Occupational Health Ethics

Jacques Tamin

Occupational Health Ethics

From Theory to Practice



Jacques Tamin Centre for Occupational and Environmental Health University of Manchester Manchester, UK

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This book is dedicated to the memory of my brother Sylvio (1959–2017) who practiced medicine and occupational health with the highest moral integrity, most ethical behavior and deepest compassion.

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There are so many teachers and colleagues that have helped me on my journey as an OH professional and later as an ethicist that I could not possibly name them all. However, I am particularly grateful to Prof. Diana Kloss who taught me OH law and inspired me to find out more about law and ethics. I thank my Ph.D. supervisors Prof. Søren Holm and Dr. Sarah Devaney for their wise counsel and mentorship. I thank Prof. Raymond Agius for his support over many years and for being a beacon of integrity. There have been many outstanding OH professionals that I have had the privilege to work with, but I wish to express particular gratitude to members of the North West Audit Group (NWAG) and to Dorothy Howell and Joanne Carroll for the many hours we discussed difficult OH issues. I also wish to thank the book reviewers for their most helpful comments and feedback.

Prologue

I got to know Elsie (name changed to preserve anonymity) quite well in the last year of her life. I saw her in my occupational health clinics, during her brief periods of remission. She had battled metastatic cancer with courage and fortitude. She knew her prognosis was poor. She had been a ward clerk in the hospital for nearly 40 years. She was immensely proud of that service, and the small contribution (as she humbly saw it) she made to patient welfare. Her hope was to return to work once she was strong enough, and to end her working life "on a high note".

After endless courses of chemotherapy and radiotherapy, there was a time when she became well enough for us to plan a gradual return to work. She was overjoyed at the prospect, and so grateful for the chance of a final few months in the job she loved. She would soon be reaching retirement age but did not really want to retire.

I agreed on a "return to work" date with her manager, her general practitioner and treating specialists. I had planned a review shortly after her resumption. We planned to gradually increase her working hours, depending on how she coped with her residual fatigue. However, she failed to turn up for that review appointment, which was unusual. She *never* missed appointments. We tried to contact her, but her manager told us she had not attended work. We later received a call from a Human Resources (HR) manager to tell us she was no longer employed. She had had a deterioration a few days before she was due to resume. That had triggered the final stage of the HR attendance policy. He had visited her at home and terminated her employment!

I was distraught. I knew what this would have meant to her, especially that she would have felt such shame in being dismissed from work in this way. We finally managed to speak to her husband. He thanked us for our concern and our support during her illness. Elsie had died the day after she was sacked.

More than twenty years later, the memory of Elsie's pride in her contribution at work and the crushing blow of losing her job are still with me. Her story also reminds me that what we do, as occupational health professionals, matters in ways that are hard to quantify.

x Prologue

In a world where organizations place increasing emphasis on efficiency and productivity, values such as dignity and fairness may not feature highly. In the workplace, occupational health professionals have amongst their listed duties, "respecting human dignity" (ICOH 2014). I hope we always strive to respect the human dignity of those who can be at their most vulnerable. We may not always be successful, but we should not stop trying.

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Abbreviations

AIDS Acquired Immuno-Deficiency Syndrome

BMA British Medical Association
BMJ British Medical Journal
CA Capability Approach
DOI Digital Object Identifier
DPR Doctor-Patient Relationship
EPP Exposure-Prone Procedure

ERATOH Ethics Reflection and Audit Tool in Occupational Health
ERATOM Ethics Reflection and Audit Tool in Occupational Medicine
ESMPH European Society for Philosophy of Medicine and Health Care

FFW Fitness For Work

GDPR General Data Protection Regulations

GMC General Medical Council
GNP Gross National Product
GP General Practitioner
H&S Health and Safety

HAVS Hand-Arm Vibration Syndrome

HCW Health Care Worker

HDI Human Development Index HIV Human Immuno-deficiency Virus

HR Human Resources

HSE Health and Safety Executive

IC Informed Consent

ICOH International Commission on Occupational Health

IHR Ill-Health Retirement

IRMP Independent Registered Medical Practitioner

IT Information Technology
MR Management Referral
NHS National Health Service
NWAG North West Audit Group

xvi Abbreviations

OH Occupational Health

OHP Occupational Health Professional

OM Occupational Medicine PEP Post-Exposure Prophylaxis

PH Public Health

PTD Permission To Disclose

RIDDOR Reporting of Injuries, Disease and Dangerous Occurrences

Regulations (UK)

UJIH-SC Unemployment, Job Insecurity and Health Scientific Committee (of

ICOH)

UK United Kingdom UN United Nations

UNCRPD UN Convention on the Rights of Persons with Disabilities

UNDP United Nations Development Programme

US/USA United States of America WHO World Health Organisation

WRFQ Work Role Functioning Questionnaire

WRS Work-Related Stress