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'Decisions' in occupational medicine

I had hoped that the title of this year's meeting 'Decisions on treatment: who makes them?' would mean that I wouldn't have to speak, since I don't treat people. Etienne and Claude, in considerable bad faith, have stretched the definition of 'treatment' to include 'health' and even 'occupational health'; and they decided, (instead of the doctor....) that I couldn't get out of speaking.

I have been practising for just a short while (1985...), as occupational physician for an agricultural population (both salaried workers and farmers) in a geographical area (the departments of Savoie and Isère) in the Alps.

The context

Occupational health services were created in France in 1946 for employees in commerce and industry (the 'general' part of social security) and was extended in 1966 to salaried employees in agricultural occupations (with adaptations linked to the particular characteristics of these occupations) and then improved by successive reforms. This is preventative medicine charged with maintaining the health of people in work, both from the collective and the individual point of view.

It functions within a context, the world of work, which lies at the crossroads of several different domains;

- Economic (macro and micro, the business)
- The right to work (and the litigation associated with it)
- Political (rights, health strategies employed by social, political partners...)
- Technologies (assets, nuisances...)
- Sociology (social models, management models, human organisations...)
- Psychology (the purpose of work, how work is experienced...) and psychopathology of work (suffering at work, bullying, risks which are so-called 'psycho-social').

The practice of occupational health also has need of different disciplines; general medicine, toxicology, physiopathology (working in hot and cold conditions, with noise, at night, with vibrations...), biology (bacteriology, virology...), ergonomics, the psychopathology of work, metrology...diplomacy.

In this environment, the sole legitimacy of the spoken word (or the 'decisions') of the occupational physician lies in the area of occupational health or health at work.

In France, the agricultural profession has organized itself in such a way as to create its own social security system, on the model of a mutual society: the 'Mutualité Sociale Agricole' (currently with many multi-department funds and one national fund). It is organized such that one department provides sickness benefits, family benefits, pensions; social services, medical services (medical advisers, specialists in preventative medicine), a health service within the work place (technicians to minimise professional risks, occupational physicians, nurses, assistants); and....a department to collect subscriptions to enable the whole system to function.

Occupational physicians have a statutory right to professional independence as far as medical decisions are concerned; they benefit from the Mutualité Sociale Agricole, the ease with which they can make contacts useful to their profession, bearing in mind the need for medical confidentiality.

Until now, I have found within this organization a spirit of co-operation, of service and of close association; but consolidation of funds, restructuring, laying off of staff seem to me to be starting to whittle away at these assets (but sh! we're not supposed to talk about it).

Our daily work

A whole number of pieces of legislation define our professional aims; these texts underpin the existence of this profession, but (I think that this is widespread), these professional aims are more than can be achieved by one person working full-time and in 'real life' each person ends up arriving at their own compromise and determining their own priorities depending on the particular features of their sector and according to what makes most sense to them.

The side involving 'medical consultations'

One of our duties consists in meeting regularly with salaried workers (so-called '*systematic consultations*') : the principle of these is to verify that there is no medical contra-indication to the individual worker carrying out his work, that the work is adapted to him and that it doesn't adversely affect his health (too much). This consumes a huge amount of medical time and one has to question the effectiveness and the frequency of the visits when compared with targeted visits and consultations on demand. It is the opportunity to have a dialogue primarily centred on work (the content of the work, organization, relationships, feelings...), on its consequences for the individual's health, accompanied by a medical examination both general and focussed: as one gets to know each other better, this exchange often develops into informal dialogue, a sharing of private concerns laced with humour...And I am always grateful to these people who have not chosen their occupational physician, who often don't expect anything in particular from this 'medical consultation', and try to be as kind and open as possible, to make the experience a pleasurable one (for both of us, I hope). Through these encounters, I never stop learning new things about the occupations people are involved in; so for me, who had great difficulty choosing a career (attracted as I was to occupations practised out of doors and involving the natural world), I have my brief moments of transference, for a short while becoming a pruner, a forester, a cheese-maker, a cowherd, even an inseminator (of cows!).

I also uncover life journeys (addictions, violence, life on the street, prison...) with those workers being re-trained with a view to regaining employment: forestry, work in green spaces, market gardening encourage a return at least to a sociable life, and at their best to employment because of the physical and practical side to the work, and the working as part of a team. (Work is thus a positive influence for health).

I can also determine the atmosphere within an organization, which could help me if difficulties develop between employer and employees in that company.

Within this context, the occupational physician delivers his 'opinion of no contra-indication' rather than decisions: he is considered by the law to be the adviser to the employer when it comes to matters of health

at work, (and the employer is supposed to do everything within his power to take that opinion into account). These opinions are not exempt from ambiguity, since we offer support to jobs which are known to be bad for health (night shift working for example...), because of economic realities relating to the occupation.

Other types of medical visit:

- Pre-employment health checks (no contra-indication, information on occupational risks)
- Return to work interviews, after prolonged absence from work
- Pre-return to work interviews: preparing the worker for his return to work before his leave is over; the date of return to work (discussed with the medical adviser, the doctor treating the patient), conditions of return to work (the need for technical changes? organisational changes? the necessary link with the employer). Again a 'decision' which is shared, discussed, negotiated.
- Visits that have been asked for (by the employee or the employer): often the reflection of confidence in the relationship which has been established over the course of time.

Medical incapacity

Sometimes, a health problem whether physical, mental, or psychological leads to the recognition that a person will not be able to go back to the same job they had before (most often after a long period of coming to terms with it); a legal process designed to protect the worker and his employment, demands therefore that every effort be made to find other employment within their company. If such efforts fail, the occupational physician pronounces them 'incapable' of working; in legal terms it is a 'decision taken by the occupational physician'; in fact, he will have been following a deteriorating situation, in contact with the worker, his GP and the medical adviser, and the department responsible for keeping people in work... And the 'decision' is in fact an opinion recognised medico-legally which allows the whole process of 'declaring someone medically unfit, in the absence of any other possible employment within the company'.

- A 'simple' case of a cheese-maker in a small company, who has become allergic to the moulds on the cheeses which he has to rub and turn over in the cellar and who, in spite of the best respiratory protection possible, experiences a steady deterioration in lung function month on month.
- A less obvious example, given the subjective symptoms; the female commercial adviser in a banking organization who faints one day going to work and will never be able to contemplate going back to the demands of commercial campaigns and sales targets.

In France 'incapacity' can also be a way to leave a company while being indemnified by the employer, then taken on by the job centre; whence potential legal conflicts, where every written word becomes important.

Knowledge of the work environment

The whole *raison d'être* of our speciality is knowing the company, the profession, the particular job of a worker, and it is indispensable to the consistency of our 'decisions': this makes it imperative that we visit the workplace in person, meet the employer, follow the worker at their job, sometimes perform measurements....riches shared between he who describes his work and he who is learning about it: a forest site (where you learn along the way the techniques for chopping down trees), accompanying the man who picks up the milk at night and in snowy conditions (I will understand the demands of this profession better, and for a whole night, we don't only talk about work...) a breeder passionate about his work who makes you feel his special relationship with his cows (I will understand better the distress of such an individual who finds his sheds empty one morning because of the decision of health inspectors as a result of mad cow disease, for example; or if he has to stop doing his work because of health or economic reasons), the mushroom grower who would like to pay his workers better, but is subject to competition from countries where national insurance is cheaper, the perception of what makes for feelings of well-being or unhappiness within comparable companies, etc.

Traceability

We have to facilitate the collection and registration of data allowing us to track the different risks an employee is exposed to in the course of their career. 'Decision-making' doesn't enter into it.

Communal activity

Professional health education, training, information; about noise, products to promote plant health, zoonoses... No room for 'decisions' here.

Keeping people in work

In France, there are a group of measures designed to keep people in employment when their work is called into question because they have become handicapped (consequence of chronic disease, or an accident...)

The occupational physician has a role to play in such situations :

- He can start the process (sometimes also initiated by the medical adviser, by social services...); he then argues the case for a recognition of the handicap and outlines situations at work which are going to cause problems; he studies and makes suggestions, according to his competencies and knowledge, of measures which will enable the employee to continue working: technical alterations, organisational changes, ergonomic study if the situation is complex.
- This file will be refined and finalised by the 'service which helps to keep people in work' (Service d'Aide au Maintien dans l'Emploi) which exists within each geographical area or département; and this dossier will enable the proposal and financing of all or part of the alterations which will permit the person who has been recognised as being handicapped to continue in work.

This is possibly the most interesting part of my work, which, besides the salaried workers, gives me access to the world of farmers:

- The indispensable connection of the farmer with his work, the approach to problems pertaining to different tasks (due to the handicap), exploring solutions which the farmer has already thought of, researching or proposing other possibilities... (sometimes even taking part in the work if the client insists).
- The pleasure of being able to exercise competencies and varied skills acquired in the course of previous professional and personal life: medical, agronomic, buildings, machinery, similar situations already encountered...and the possibility of acquiring new experiences (useful in future encounters...).
- Working with several partners: social worker, medical adviser, technical staff responsible for safety, agricultural technicians, building specialists...personnel responsible for keeping people in work, ergonomics specialists...

Working with social services

Salaried agricultural workers are often poorly paid, sometimes coupled with precarious employment (seasonal workers, for example) and vulnerable health.

The farmers who struggle financially are beset by multiple pressures which are complex and sometimes contradictory: economic difficulties, entanglement of professional and private lives, overwork, isolation, conflicts within the heart of the farming establishment (between generations, between associates), physical wear and tear...

The social workers (we have 2 men doing this job) are faced with these situations; they perform in depth work over a period of time, and sometimes have to call on the occupational physician in their sector, for advice or to form a temporary alliance with we hope will be synergistic.

Visiting in the home, alone, or sometimes with the social worker (if the person agrees), to try, for example, using 'medical' advice, to persuade the person to undertake a course of treatment (or to withdraw from a course of therapy), making the person aware of that they are overworking, or in a situation that is unsustainable, re-assessing personal competencies and sometimes also evaluating the risk of suicide...

I remember every one of these encounters, intense as they were.

Here, again, the doctor is not the 'one who decides', he will maybe play a small part, but the agricultural technician, the banker who finally agrees a loan, a helpful neighbour, a good weather forecast., the dog can play just as important a role in people's future health. In contrast, attacks by wolves on the sheep in the pastures, health problems in the flock...can completely upset a situation thought to have been sorted.

Conclusion

I have had great difficulty concluding this talk, conscious as I was right from the start that I wouldn't be able to comply with the terms of reference, whether at the level of the deadline, a reticence to speak of French practises abroad, and reticence about the subject itself, *decision-making*, which just seemed foreign to my day to day work.

What's more, I am now nearing the end of my career, at 65 years old; it means I need to take stock and it forces me to confront my worries about stopping work in the future. This profession of mine, about which I have nevertheless often had my doubts (its usefulness???) will maybe in the end have turned out to be well-suited to me: with a curiosity about all the areas this career has brought me into contact with, not great at taking decisions, not terribly convinced about the effectiveness of the huge number of prescriptions given out (which I handed out when I did my locum posts in general medicine), ill at ease with payment for service, enjoying and making the most of the travel to different *geographical* areas (which others find limiting), happy about my consultations and at my level as a basic practitioner not subject all that much to the social conventions linked to this profession.

And I have the impression, as this professional life has unfolded, that in the round I owe more to it (enriched by all my encounters experienced through work) than I have given to it (services rendered)...