

Topic number 1.

Occupational diseases

Background

I. What is an occupational disease?

1. According to the Protocol of 2002 to the Occupational Safety and Health Convention 1981, the term "Occupational disease" covers any disease contracted as a result of an exposure to risk factors arising from work activity.

2. Two main elements are present in the definition of an occupational disease:

a. the causal relationship between exposure in specific working environment or work activity and specific disease and

b. fact that the disease occurs among a group of exposed persons with a frequency above the average morbidity of the rest of the population.

II. Difference between occupational disease and work accident.

Both of these receive equal compensation. Occupational diseases are essentially a deterioration of health that is caused exclusively under the influence of the factors of the work environment on the organism and are included in the list of occupational diseases, approved by ministry council (Bulgaria).

A work accident is every deterioration in health caused by work in unpredictable or abnormal for the given profession circumstances. If these circumstances have led to loss of capability to work, disability or death of the insured.

III. Rights of the patients.

The patient has citizen and employment code rights. Under the law of worker's compensation in many jurisdictions there is a presumption that specific disease is caused by the worker being in the work environment and the burden is on the employer or insurer to show that the disease came about from another cause.

Diseases compensated by authorities are often termed Occupational diseases.

The Bulgarian legislation has provided different rights:

1. The right to be moved to a work place free of occupational hazards with no change in salary.

2. Lighter work condition

3. Prolonged annual leave

4. Prohibition against night work and extra hours.

Occupational History: Taking the Occupational History

A standardized set of questions asked of every patient is the single most important method of recognizing the line between illness and occupation.

Screening Questions:

1. What type of work do you do?
2. Do you think your health problems might be related to your work?
3. Are your symptoms different at work and at home?
4. Are you currently exposed to chemicals, dust, metals or repetitive work?
5. Have you been exposed to chemicals, dust, metals or repetitive work in the past?
6. Are any of your co-workers experiencing similar symptoms?

If the answers to one or more of these questions suggest that a patient's symptoms are job related or that the patient has been exposed to hazardous materials, a comprehensive occupational history should be obtained.

Elements of the Occupational History:

1. Job history - a job history, including employer name, dates of employment, job titles and major job duties, serves as the framework for assessing occupational exposure and the risk of illness. The job history should include a list of all positions held, because some occupational diseases, particularly work-related cancers, have long latent periods.

Military should also be included in the job history. Hazardous exposures are common in military settings.

2. Exposures-The second element of the history is an assessment of specific exposures. Major exposures should be listed for each job in the job history. The physician should ask for additional details about job tasks that appear relevant to the patient's current symptoms. Exposure dosage should also be assessed.

3. Temporal Relationship of Symptoms to work: The timing of symptoms in relation to work is often crucial in the assessment of a potential occupational illness.

4. Symptoms Among Co-workers. The probability that work is contributing to a common illness is strengthened if the patient's co-worker are experiencing similar symptoms. When queried, patients with occupational illness commonly report others who are similarly affected.

5. Nonoccupational exposure - Nonwork activities may also contribute to illness and therefore should be assessed as part of the comprehensive history. Recreational activities, hobbies, unpaid work (home renovation) and drug use are other potential sources of hazardous exposure. The history should allow the physician to evaluate the relative contribution of exposures, both on and off the job, to an illness.

