Family Practice Forum

Family Medicine and Job Related Illness

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Occupational medicine has been a neglected aspect of family medicine residency training, its components being covered in a fragmented fashion. Aspects are learned in otolarygology, orthopedics, the emergency room, dermatology, and other areas where from time to time job related illness or injury is treated. There is usually very little specifically taught about toxicology except where pesticide or lead exposure is occasionally encountered. It becomes the resident's sole responsibility to integrate in a useful fashion that which he/she can apply to job related medical problems. Preventive medicine is often discussed in generalities rather than specifics that are directly applicable to patient care. Little time is devoted to the newer aspects of carcinogenesis, mutagenesis, and teratogenesis in residency training.

There are definite advantages for a family physician becoming involved in occupational medicine. One may wish to serve at least part-time as an industrial physician in the community in which one practices; this can be done either at the plant site or directly from the office. This provides the opportunity to learn of the work environment of one's patients and, very importantly, to learn the language of their occupation. It also provides an opportunity to encounter medical problems otherwise unlikely to be seen in an office based practice. Practicing occupational medicine can generate a source of dependable income, of particular value during the early building of a practice when overhead expenses are fixed, but income is not. It is an excellent source of patient referrals. At the plant one can learn in detail of the hazards and exposures of the workers.

Serving as a plant physician and being involved in industrial medicine have some disadvantages as well. It can mean being away from the office and thus somewhat less available to patients who cannot see the physician at the job site. There is the possibility of conflict of roles for the physician when he serves patient and employer, especially when compensation claims, grievances, and union disputes arise. Such problems are accentuated in a community which is very much dependent upon a single industry for its livelihood; as a part-time plant physician, one may hesitate to expose unsafe working conditions and health hazards that may have long been accepted or underestimated. Another disadvantage of the physician in the plant setting is his relative lack of individualized medical data enjoyed in the office practice.

As a part-time plant physician in a town of 12,000 in the Allegheny Highlands of Virginia, I encountered a wide range of medical problems. There were two major industries in the town: a pulp mill that employed approximately 1,800 people, and a polypropylene film and fiber plant that employed 1,500 people. In a single year both plants experienced disastrous fires. In one, several lives were lost. I was told that such disasters were uncommon.

The most frequent medical problem encountered at the plant site was noise induced hearing loss. Next in frequency was a group of diverse acute and chronic musculoskeletal complaints, such as low back pain and trauma, minor lacera-

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tions, and infections. Toxic exposures, including sodium hydroxide burns of the face and extremities and chlorine gas chemical bronchitis, were seen. In addition, I was asked to monitor vinylidene chloride body burdens, the significance of which is yet to be determined. The most frequently seen skin problem was contact dermatitis.

Besides treating on-the-job illness and injury, much of the time on the job site was spent in preemployment and periodic health screening, a process that was tailored to occupational exposure. All of these responsibilities were handled by one of our practice group members at the job site for one hour each workday.

How had my otherwise excellent residency training prepared me to handle these problems? Not very well. One may argue that most occupational medicine by its nature must be learned firsthand at the plant site. In today's complex technological working world, the average physician should learn a systematic approach to prevention and early detection of industry related problems. He needs to know where to call for help.[1] The following information sources are recommended in the areas of occupational medicine:

A. Guides

1. Daugaard J: Symptoms and Signs of Occupational Disease. Chicago, Year Book Medical, 1978

2. Kusnetz S, Hutchinson MK (eds): A Guide to the Work Relatedness of Disease. From the National Institute of Occupational Safety and Health. DHEW Publication No. (NIOSH) 79-216, Government Printing Office, 1979

B. Periodicals

1. Journal of Occupational Medicine. American Occupational Medical Association, 150 North Wacker Drive, Chicago, IL 60606

2. NIOSH Health Hazard Evaluation Summary. Robert A. Taft Laboratories, 4676 Columbia Parkway, Cincinnati, OH 45226

C. Reference Texts

1. Hunter D: The Disease of Occupations, ed 5. Boston, Little, Brown, 1975

2. Zenz C: Occupational Medicine: Principles and Practical Applications. Chicago, Year Book Medical, 1975

In family practice residency, training in industrial medicine can be offered through a conference and lecture format. An elective experience in the medical department of a major industry should be available for the interested resident. An accurate and thorough occupational history should be incorporated into the review of systems taught during medical school. This is central to the diagnosis of job related illness.[2-4]

In addition, the work place can be utilized for health screening and preventive measures within the community. Programs for screening hypertension, diabetes, coronary risks, and early forms of cancer are potentially available. Their benefits are, however, controversial.[5] Certainly the issues of alcoholism, absenteeism, and psychological stress can be addressed and are of importance for individuals, the community, and the industry in which they occur.

The experience as a plant physician can act as a catalyst to involve a physician in the community in which he lives. I know of no better way to meet and understand people one is living with than to see them at work. Each family physician should visit the major industries in the communities they serve and tour their facilities. Those who have done this know it to be an invaluable experience.

References

1. Snyder J: How NIOSH can help you spot job related disease. Mod Med 46(11):57, 1978

2. Felton JS: The occupational history: A neglected area in the clinical history. J Fam Pract 11:33, 1980

3. Occupational Disease: When the workplace is the etiology. Patient Care 11(5):108, 1977

4. Occupational Medicine: Fitting the workplace into the work-up. Patient Care 12(17):108, 1977

5. Haynes RB, Sackett DL, Taylor DW, et al: Increased absenteeism from work after detection and labeling of hypertensive patients. N Engl J Med 299:741, 1978