

## WMA RESOLUTION ON OCCUPATIONAL AND ENVIRONMENTAL HEALTH AND SAFETY

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### PREAMBLE

Occupational and environmental health and safety (OEHS) is an integral part of public health, and the primary health care (PHC) system in particular, since it is often the first level of contact of individuals, the family and the community with a health system, bringing health care as close as possible to where people live and work.[1]

Workers represent at least half of the world's population and are the backbone of many economies, but may have inadequate access to occupational and environmental health services[2]. Decent work sums up the aspirations of people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men (ILO).

Every 15 seconds, a worker dies from a work-related accident or disease,[3] and each year there are 160 million cases of work-related/occupational diseases; 313 million work accidents occur annually and over 2.3 million people die as a result of work accidents and occupational diseases.[4]

Despite this, the proportion of work accidents and occupational diseases that are recorded and reported is incredibly extremely small. It is estimated that only less than 1% of occupational diseases are recorded.[5]

The United Nations Development Programme's Sustainable Development Goals 3, 5, 8 and 13 call for action in health promotion for all people of all ages, gender equality, decent work and management of the impact of climate change; OEHS is well positioned to impact positively within the work place on all the above mentioned sustainable development goals.

Physicians have a critical role in preventing and protecting from, diagnosing, treating and reporting work accidents and occupational diseases. Information, skills and functions of physicians form the basis of service models that vary by countries and constitute key elements in addressing OEHS. In addition, physicians should strive for inclusive working life so that even employees with disabilities are given opportunities to stay integrated in decent working life.

Despite many governments and employers' and workers' organizations place greater emphasis on the prevention of occupational diseases. Prevention is not receiving the

priority warranted by the scale and severity of the occupational disease epidemic.

Physicians and National Medical Associations can contribute to the identification of problems, development of national reporting systems and formulation of relevant policies in the field of OEHS.

Unsatisfactory and unsafe working conditions play a significant role in the development of occupational diseases and injuries, which are, in their turn, a cause of mortality among working population. Women bear the brunt of the work-related burden which often makes them a more vulnerable group in working life.

## RECOMMENDATIONS

1. Physicians should play a pivotal role in the development of a workforce that is trained in the social determinants of health, and raise workplace awareness about the social determinants of health.
2. The field of OEHS should be accorded the necessary importance in both graduate and post-graduate medical studies.
3. All workers should have access to risk based OEHS services from the first day of work, and extending beyond the last day at work in order to account for occupational diseases with a long latency period. Service content should be standardized and the role of physicians in the planning and implementation of OEHS systems that are essentially preventive/protective must be recognized.
4. National Medical Associations should act proactively and encourage the expansion of the scope of OEHS services, prevent and reduce occupational diseases, and injuries, reproductive health and protect the environment. They should also promote workplace gender equality, and improve recording and reporting systems. In addition, they should focus on capacity building, teaching and training, collaborative research and improving the qualifications of their members in this field.
5. National Medical Associations, together with governments, should take an active role, where appropriate, in the formulation and development of national systems that facilitate OEHS prevention, and recording and reporting occupational diseases in their respective countries and lead their member physicians in efforts to be made in this area.
6. Occupational diseases and injuries are often addressed in the context of insurance and compensation. Where these mechanisms are not in place, national medical associations should advocate for the protection of workers through by means of insurance or social security.
7. NMAs should engage in establishing “medical causality” in the context of reporting accidents and diseases, and inform the public that the health impacts of hazards and risk factors inherent to working life can be established and recorded only through a well-developed reporting system.

8. As part of medical care, physicians who are evaluating workers' compensation patients should be accredited in occupational and environmental medicine. The first contact may be with the patient's regular physician who should routinely obtain history on patient's occupation and environmental exposures. If the physician establishes a relationship between the diagnosis and these exposures, he/she must report it to the relevant authority and ideally refer the patient for an evaluation by an accredited occupational and environmental medicine physician.
9. National Medical Associations should consider forming an internal body for addressing the problems of physicians working in this area and encourage them to contribute to related scientific studies
10. National Medical Associations should promote opportunities for physicians to benefit, in their daily professional practice, from systems identifying environmental/occupational risks and hazards having an impact on workers', including pregnant workers, health and safety. In this context, apart from the lists of WHO International Classification of Diseases and the International Labour Organisation (ILO), they should promote an easy-to-use system for "exploring, recording and reporting environmental risks and factors" that physicians can use easily.
11. Governments should collaborate in setting up an international system to assess occupational hazards and develop strategies to protect the health of workers.
12. Governments should establish legislative frameworks that protect the rights and health of workers, including reproductive health and health effects of work at home.
13. The active participation of employers' and workers' organizations is essential for the development of national policies and programmes for the prevention of occupational diseases.
14. Employers should provide a safe working environment, recognising and addressing the impact of adverse working conditions on individuals and society.
15. When rendering services for an employer, physicians should advocate that employers fulfil minimum requirements set in the International Labour Organization's (ILO) occupational standards, especially when such requirements are not set by national legislation. Physicians must maintain their autonomy and independence from employer.

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[1] World Health Organization. Declaration of Alma-Ata: International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978.

[2] World Health Organization. Workers' health: Global plan of action. WHA 60.26.

[3] International Labour Organization [internet]. Safety and health at work. ILO; [updated 2016; cited 2016 January 19]. Available from: <http://www.ilo.org/global/topics/safety-and-health-at-work/lang-en/index.htm>

[4] Safety and health at work, ILO The Prevention of Occupational Diseases. World Day for safety and health at work 28 April 2013.

[5] The Prevention of Occupational Diseases. World Day for safety and health at work 28 April 2013.

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International Statistical Classification of Diseases and Related Health Problems (ICD-10) In  
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RESCINDED