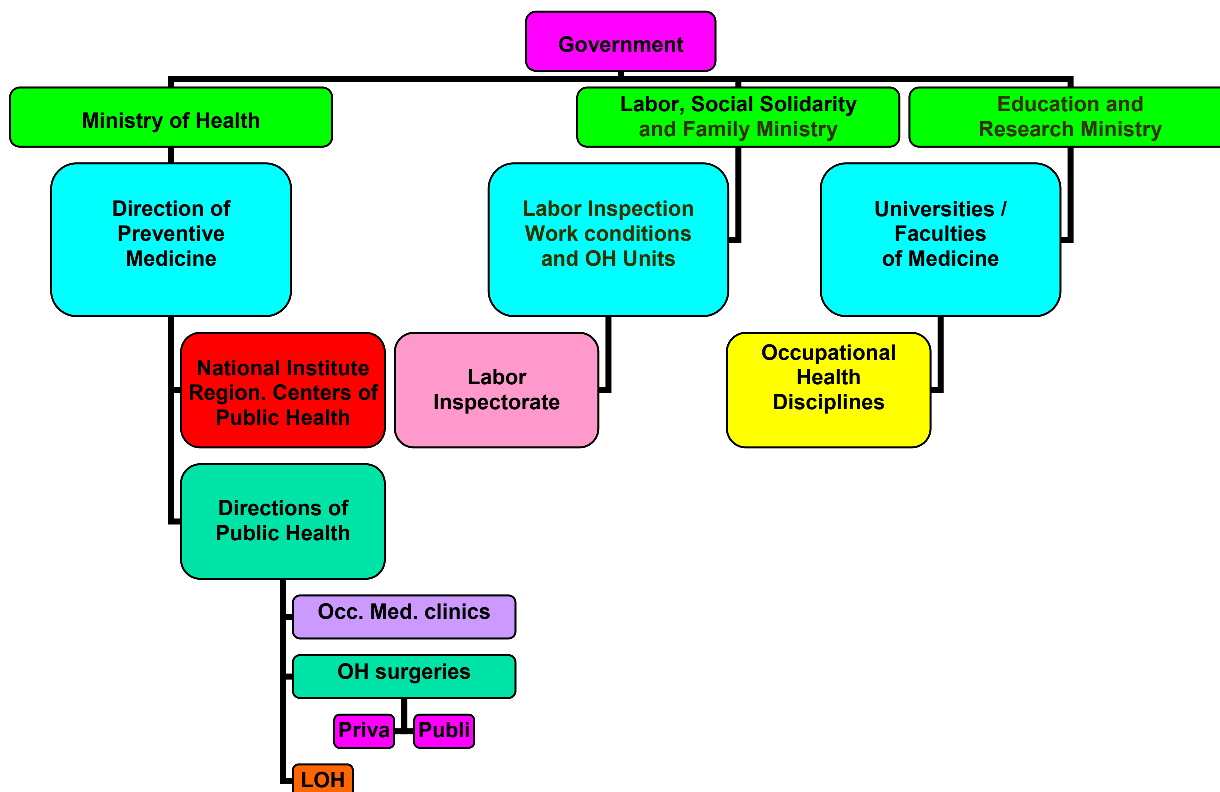

Figure 1. Romanian Occupational Health System

Occupational health in Romania is a discipline with an old history and a fluctuating evolution. Still belonging to clinical disciplines in the classification of the medical specialties is a dominantly prophylactic discipline.

A schematic presentation of the Romanian system of the occupational health can be seen in figure 1. The discipline implies obtaining the specialty by a four year residency. The latest legislative acts issued transpose European directives on a careful reading each of them also raises specific ethical problems.

Occupational health is one of the few medical specialties is Romania which enjoys its own statute and has similarities in the international ethic code which has 11 articles. This statute gave birth to multiple disputes and interpretations. It offers rights and limitations to the professional occupational health physician. In the legislative process the initial proposed text was modified because it repeated excerpts from the International Code of Ethics.

General considerations regarding the International Code of Ethics for Occupational Health Professionals

There are some reasons for which an International Code for Occupational health Professionals, different from the other codes from general physicians, was adopted by the International Commission of the Occupational Health. One of these reasons is the progressive recognition of complex and some times competitive responsibilities of the professionals and security towards workers, employers, public, and public health authorities as well as other organisms like social services and judicial authorities. Another reason is the increasing of the professionals in health and work security as it results from the setting up of obligatory or voluntary occupational health services. Another factor is the urgent development of the multidisciplinary approach in occupational health which includes the implication in the services of occupational health of the professionals which belong to various fields of specialty.

The International Code for the Occupational Health Professionals is relevant for several professional groups which engage themselves and have responsibilities in plants as well as in private and public sectors regarding security, hygiene, health, and environment related to work. The term “ category of occupational health professionals “ is defined in broad lines for the aim of this code as a target group whose common vocation is the professional engagement in carrying out the occupational health agenda.

The aim of this code covers activities of occupational health professionals for the situations in which they act individually, as part of the organizations and /or when they supply services for their clients.

The code applies to professionals in occupational health and occupational health services even if they act in the context of free market as subject of competition or within the network of the public health services.

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In 1992 the International Code of Ethics set up the basis of the general principles of ethics in the field of occupational health . They are still valid but must be updated and rephrased in order to strengthen their relevance in the practice of the changing environment or the occupational health. The code must also be regularly interpreted using the nowadays technology and engage these problems of the occupational health ethics which appear in public and professional debates. There must also be taken into consideration the changes of the work conditions and social demands including those brought about by social and political developments in society; demands of utilitarian value, the continuous improvement and transparency of the quality; the globalization of the world economy and the liberalization of the international trade; the technical development and the introduction of it as an integral element of production and services . All these aspects have repercussions in the surrounding context of the practice of occupational health and that is why they have an influence on the professional norms of behavior and ethics of the occupational health professionals.

The 1992 Code of Ethics was made up of a set of basic principles and practical guiding lines presented in paragraphs within a normative language. The code was not and will not become a text book of ethics of occupational health. This is why the paragraphs were not added any comments. It is considered that the active role in the future defining of the conditions needed to apply the stipulations of the code in certain circumstances(for example case studies, group talk and training in workshops using the stipulations of the code to get a technical and ethical debate) belongs to professionals themselves and their associates .

There must also be revealed the fact that several guiding details for some particular aspects, may be found in national codes of ethics or in the guiding lines for specific professions. More over the code of ethics does not aim to cover all the areas of implementation or all the aspects of behavior of the occupational health professionals or their relationships with social partners, professionals or public. It is known the fact that some aspects of the professional ethics may be specific for some professions and need additional ethical guidance (for example: engineers, doctors, hygienists, psychologist, inspectors, architects , designers, specialists in organizing the work) as the research activities . This code of ethics represents an attempt to transpose in terms of professional behavior the ethical values and principals in the field of occupational health. The aim of this code is to guide everybody who performs occupational health activities and to establish a reference level based on which their performances should be evaluated. This document maybe adopted on a willing background and serve as a standard to define and evaluate the professional behavior. Its aim is to take part in the developing of the set of common principles regarding the cooperation between those interested as well as to promote work in a team and the multidisciplinary approach in the field of occupational health. The updated version of the international code from occupational health professionals from 2002 was subject to comments among the members of the board throughout the year 2001 and its publication was approved by the board of International Commission of Occupational Health (ICOH) on March 12 2002.

It must be underlined the fact that ethics should be considered a subject which has no clear barriers and needs independence, multidisciplinary cooperation, consultations and participations. The process itself may be more important than the final outcome. A code of ethics for occupational health professionals should never be considered as “final” but as a dynamic process which should imply the community of occupational health as a whole, ICOH and other organizations interested in security, health and environment, including organizations of employers and workers.

It cannot be omitted the fact that ethics in the field of occupational health is essentially a field of interdependence between more partners. Good occupational health is inclusive not exclusive. The setting out and implementation of the standards of professional behavior must not imply only professionals in occupational health but also those who will benefit from their practice, as well as those who will support it by a thorough implementation or will reveal their lacks. That is why this document must be subject to talks and its revising must be done whenever it is considered necessary. Comments for improving its contents may be addressed to the general secretary of ICOH.

The aim of occupational health is to protect and promote the workers health, to support and improve their ability and working capacity, to take part in establishing and maintaining a safe and healthy working environment for all, as well as to promote the accommodation of the work with the employers possibilities, taking into consideration their health.

The following 3 paragraphs resume the principles of ethics and the values on which the international code of ethics for the occupational health professionals is based.

The aim of occupational health is to attend the welfare and the health of employers individually and collectively. The practice of occupational health must be performed in accordance with the highest professional standards and ethical principles. Occupational health professionals must help the environment community health.

The tasks of occupational health professionals include the protection of life and health of the employees with respect to human dignity and promoting he highest principles of ethics in the occupational health politics and programs. Integrity in professional behavior, impartiality, protection and confidentiality of the data regarding

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health and the confidentiality of the employees are a part of these tasks.

Occupational health professionals are experts who must enjoy professional independence in performing their functions. They must get and maintain the necessary competence for their tasks and ask for conditions which enable them to perform the tasks in accordance with good practice and professional ethics.

CASES OF ETHICS IN OCCUPATIONAL HEALTH

Case 1

Worker aged 27, female, expert in software works in a modern office, 8 hours a day. She has been working for 4 years in the firm and she is a project manager in an important sector of activity.

She was diagnosed 6 months ago with cervical spondylosis and autoimmune thyroiditis. She has been having painful events and then neurological events for 2 years which 6 months ago led to phenomena of paretic type and passing functional limitation in superior arms. 9 months ago the firm hires a new space in an office building where the whole personal is transferred.

All the offices in the building have air conditioning system adjustable points. The former building had an air conditioning centralized system.

The worker shows an exacerbated symptomatology because of the air conditioning.

In April 200X she is consulted during the periodical medical examination and receives the skill sheet with the verdict “able”.

After the cervical phenomena increase she goes to the neurologist who recommends a kind of work without exposure to air currents and low temperatures. Back to work her colleagues refuse to shut the air conditioning system and the worker is forced to fallow a treatment and gets a period of medical sick leave.

On the basis of the new data the occupational health physician issues a new skill sheet with the verdict able conditioned: “Work without exposure to low temperatures and air currents”. The physician draws up a report towards the employer in which he motivates the demand from the skill sheet. For safety he specifies the dates of the consults and the established diagnosis.

The worker demands in writing to the employer her transfer to a space where the air conditioning system could be put off but the employer refuses.

Following the last skill sheet and the medical report, the employer writes to the occupational health physician specifying that he can not assure adequate working conditions for the employee.

On the basis of this act the occupational health physician issues a new skill sheet with the verdict “UNABLE”. Under these new circumstances, the employer decides to cease the labor contract of the employee but the employee appeals to the latest skill sheet on the basis of HG 355/2007 article.

Is the attitude of the occupational health physician correct? Did he respect the medical secret disclosing the diagnosis to the employer?

Did he try to advise the employer and to mediate the existing situation knowing that the sick person takes the risk to be given the sack? What was the basis of the occupational health physician’s attitude?

Case 2

XY has been working in a commercial society for more than 20 years. Age: 45, male. Schooling : 4 classes in an auxiliary school. Job: cleaner. Working place: the yard of a commercial society where he brooms, washes the flagstones manually and takes away the rubbish to Euro cans and special containers selective. Working time: 8 hours a day, 5 days a week.

Diagnosis: first degree Oligophrenia. Schizophrenia.

The employee is very punctual and scrupulous. He comes to work on Saturday and Sunday too, because he wants to keep his working place.

All his relatives live in Arad County, they don’t visit each other. He lives on his own.

He collects liters plastic bottles, washes them to sell them later in the market. For 7 years since the society has an occupational health physician the worker has received skill sheets with the verdict “able conditioned”.

He is a reserved worker, has no friends, doesn’t talk to anybody unless when it is absolutely necessary. In the morning the personnel of the society spend ½ hours in the yard getting ready for work. Some workers bully him loudly and even curse him.

Consequently XY reposts throwing stones towards the aggressors some days in a row.

The department head calls the occupational health physician “to resolve“ XY declaring him unable.

The physician calls the worker for a consult in his consulting room, and then they go together to the psychiatric clinic where, following the special consults, the worker accepts a medical treatment as an outpatient.

XY respects the medical recommendations but he continues to go to work daily.

The new skill sheet maintains the verdict able conditioned with medical treatment and the occupational health physician requests the department head to take attitude towards the workers who determined XY’ s aggressive reaction.

Is it correct that the employers’ representative asks the occupational health physician to declare the worker unable? Did the physician act properly knowing that the worker who still went to work could harm his colleagues? Would it have been more correct if the physician had declared XY unable leaving him without a working place and the society without a worker suffering from a psychic disease?

Is XY really able to work as a cleaner in the yard of the society?

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Case 3

Mathematics teacher in an elite school in city X aged 43 is declared “temporarily unable” in her skill sheet, by the occupational health physician of the respective high school , following the medical examination done during the periodical medical check up before the beginning of the school year.

The young teacher graduated from a second faculty (night school), law faculty. She took part in elaborating some very appreciated math textbooks and she is going to work in a math project in some months. The verdict “Temporarily unable” is followed by a complaint to the police and then by a legal contest to Public Health Directorate (PHD), according to HG355/2007.

The occupational health physician had to report to the police.

The commission established in PHD investigates the contester’s file. The investigation leads to the suspicion of a major psychosis although the teacher has signed in the medical file that she was not suffering from any psychic disease.

She shows herself to the commission at the required time, very badly dressed. Being invited to tell her problem she informs the commission that her right to identity was violated, that she doesn’t know whether the skill sheet refers to the position of a teacher or to that of medium, that she has a dimension difficult to be controlled that recently she wears 37 for a leg and 41 for the other and so on. The teacher denies initial psychic antecedents but, when challenged she admits some hospitalizations in the psychiatric department “in her childhood”.

The young teacher’s behavior justifies the commission to diagnose her with a major psychosis and decides to send the teacher to a psychiatric clinic for diagnosis and treatment. Later, medical papers reveal an old psychosis with long term remission.

Did the occupational health physician act properly giving the teacher notice of “temporarily unable”?

According to HG355/2007 psychosis are counter indications for didactic functions.

Is it right that this counter indications should appear in legislations without mentioning “manifest psychosis”?

Is it right that pupils should watch their teacher’s illness aspect who forgets to teach?

Is it right that the teaching stuff should be tested psychologically every year or have a psychiatric check up?

Is it right that pupils or students should be victims of their teacher’s psychic diseases?

How can the manifest occupational health physician determine a teacher with psychic or behavior problems to see a doctor and become aware of his problem?

Are human rights violated in such circumstances?... whose rights?

Case 4

Educator aged 37, at law with the kindergarten in which she has been working for 12 years on the basis of final sentence she is given the right to be restored to her former position.

In compliance with the rules any employment has to include an occupational health medical exam. An educator should take a compulsory psychological test.

From a medical point of view, our educator is considered able, but the psychological testing reveals some neurological problems and the psychologist recommend psychiatric check up. The school has a providing services contract with a consulting room and with a psychiatric unit. The educator does not show up at the psychiatric unit and produces a medical letter from a specialist in pediatric neuropsychiatry and physician psychiatrist which reads “able to work as an educator”.

Despite this medical paper, the occupational health physician gives the verdict “temporarily unable” insisting on the psychiatric check up.

The educator appeals to PHD in a barely legal manner. A certain date is established for the meeting of the commission and the implied sides. The petitioner does not show up.

Another data is established, and another one, but neither the educator nor her lawyer show up.

The occupational health physician brings about new facts which certify a major psychosis with repeated hospitalizations in psychiatric units ever since childhood. The appeals are not heard in the town where the educator works, but 300 km away. The lack of the verdict of the occupational health commission is an element which favors the defendant in court. Without solving the skill sheet the school is blocked.

The school states that the educator instigated violence among children that she tortured a dog in the classroom in the presence of the children that she had an inadequate behavior towards children and that she mislead the Legal Medicine Institutes Commission of psychiatrist. At that time (2 years before) here were written complains of the parents to the school inspectorate, but they were withdrawn, following the inspectorate’s request in order not to damage the image of the school and the county.

The commission establishes in the educator’s absence. “Temporarily unable: necessary psychiatric evaluation through hospitalization in psychiatry commission”.

Is the occupational health physician’s decision just? But the commission’s decision?

Is it right for the educator not to be given a second chance for a past episode?

What if she will have again an aggressive behavior with more serious consequences? The parents of the children in the class the educator was about to teach took action asking not to be accepted, or else they will withdraw their children.

Who’s got bigger rights, the educator or the children?

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Case 5

Civil engineering society with 800 workers.

A 23 year old worker, who is going to work as an equipment mechanic applies for the job.

He was qualified as a mechanic 3 years before but he ahs only had this job for 3 months. In accordance with the regulation in force, he shows his identity card, his application, and the card which identifies the occupational hazard factors properly filled in by the employer.

He also shows a certificate from the family doctor which reads as follows: "clinically healthy, he is not registered with chronic or infectious and contagious diseases. He is suitable for being employed". The young man is drawn up the medical file, a proper medical history is done and the young man is invited to sign on his own responsibility that he is not registered with neurological psychic diseases, diabetes mellitus …The young man reads and signs up.

He is clinically checked up in the occupational health consulting room then the specific investigations are done.

When his sight is tested the conclusion is obvious: the patient sees nothing with right eye, he has a blindness of the eye resulted in a posttraumatic cataract following a domestic accident which he had at the age of 3.

Without binocular seeing he is not given favorable visa, "Able"by the occupational health physician.

Questions: Why the family doctor issued a "clinically healthy" certificate, although the patient has an old sight problem? Did the family doctor help the patient to be employed, or he didn't know the patient's sight problem, because his eyes had not been tested?

Does the family doctor know the regulations regarding occupational health? Does he know that only the occupational health physician who knows the enterprise and the working places has the right to issue the "proficiency file"? Is he aware that what he did may lead to big problems? For what working place and profession did he issue the notification "suitable for work".

Although the young man was carefully questioned during the medical history, he willingly denied his visual disability not to miss the employment.

Who did the school guidance exam and issued the medical notification for the qualification course as an equipment mechanic?

Is it right for the occupational health physician to contact his family doctor warning him about the practical implications of the medical certificate he issued?

Does the case have to be reported to the medical college?

Case 6

Family physician having been a professional for 23 years, with competence in occupational health certified 7 years before.

After he had got the competence he didn't take part in any program of continuous medical education regarding occupational health.

He signed 3 contracts: with a public food unit, with a small metallic construction firm and with stationery.

For the first firm he has a clinical examination every month and twice a year he has a copro-bacteriologic and copro-parazitologic exam, blood tests. He registers his exams result in the workers health card and does not issue a skill sheet.

For the metallic construction firm he makes a general clinical check-up twice a year and for the stationery once a year.

He issues the skill sheet for the last 2 units which he signs and stamps.

He doesn't know that the regulations regarding occupational health exams have changed.

He makes incomplete exams for the construction firm.

For the food sector the clinical exam is made twice a year and not every year.

He signs in the skill sheet in the place where only the occupational health physician has the right to sign with an express mention.

He consults the workers in his consulting room during the time allowed for patients as a family doctor.

Is the attitude of this doctor illegal?

Is it right for him to sign the skill sheet although he is not specialized as an occupational health physician?

If within the construction firm a worker falls from a high place and gets hurt and it is proved that he didn't hear his mate who was trying to warn him that the leader is broking because he 's got a neural sensitive hearing loss which was not recognized, who will be guilty for the fact that all the workers are "suitable" although, more than half of them have serious health problems?

Are those doctors, who without sufficient investigation and without being certified to give everybody the verdict "suitable", aware of how many and what consequences that piece of paper has?

Is it right for the employers to accept non professional doctors on a low cost principle and the lack of problems in the skill sheet?

Case 7

Welder aged 57 is hospitalised in an occupational health unit. He worked 29 years in the same section and same enterprise. He is investigated and diagnosed with pulmonary fibrosis at welding gases with a low respiratory dysfunction. There is also secondary associated diagnosis. The case is signaled as a professional disease.

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Later he takes check ups every 6 months but his affection is stationary.

The patient wishes to be retired and vehemently asks the clinic personnel to give him a report for the expert committee mentioning that the expert physician assured him that he can retire.

The occupational health physician explains the patient that the report can not be made by the occupational health service, because it is not the present professional disease which is not valid but probably non-professional associated diseases. For a thorough evaluation he is advised to check other clinics on medical profile.

The patient fights back verbally, threatens and states that he is sick and not helped to retire.

Are there helping points in legislation? Or in the codes of ethics?

Have the patients' rights been violated?

What aspects go first in this case, the legal or the ethical ones?

Case 8

Constructions crane driver aged 49 goes to the occupational health unit for the medical exam within the periodical medical check up.

He has been working on a tower crane for 25 years, he's got 23 years in the same enterprise and he is a model worker. He is examined in the medical unit and the blood pressure values measured repeatedly allow for the patient to be diagnosed with severe hypertension. The electrocardiogram and the chest x-ray show specific modifications to severe hypertensive suffering.

An year before according to the skill sheet his activity was conditioned by a cardiologic consult, special treatment , hygienic-dietary regime.

The occupational health physician requests now a special cardiologic exam.

The worker is revolted that after so many years of activity his working on a tower crane is questionable. He takes the reference ticket for cardiology and returns a day later with a medical letter from the family doctor who, without having any other investigations except a new blood pressure measurement writes: "grade 2 hypertension, blood pressure=180/105 mmHg suitable for work".

The worker admits problems for 5 years, takes medicines very seldom and refuses systematically to let him be investigated through the family doctor. But he requires to be declared suitable for work on a tower crane, because the family physician who knows him better allows him to work. He feels he is able to work without any problem on the tower crane on his own responsibility.

While the crane driver is in the medical unit the phone is ringing and the chief of staff of the society asks the doctor to give the notification suitable because the firm has a great need for this worker. He also wishes to know the diagnosis and reminds the doctor that the occupational health contract may be cancelled if the beneficiary is not satisfied with the services.

The crane driver receives the skill sheet with the notification: "Suitable as a mechanic for a ground equipment. Unsuitable for working at highs. Treatment through family doctor".

The chief staff that the occupational health physician is responsible for the contents of the skill sheet and divulging a diagnosis stands for a violation of the medical secret.

Is it right for the occupational health physician to decide that working at high levels is forbidden? By changing his working place the worker looses much money and also prestige towards his colleagues and acquaintances.

Is the attitude of the family physician that does not encourage the patient to investigate himself in a cardiology unit right? He doesn't prescribe anything to the sick man, he only issues a paper which has no legal value at the working place but which discredits the occupational health unit personnel.

Is it right for the hypertensive people to be forbidden to perform certain professional activities?

Case 9

Hiring medical exam for a TJ driver on a truck crane.

The patient shows the legal documents drawn up by the employer. He also has psychological and medical notifications for the traffic safety. He denies pathologic antecedents, signs on his own responsibility in the medical file.

The general clinical exam and other investigations allow the notification "clinically healthy at the examining date "and the doctor issues the skill sheet with "SUITABLE".

The occupational health physician finds out by accident after about 3 weeks from another worker, a colleague of the TJ driver , that the driver has serious cardiovascular problems and sleep apnea which were not declared.

Given the new data of the problem the occupational health physician invites TJ again to the medical unit for another check up. He requests the worker to admit the health problems he really has. The physician cancels the first decision and demands special investigations.

TJ adopts a hostile attitude threatens the occupational health physician and states that he will get "the suitable" medical notification from another occupational health professional.

He also states that he's got the legal right to drive both as a professional and his own car.

Does the ethical code allow an answer to this dilemma of the occupational health physician?

Case 10

Patient XY aged 52 has been hospitalized for the first time in an Occupational Health Clinic for 4 days. At present he is not exposed to respiratory hazards his work being easy: he mechanically assembles small pieces on a metallic holder.

He works 2 years in society A, a modern unit which invested a lot in the health and security of the working place.

Previously Mr. XY worked for 28 years as a chemical operator in a society of chemical profile , the commercial society B. He was exposed to organic solvents, gases and powders, all of these above the admitted value.

The symptoms and investigations performed, the antecedents and professional exposure allow to formulate a diagnosis of professional disease.

This diagnosis is: chemical pollutants in pulmonary fibrosis.

The disease is signaled according to the regulations in force through BP1 occupational disease signaling sheet , with the causing agent in the first enterprise.

The patient being hospitalized, thus absent from work for a few days, receives a medical certificate with professional disease code.

While registering the medical certificate the present employer sees a situation and as he doesn't wish to be "loaded" with professional disease writes to the Occupational Health Clinic asking for an exact specification of the diagnosis mentioning that the diagnosis is false, because when hired, the worker did not suffer from the disease and in society, that working place there are no respiratory hazards. The employer demands the cancellation of the medical leave.

The occupational health physician must give a written answer to the employer.

Does he have the right to divulge the patient's diagnosis? Absolutely no, even more because this diagnosis has no counter indication at the present working place and the continuation of the worker's activity does not stand for any danger. The employer will be informed that the diagnosis stands for a medical secret.

Can the diagnosis code written on the medical certificate be modified? The disease exists and it probably existed when the patient was hired. It could not be revealed, because the key exam, post anterior chest x-ray may have not been done when a patient was hired. RPA is no longer compulsory with every hiring and in society A there are no respiratory hazards. Did the occupational health physician do his job correctly when hiring this worker?

Is it possible that the occupational health physician of the society A may have not signaled the professional disease although he recognized it, knowing that the hiring of a person with a professional disease would have bee refused? Is his attitude correct in this context?

The present unit will have a case of professional disease recorded, case which unfortunately is registered in society B.

This fact has no repercussions.

Case 11.

Young woman shows up to get employed in a unit with a textile profile. It is her second job.

She has been working for 3 years in a pastry shop. The unit became bankrupt 2 months before and all workers were given the sack.

She went to the Work forces where all the legal proceedings were done.

He graduated from a qualification course and now she goes to get a job, to the personnel office of the firm.

After the interview she has a practical test. Out of 17 candidates she gets the best time and the maximum evaluation

She is scheduled to the medical unit the next day.

Here she is received at the indicated time. The unit looks ultramodern! Everybody smiles at her… The anamnesis questionnaire she is asked to sign in the medical file for almost no reason, then she gets to the medical unit where she is consulted in 6 minutes; in the mean time she blows the spirometer too. Then she goes to another unit where the ECG and glucose are performed .

She is informed that she must also have a pregnancy test because the employer also demands this investigation .She obeys. After 15 minutes , looking like flying , she leaves the medical unit.

She has in her hand a small piece of paper for the psychological testing which is done 2 buildings away.

Is it right that anamnesa should be done in the lounge where other patients are waiting?

Is it correct for the patient to be asked to sign without previous explanations?

May a general clinical exam be considered right when it lasts just a few minutes? Is the physician one of the very best, is he superficial or he is just a physician?

Is the employer allowed to ask for a pregnancy test?

Why is this test performed? Will the pregnant women be discriminated ?

Why does the medical unit agree to perform this test ?

Does the occupational health exam become a mechanical act, well temporized with a certain number of consults in a certain time ?

Is the quality of the medical act maintained at the usual standards?

Who is wrong: the employer, the entrepreneur of the medical firm or the occupational health physician ? The answer is to be found in the status….or in the ethical code?

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Case 12

Electrician for a life, Mr. PD from a commercial society X has 11 months more until the retiring age for age limit. The society has an occupational health unit , where an occupational work physician works part time. Mr. PD's working place was changed 2 years ago. He was transferred from section A to section B. The society was reorganized and the personnel was reduced . Mr. PD used to be a very good workman, keeps working well but he has an inadequate behavior. His language goes beyond any common sense .

His "bosses" wishes to help him reach the retiring age in their society, but they know that Mr. PD drinks alcohol . Alcohol drinking in the society during the working program was not demonstrated. Everybody knows he is an alcoholic , but nobody takes action .

The repeated clinical exams show that he is suitable , each time he goes to the medical unit with a certain agitation , (he's got a choleric temperament), but without smelling of alcohol, with good balance tests. He's got an old lumbar disc disease and he needs to wear correcting glasses. The psychological testing reveals the lack of some pathologic indicators , hi is suitable for an electrician ,on the ground. The worker is not an aggressive person.

The occupational health physician demands a psychiatric consult for diagnosis and treatment, conditioning his aptitudes. The patient admits he is a drinker and that he likes to drink alcohol.

The worker promises he will see the psychiatrist and doesn't go to work for a whole week. He returns to the occupational health unit saying that he has seen the psychiatrist, who, without writing anything told him that "he is healthy and normal". Every now and then Mr. PD brings a medical leave certificate for lumber disk disease.

How should the occupational health physician proceed? Was it correct to sent him to the psychiatrist? How can the possible alcohol drinking be proved if the alcohol testing is not made and only the police can demand the testing of alcohol in the blood?

Is it ethically that PD's aptitudes should be limited if some tests are missing?

Case 13

In accordance with the regulations every employer has to make sure the workers they have occupational health services.

Society X demands the services of several occupational health firms.

Bidder A with the lowest price is chosen. A number of investigations are compulsory, but the employer doesn't know the regulations and he is content that he ticked the obligation of having an occupational health service. The skill sheets are issued in time.

The contract expires 1 year later. In the following year the employer signs an occupational health contract with another medical unit , with the same money.

The first workers spent too much time with the medical check up and the employer is angry because they are too late for work. The lawyer of the firm notices nevertheless that the second occupational health firm performed much more investigations , - for the same sum and explains to the employer why the consults take more time.

Is this a matter of ethics?

Case 14

Male , TIR driver, Mr. S is 55. In time his sight evolves to progressive alteration. The eye check performed to the family doctor reveals macular degeneration at the retina level.

Mr. S states that the sight decreasing does not alter his working capacity. He keeps this information secret but during the medical triage for the function of driver the suffering is depicted.

He is informed that the disease increases a lot the risk of accidents both for him and for other traffic participants .

How must the case be solved? Is it a legislation problem? A moral case? A case of professional ethics ?

Case 15

A member of the managerial team in a firm suffering from a metal recurrent disease goes back to work after a long absence being advised by the psychiatrist , who considers that to resume the professional activity may be favorable for the patient's evolution .

His behavior at the working place disturbs the balance and the social climate gets tensioned . His colleagues complaint that they cannot do their work properly , they cannot carry out their working tasks. Everybody considers the presence of their colleague intolerable. The occupational health physician is demanded to ask for an isolated working place for their problematic colleague. This solution cannot be implemented . A dilemma for the occupational health physician: whose health and balance is more important : that of the mentally ill person or that of a disturbed team?

Is it a case of inability in work caused by a psychic disorder? Or is it a case of manifest social pathology ?

CONCLUSIONS

"The patient" in occupational health is the healthy worker and his partners in the working process: the employer, the trade union, the workers, the workers' representatives.

The ethical dialog must be based on practical situations and problems. All participants have equal rights and "weight".

Occupational health professionals have a particular role in having to solve aspects which are usually ignored or neglected.

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The ethical dialog is based on knowledge and real life experience.

The aim of the ethical dialog is to identify the implied value scales.

The ethical dialog implies the analysis of a moral problem or of a dilemma seen from different angles .

The ethical conscience of the occupational health professionals implies the counting and justification of their proper actions.

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