



## Work and health

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### LEDER

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As a rule, work is a source of coping and good health, but may also involve unhealthy exposures.

I do not know whether it is true that work ennobles man (or woman, for that matter). However, work is important for the health of both men and women. Work, in the sense of a meaningful occupation, is one of the key preconditions that enable people to take care of their health (1). Most likely, this is the reason for incorporating the right to work in Article 23 of the UN Declaration of Human Rights. At work, people have two fundamental needs: to be seen and to be useful. When these needs have been met, working will as a rule be a source of good health and a sense of coping (2).

However, work may also present health hazards. In this issue of the Journal of the Norwegian Medical Association, Aarhus and Sivesind Mehlum from the National Institute of Occupational Health provide a useful review of data from a registry of patients who have been assessed at the departments of occupational medicine in Norwegian hospitals (3). The article describes the most common hazardous exposures that may affect employees, the illnesses that can be linked to workplace exposures and developments regarding working environment exposures and work-related illnesses over recent years.

The conditions in each workplace should aim to be of a nature that allows everybody to work there for their entire lifetime without any risk of physical or mental injury. To achieve this, a constant focus on prevention needs to be maintained. Knowledge about the causes of occupational diseases and the kinds of workplaces where potentially harmful conditions can exist is essential in order to succeed. This permits targeted preventive efforts to protect employees wherever necessary. Reducing exposure to harmful chemicals, reducing the level of noise and/or introducing mandatory wearing of helmets are examples of such measures.

When occupational disease arises, it is important for the person affected that the causal relation be acknowledged and that he or she receives necessary support and help. Measures to avoid harmful exposure in the future must be implemented. The person in question may also need assistance to find other work or as a last resort be provided with financial subsistence. In Norway, we have special arrangements for people with occupational

diseases and injuries provided through the Norwegian Labour and Welfare Administration (4) and a separate scheme for occupational injury insurance (5). When it is recognised that a person has fallen ill as a result of workplace exposure it provides an incentive to implement preventive measures to ensure that others in the same workplace do not fall ill also. This requires constant vigilance in working life with regard to exposures and whom they affect.

In occupational medicine we currently have good knowledge of the physical, chemical, biological, psychosocial and ergonomic work-related exposures that may cause preventable physical and mental illnesses. It is thus paradoxical that with few exceptions the teaching of occupational medicine has been limited or even virtually absent in Norwegian medical faculties (6, 7). Insufficient teaching is also likely to be the reason why relatively few doctors refer patients to occupational health assessment, and that only one in twenty (8) ever reports a work-related illness to the Labour Inspection Authority, as Section 5-3 of the Working Environment Act requires all doctors to do. The doctors of the future need to learn more about the causes of illness, and the opportunities for preventive measures and health promotion need to be moved higher up on the agenda.

The figures that Aarhus and Sivesind Mehlum show us may well be representative, but we also need to be aware that these figures and official statistics of occupational injuries and diseases presumably represent only the tip of the iceberg. Using data from the Oslo study, Sivesind Mehlum has previously shown that the official figure for people who suffer from work-related diseases and afflictions in Norway is grossly underestimated (9). It is therefore essential that all doctors and other health workers understand the crucial effect that work has on our health, and that corporate health services and other stakeholders in working life be given opportunities to engage more widely in preventive health promotion.

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