"The independence of workplace health services is on the line"

"We need to look after our workers more", opines work and health expert Frank Van Dijk. The commercialism of health and safety at work services has undermined occupational medicine thinks this ardent believer in a more humane work environment.

Pien Heuts
Journalist

Frank Van Dijk has made it his vocation as an occupational doctor to try and help sick workers return to their jobs.
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Bio-express

1977-1986: occupational doctor specializing in toxicology. Internationally, he is active in the World Health Organization (WHO) and the International Commission on Occupational Health (ICOH), especially in training for countries where there was no qualified support at the time.

1983-1987: associate of the Netherlands Institute for Working Conditions (Nederlands Instituut voor Arbeidsomstandigheden, NIA) researching into work incapacity.

1984: defends his doctoral thesis on "non-auditory effects of noise on health and well-being in industry".

Untill 2013: university professor of health education, specializing in work and the environment, with the Coronel Institute which falls under the Amsterdam University Medical Centre.

September 2013: awarded an emeritus professorship. He continues to be concerned with post-academic training and remains active in the Netherlands Centre for Occupational Diseases.

He is freshly back from Peru, where he was sent by the University of Munich to train researchers surveying the working conditions of domestic helpers in Buenos Aires and noise trauma in the Peruvian oil industry. The transfer and sharing of knowledge are a vocation for Frank Van Dijk, professor emeritus of health education and expert in workplace health. For nigh on forty years he has been striving to improve working conditions, study work-related diseases and especially trying to help people with health problems or disabilities return to and participate in the workforce. He has taken his knowledge across the world as a World Health Organization (WHO) advisor and member of the International Commission on Occupational Health (ICOH), driven by an urge to close the gap between theory and practice.

Surrounded by stacks of paper, Frank Van Dijk enthuses about his work. He is currently working on an opinion for sending to the Dutch Government for a new directive on health and safety at work services. The Dutch unions have lost confidence in the privatized workplace health services system (see article p. 14). Even though emeritus since last year and nearing 70, he is not ready for the pipe and slippers. He is still associated with Amsterdam University Medical Centre's Coronel Institute for Work and Health where for the past 25 years he has been involved in countless studies on the health impacts of working conditions in his chosen fields of chronic diseases and psychological problems.

A member of the awkward squad

Frank Van Dijk developed his interest in occupational health very early on in his career. His GP practice was seeing patients with what could be work-induced symptoms. Apart from hearing disorders, very little was known about the effects of noise at that time – something on which he would later write his doctoral thesis. In 1977, he moved from general practice into work as an occupational health doctor. "Metal manufacturing and construction were obviously safety-conscious industries", he says, "but little was yet known about the consequences of exposure to all sort of chemicals and solvents. In the early 1970s, workers in some factories worked in a fog of asbestos fibres. Exposure to heavy metals was common and there were all manner of work accidents".

In the 1980s, occupational doctors begin to look more closely at preventing illnesses that onset long after exposure. Although given short shrift by management when pressed on the suspicious number of bladder polyps and cancers found in rubber factory workers, this "awkward squad" doctor was backed by the Ministry of Social Affairs' Health and Safety Inspectorate and preventive measures were taken. Chemical risk assessment is particularly complex in the rubber industry, not least because of the highly toxic fumes that can be given off in the vulcanization process[1].

Frank Van Dijk collects scientific articles, garners information from suppliers, enlists help from safety and health professionals and specialised laboratories. Four years of painstaking work has enabled him to develop no less than 150 data sheets on the risks associated with manufacturing processes. "The British Industry Code of Practice drawn up in 1987 was immensely instructive here. Later on, new control banding standards were designed so that firms that couldn't afford to take costly measures could still minimise workplace risks", he adds.

He is also a much sought-after conference speaker. "As an occupational health doctor, you have to take the lead and do your own research. I wanted to find out how we could prevent illnesses and educate workers on what to do to protect themselves against invisible hazards like chemicals. I wanted to control those hazards".

Mass layoffs

As an occupational health doctor, researcher and university professor, Frank Van Dijk has seen a trend that runs counter to the growing awareness of work-related diseases since the 1990s: a rising sickness rate among Dutch workers. The relatively high sickness absenteeism – 9% in the 1980s and '90s – had much to do with deep-reaching changes in the labour market. Industry relocated to low-wage countries, giving way to a service economy. Coalmining died in the 1970s, the shipyards and many industries were ailing, and aircraft manufacturer Fokker was in difficulties. "There were waves of mass layoffs. Employers and employees sat in works councils that were applying the work incapacity rules. Many employees with a health condition were declared permanently unfit for work and put on lifetime benefit, and so did not have to become registered unemployed. Occupational doctors did their bit to protect these vulnerable workers", recalls Frank Van Dijk.

He also vividly recalls the tidal wave of those affected by the "scandalous" abolition of the work incapacity rules in the late 1990s. Close to one million people – one in seven workers – had been declared unfit for work. The Netherlands was the "sick man of Europe". The Prime Minister made the problem his personal business. The 1996 reform of the Health Insurance Act ("*Ziektewet*") would bring in privatization of the system and make employers responsible for absenteeism, reinstating sick workers and the continued payment of wages for a period steadily increased to the first two years. Frank Van Dijk, then a researcher at the Netherlands Institute for Working Conditions[2] and

1. In which sulphur is commonly added to rubber to improve its strength with no loss of elasticity. Hot air vulcanisation gives off large volumes of fumes containing volatile components. The composition of the fumes varies widely with the mixtures used.
2. *Nederlands Instituut voor Arbeidsomstandigheden.*

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a university professor of health education, said: "With privatization, employers found themselves being made more responsible for their workers' health. They suddenly saw a big financial interest in it. We strenuously objected to pre-employment medical examinations. I still see it as no mean achievement that the Netherlands was the only EU country to hold out against it. The only exceptions were pilots and bus drivers. Employers wanted to screen employees before taking them on so as to turn down any with even the slightest ailment. Blatant discrimination".

Returning workers to employability

Privatization and reform of the work incapacity system have made benefits much harder to claim. The upside, Van Dijk thinks, is the increasing focus on getting sick workers employable again. "We have taken a different approach to the relationship that people with a medical condition had with their work. Employees with a health problem no longer just get written off as unfit for work. All instructions on medical disorders that go out to doctors have to include a paragraph on 'work'. It's a much more human-centred approach".

This gets Frank Van Dijk onto his hobbyhorse "It used to be that after a heart attack, you would stay bedridden for six weeks with all the grimness that entails. Now, two days and you're back on your bike. In the Netherlands, we have done a lot of studies on the link between chronic illnesses and work, like diabetes and work; cancer and work; heart attacks and work; children, cancer and work; kidney transplants and work; hearing loss and work; vision disorders and work; rheumatism and work; depression and work, and the list goes on". These scientific studies were done with the involvement of those affected. "We looked with patient groups at what they could still do and what support they needed to stay working in good conditions. Currently, the focus is on participation in the process of work, active employability measures and learning independence. Most people would rather work than be classed as unfit for work".

Getting absenteeism in grip

Frank Van Dijk regards it as more people-friendly to help workers with an illness or disability return to being employable, to get them to participate in the labour market. It's a process where occupational health services could play an important role. But occupational medicine has lost the status it once had. Its independence is on the line, complains Van Dijk. Why? In the late 1990s, reforms to sickness and work incapacity rules put workplace health services out to the private sector. From 1998, companies had to contract with a certified multidisciplinary service (health and safety at work service or "arbodienst"). From 2004, occupational doctors provided two years' after-care for workers who were off sick, and the employer had to keep the worker on the payroll during that period. In 2005, the requirement to contract with an "arbodienst" was scrapped.

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Whereas workplace health services used to focus on keeping workers safe and healthy, it is now mainly all about controlling and reducing absenteeism. The big thing for employers and their insurers is to minimise the cost of absenteeism. Health and safety at work services, absence control firms and private professionals have been quick to exploit the opportunities offered to them by the situation.

Frank Van Dijk sees this as a bad thing. "Company doctors now have hardly any contact with workers. They are the ones who have to get workers permanently back to work. As workers have to stay working for longer, it is clearly important to keep them healthy so they can cross the finish line in good order. The situation with regard to prevention is deplorable, apart from a few big firms. The number of work accidents has not gone down since 2005 and most occupational diseases are not detected or recognized. In small and medium-sized firms, the job of health and safety at work services is clearly to get workers back to work as soon as possible. Firms are advertising with the slogan 'We bring absenteeism down'."

Loss of confidence

Confidence in the Dutch workplace health system is badly shaken. Many workers see the occupational doctor as an extension of the employer. A satisfaction survey done by the Gfk market research consultancy in late 2013 found that 17% of workers are (very) dissatisfied with the occupational doctor's independence. The absence follow-up contact service established by the FNV trade union in October 2013 reported that 41% of workers do not think the occupational doctor is impartial. Frank Van Dijk says, "Workers should have more say in the contract that the employer signs with health and safety at work services. There should also be mandatory minimum measures for prevention. And there should be agreement on a minimum price so there is no possibility of dumping. And if the health and safety at work service had a multidisciplinary staff which included at least one professional at the top, you would be getting close to a perfect workplace health service".

"We need to look after our workers more. They are an invaluable asset", he says. He is not talking just about permanent employees, but all workers whatever their status, including sole traders with no employees. "We have to see that all workers have access to independent, quality health care. And why can't that include walk-in health centre services?"

Whatever else, promoting employees' health and detecting work-related disorders earlier means mainstream health services and occupational doctors working more closely together, argues Van Dijk. If GPs and specialists were to report work-related disorders earlier, the damage and absenteeism could be limited.

Because occupational doctors have little contact with employees' work environments, they miss identifying many work-related diseases.

This is a big obstacle to a truly preventive management of the hazards of work; as a result, work-related health problems lead to increased absenteeism and even permanent incapacity for work.

The many studies done in association with the Coronel Institute in different sectors (construction, bus drivers, nurses and hairdressers) have left him convinced that prevention is a key means for promoting health in the workplace. He stresses the need for good information to be passed on to workers, preferably during training, and for cooperation at European level. "It is extremely important to share knowledge and experience, because the European labour market comprises 220 million workers. Think of the 'new' occupational diseases, the directives on prevention. There is virtually no innovation and coordination at present. There is a need to focus on setting up a European Institute for Work and Health with a network of professionals and scientists working to better support workers and businesses. That is where the investment needs to be". ●