The role of the occupational physician in the occupational health and safety service in Denmark, and prevention of occupational diseases and injuries in Companies – For UEMS

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20. March 2015

Outreach occupational medicine in DK
- For UEMS -

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Occupational medicine in DK
History part I

Before 1980'ies

- A lot of doctors working as company doctors
- Often part time
- Many trained in general practice, occupational medicine not a formal medical speciality
- Some doctors biased toward employers' interests

Occupational medicine in DK
History part II

From 1980'ties – overall:

- Each workplace obliged to engage with an OHS unit to prevent occ. diseases and accidents
- Three models
  - A "center" model (e.g. in a region og larger city, to facilitate proximity and availability)
  - An "industry" model (focus on relevant OHS issues, e.g. specific chemicals or processes)
  - A company model (for larger companies wanting a more tailored service)

- Consequences

- Cross professional, "the patient is the workplace not the worker" -> doctors marginalized
- OM developed at hospitals with focus on patient's disease aetiology and epidemiology
- OM at the work places devaluated and degenerated – except in a few bigger industries
- Not many full time occupational physicians outside the hospital clinics

IN 2001 OHS BECAME TOTALLY DEREGULATED…

Other countries?

- E.g. Finland and Sweden still OM close to the enterprises. More or less regulated by law.
- Other countries like US, Canada, …: OM outside hospitals is an industry running

OM moved to the hospital clinics - *Good or bad?*

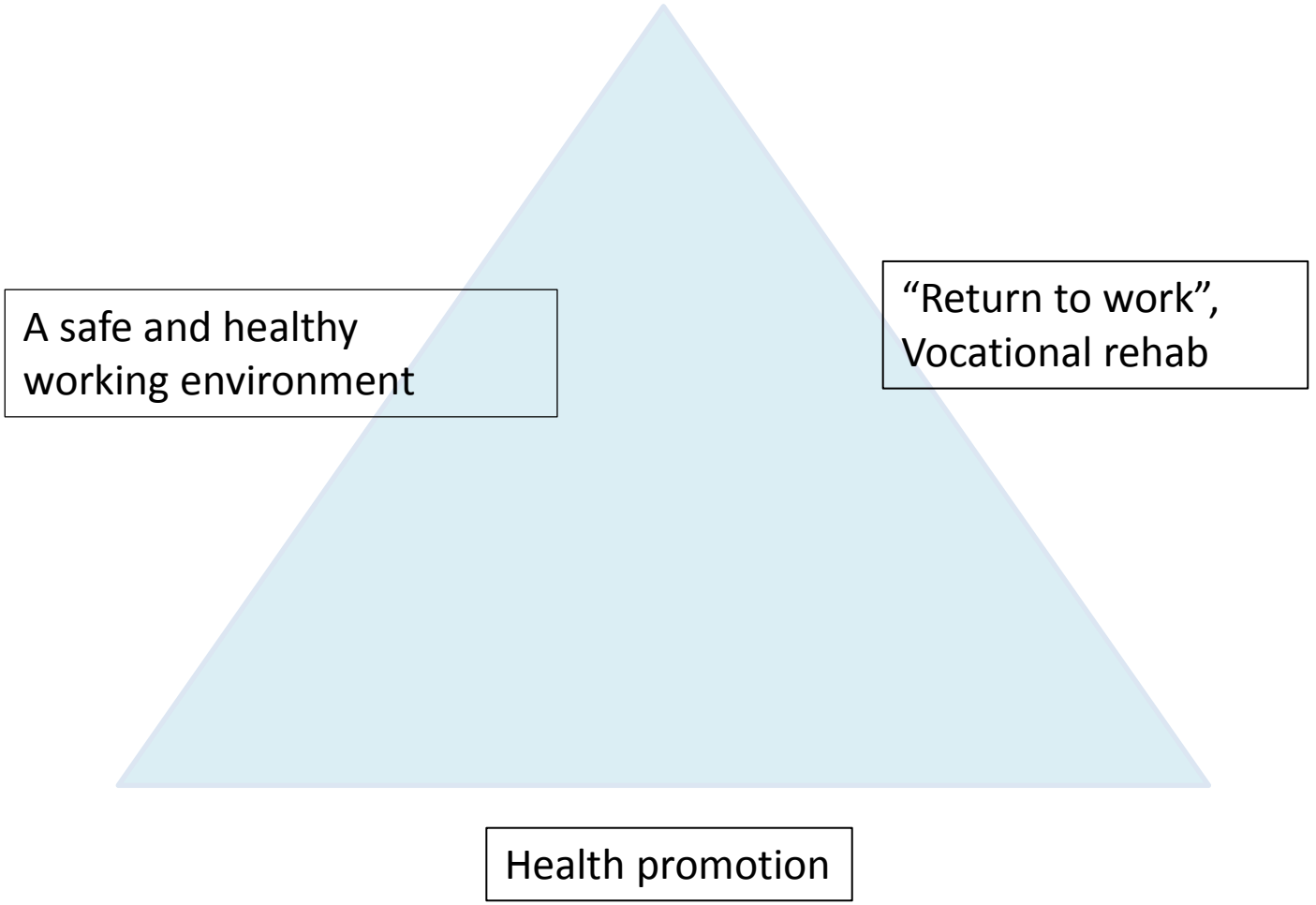
	Strengths	Weaknesses
OM from the hospital	• Backed up by the ”big” hospital in aetiology • A huge research muscle • ”Independent” of the work place interests	• Separated from the workplaces • Introverted and self sufficient • Focus on disease causes at the expense of the patients future needs
OM based on the workplaces	• Focus on real needs and solutions more than problems and causes • Not too wrapped in the evidence dogmas and public bureaucracy	• Depleted connections to the academic world • Too focussed on unjustified health checks

Real needs — Four “Theses”*)

1 OM is not just about the ”old” occupational diseases. OM should be holistic, covering ”all” work related factors of importance for the persons health and workability	2 OM not just about the statistical evidence but also about the evidence extracted from the narrative of the patient in front of you
3 OM is not just about causes but also about helping the patient in his future work and life	4 OM is not just about the patient but also about his colleagues, the working environment and how OHS can be well understood and internalized in the business

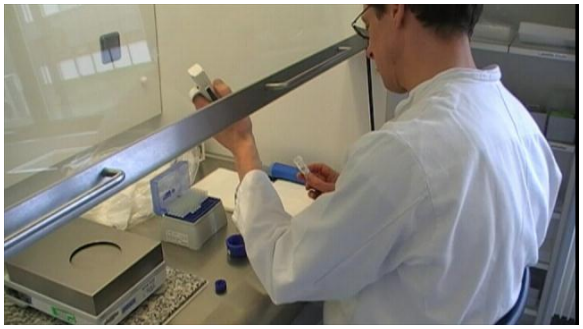
*) Larsen et al: Praktisk arbejdsmedicin, 2013

So: OH&S is balanced and constitutes a "whole"



Prevention of work related musculoskeletal disorders = “BEAT”

$$\text{Health} = \frac{Roboustness}{Exposures} =$$



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Occupational Medicine in the future

- Future OM must respond to all Four Theses
- It’s not just about finding aetiological factors looking back in the patients history etc.
- A well run OM reaching out to the workplaces is fundamental for OM in the future