

From General Practice to Occupational Medicine

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General Practice

- **Urban rural mix**
- **Large group practice providing comprehensive services to the community**
- **Wide range of social class**
- **Medical services to small industry**
- **Constant battles with ACC (\$\$s for service provided)**

Leaving General Practice

- Realised had no intellectual structure for dealing with work place issues
 - DIH (Otago) 1986
- Tried to develop occupational health services for local industry
 - Everybody happy to play but not happy to pay
- Developed a greater interest in occupational medicine (doing things in some depth rather than skimming) and applied for full time jobs in NZ and Australia

Portland Aluminium, Victoria



NZ Department of Labour – 1990 - 93

- **NZ had just amalgamated the various Government services dabbling in Occupational Health into one service**
- **Instructed to implement the Roben's Principles (UK 1972) – essentially promoting self regulation of industry**
- **Initiative arose from employers and unions, Government agencies dragged their heels**
- **NZ industry looked for information upon which to make their decisions**

“Report Card”

- **Initially some achievements**
 - **Multiple multidisciplinary publications for General Practice on how to diagnose and treat occupational illness**
 - Not updated for 20 years
 - **General Practice based notification system with validated diagnoses (essentially sentinel surveillance)**
 - Inactive for last 8 years
 - **Numerous journal publications**
 - Never repeated by DOL resources
 - **Educated investigative service for industry**
 - **Several successful sentinel prosecutions for complex medical issues**
 - **Significant focus on Occupational Cancer**
 - Now disbanded

Bureaucratic Progress

- Database of all notifications
 - “upgraded” to DOL computer system and lost
- Publications lost by DOL had to be retrieved from individual author’s (doctors) home computers
- Medical Codes of Practice (e.g. sex workers) written without reference to Health Professionals, medical issues not investigated (vibration) as too complicated
- As medical / hygiene/ nursing resource fell through attrition economist/communication numbers with DOL multiplied !
- OHNs have difficulty maintaining nursing credentials while working for DOL
- Ministers (both parties) so disenchanted with official DOL advice they developed alternative pathways with independent bodies

NOHSAC - 2004

(National Occupational Health & Safety Advisory Committee)

- **Burden of Disease**
 - 100 deaths each year from workplace injuries
 - 700 – 1000 deaths from occupational disease
 - Occupational Cancer, Respiratory Disease, Ischaemic Heart Disease.
 - **Non fatal illness and injury contribute significant morbidity**
 - 200,000 occupational accidents per year, 50% result in disability and 6% in permanent disability
 - **Costs substantial for all parties involved**
 - worker, family – 30% of costs,
 - employer, - 40% of costs
 - the economy and the Government
 - 30% of costs (social welfare, medical costs, loss of human capital)

Costs – 2002 – 03 year

- **ACC Costs**
 - New claims - \$147, 487 million
 - Ongoing claims - \$275, 950 million
- **Work related disease and injury for year ending 2002**
 - Estimated \$4.3 to \$8.7 billion
 - ? Human costs
- **Australian costs (Victorian Study – 1993 - 94)**
 - total lifetime costs were \$2.583 billion
 - of this, 29% were direct costs and 71% indirect
 - mortality costs accounted for 45% of total indirect costs, and morbidity accounted for 55%
 - of all injuries in Victoria, 11% were estimated to be work-related.

NOHSAC – Reviewed International Surveillance Systems

- **Effective systems**
 - **Run within independent units or services providing epidemiological information**
 - **Use independent oversight and expert advice**
 - **NOHSAC made 6 recommendations:**
 1. **Establish an independent epidemiological bureau**
 2. **Establish and expert group**
 3. **Establish and integrated concept-driven surveillance system**
 4. **Adopt best practice principles for surveillance**
 5. **Publish surveillance data**
 6. **Use surveillance system to evaluate the effectiveness of interventions**
 - *None implemented in NZ except by stealth*

Summary of Occupational Health in New Zealand since the 1992 HSE Act

- DOL established and then disbanded a health service providing some disease monitoring
- ACC, the other involved agency, has not published disease statistics or significant research on workplace accidents or illness since its inception in 1974
- DOL has not updated occupational health publications/advice for 20 years
- Most occupational health and safety information in NZ comes from the safety equipment providers
 - *Walls C Dryson E J Occup Med*
- Despite recent tragedies the Govt agency workforce (health, mining inspectors etc) is lower than ever before and falling.

Failed Reform or Intentional Policy to ensure Systems Failure of OHS Service ?

