

WHAT IS OCCUPATIONAL HEALTH?

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Occupational Health is a subject in which I am very interested but am certainly no expert.

In discussing it I shall not allow myself to be lead into the byeways by discussing whether we should be talking about Occupational Health or Occupational Medicine.

I shall not in any way be deterred by the words written by one of my predecessors:

"Physicians will be well advised to stick to *Industrial Medicine* instead of ascending the rosy but slippery slopes of *Health*, where too often they fall into the crevasses of casuistry".

I realize that if we accept the W.H.O. definitions of Health—"Not mere absence of disease but complete physical, mental and social well being" we do indeed get into a country where everything is ill defined.

We shall not go far wrong if we start with a narrower objective. "Mere absence of disease" is no small achievement and if we can prevent workers from becoming sick, on account of their occupation, then we can surely be proud of our success in promoting health.

With regard to the difference between "Industrial" and "Occupational", we are interested in all who work for their living but our priority concern is for people working together in factories.

Our department teaches the subject of Occupational Health to undergraduate and post-graduate students. Teachers should certainly have a clear idea about the content of all the subjects taught in a department even if they are not competent to teach them. We must be as clear in our minds if we expect the same from our students.

My own ideas of Occupational Health have developed through three stages.

At first I thought it involved only the particular hazards of industrial life and their prevention. The picture in my mind was that of diseased jaws in those making phosphorus matches, cancer of the scrotum in mule spinners in the cotton industry and, in Singapore, silicotic lungs in those working in quarries.

I then realised that this definition was much too narrow and that the hazards of the whole

occupational environment should be included in the field of occupational health. Falls on the factory floor are just as important and preventable as the more exotic industrial hazards. A Typhoid carrying cook in the factory canteen (or in the eating house patronised by the workers) is also an occupational risk in this wider view.

The final stage of my understanding of the scope of the subject was attained when I realized that the environment is not everything and that there is also a personal aspect of occupational health. I learnt of the value attached to pre-placement examination and repeated physical examinations and heard arguments for and against their usefulness. A colour blind engine driver is obviously a risk to himself and others. At a higher level we must not forget a manager with high blood pressure.

Equally 'personal' is the first aid treatment in the factory.

Though here the line between prevention and cure is becoming blurred. Is first aid treatment of the wound or prevention of a more severe disability? It is obviously both.

Treatment of injuries tends to develop into the treatment of minor ailments. I understand that this image of the doctor in the white coat supported by a devoted sister both healing the sick and assisted by expensive and gleaming apparatus is the idea of Occupational Health most valued by both management and trade unions. My own preventive—biased—image of the doctor in an overall trying to find out why people put their hands into whirring machines is a much less popular idea.

In some places including Singapore, the personal aspects of occupational health, emphasizing treatment, are the most well recognized. The doctor who agrees to be responsible for the medical care of the staff of a factory is certainly practising occupational medicine. The confidence he generates can be developed into a basis for prevention of accidents and of disease.

Finally, but still on the personal aspects of occupational health, once the worker has recovered from his injury or sickness he may need to be rehabilitated into his former occupa-

tion or, if this is not possible, into another more suitable occupation. Certainly neither the management nor the worker wishes to lose the benefit of skills acquired at the cost of so much time and money.

These, I think, are the outlines of the subject that we try to teach to our undergraduate and postgraduate students.

To the undergraduates we lay less emphasis on the details but we try to show how Occupational Health fits into the general pattern of preventive medicine, emphasising that the occupational environment is part of the social environment and this plays a great part in the prevention of disease and the preservation of health.

To our postgraduates we try to give a more administrative slant. We are training the men who will become the Medical Officers of Health of districts in Singapore and in Malaysia. In Malaysia they may be quite remote from expert assistance. Their responsibilities will embrace anything occurring in their districts which has a bearing on health. In places where industrialization is proceeding rapidly this responsibility is not an easy one. They cannot, as the result of a general course in Public Health, become experts in this complex and rapidly advancing subject. All the same they are often asked for advice; we must give them a foundation to help them in their difficult position. If they are too cautious, they are accused of obstructing the essential development of the country. If they are not cautious enough, they will fail in forecasting hazards to health with resulting expensive disabilities later on.

You cannot expect a man trained in general public health administration to be a specialist in everything. You don't expect him to be an expert malariologist. Why do you expect him to be an infallible expert in Occupational Health?

Then again as doctors we must realize that others have other ideas of occupational health.

Recently I spoke to an industrialist and asked him his opinions on the subject. His reply was that, in some industries, it was a very important subject, especially where line production was

concerned. A sick man could upset the whole of the production output of modern complicated industrial processes.

This idea of occupational health appreciates that in some situations health is important in producing an efficient industry.

I think it is much too narrow and that we have much more to offer. Ill health will result in expensive inefficiency wherever it occurs. Its results are more obvious on the production line but we think they occur also in all factories and in the office and in the board room.

If Occupational Health is to benefit industry and those working in industries, it is important that we understand the outlook of others, especially those in industry, both management and workers.

As doctors, our thoughts tend to turn rather to social benefits than to economics. But we must see that an occupation or an industry that cannot sell its over-priced products is not healthy. It seems to me that if we accept this limitation we are more likely to be accepted as a help towards economic development rather than as a hindrance.

There are two members of this panel who prove that large scale and successful industry have accepted the idea that occupational health pays and I think that they will confirm that the services they provide are not narrowly restricted to the prevention of accidents that will hold up the production line. Though they are employed by the management I am sure also that they are well recognised as friends by organised labour whose interests also lie in healthy workers in a healthy industry.

I shall not try and produce a neat definition of—

“What is Occupational Health”.

I think that it must concern itself with everything that pertains to the health of those working for their living, but primarily we are more concerned with industry.

When, as doctors, we insist on the highest possible standards of health we should remember that an industry can scarcely be considered healthy unless it is also successful.