



ROMANIAN ASSOCIATION OF  
EMPLOYERS PHYSICIANS IN  
OCCUPATIONAL HEALTH

“An Overview on UEMS–OM section”

Romanian perspective

Author Damian Fotache MD

Dear colleagues,

I'm very proud to be with you because I felt a great sympathy since the UEMS-OM section, meaning all of you, opened the door for us, the OH Romanian physicians representatives.

With the same good feelings, I kindly suggest you to think about this letter. It could be more than sympathy, it could be my place achieved.

We can work and live as we did till now but we have the chance to obtain more.

We need to be linked together (in a powerful Professional Association -UEMS-OM), because we have a place on the stage of work.

Work is not a “war camp”!

In 2007, all over the world, there were over 2.2 million deaths, work related accidents and cases of occupation diseases and this number could be increasing, due to:

- pandemic risk;
- HIV/SIDA risk;
- hepatitis risk
- and not the last, the mega-structure constructions and mining industry.

It is not a problem for AIG board or others financial giants banks, insurance funds, who do not care for their OH services, even they have luxurious work conditions and receive compensations that scandalized the world.

It is a problem for the 150 million workers, in Europe only, which need Basic Occupational Health Services with

**OH Doctors !!!**

In the world only 10-15% of the workers, according to an optimistic estimate, are covered by:

- OH and safety service
- Labor Inspection
- Social Security Systems

In EU you could appreciate this need better than me.

## Evaluation:

- who we are?
- what do we want ?
- how do we work?



Who we are?

Now UEMS-OM section is a very selected “club”, with very skilled people in OM, smart, spontaneous, great experiences, who has very pleasant meetings twice a year and work together very well.

BUT,

In these days we are not representative for all EU countries in absence of all EU countries representatives.

What do we need?

Same standards of work.

Why we need it?

In EU countries a “cow is a cow”:

- same ID chips,
- same “resting” conditions,
- same milk, meaning white (with or without fats).

That means that we have same standards and a very safe product, drinkable also by the French, Polish, Italians, Greeks, Germans and others.

Before integration, for example, in Romania, “a cow was also a cow” and milk was also white, but the traditional way of obtaining it was considered risky.

Nowadays, UHT regulations based on the EU Directive provide a safe milk with ... an EU taste.

Following this example, in my opinion, UEMS-OM Section could provide the same standards of work for all European OH services.

## Backgrounds:

Now, obviously, in our scientific group there is a need to have the same system to appreciate our work in different parts of the EU.

We must have common procedures and standards regarding medical prevention, diagnosis, treatment, rehabilitation in Occupational Diseases and of course in risk assessments.

Using same stethoscope, tensiometers, audiometers, EKGs, spirometers and dust, noise and lights measurement devices, we basically have the same quality of the services that we provide.

Why we talk about quality and not talk about procedures and standards?

Allover the EU we must apply the same procedures in plants, offices, healthcare facilities, constructions and others. For this reason we must have a **HANDBOOK OF STANDARD PROCEDURES.**

# Vision

“OM must have one voice” – in the symphony of a good working life in the EU! That means having the same standards of work, prevention procedures, risk assessment, diagnosis, treatment and rehabilitation of OD, based on the same list of ODs. This can be a realistic goal.

EU Commission could recognize our special social dimension of OM keeping in good health and safety workforces.

How?

By promoting a handbook of basic procedures in risk assessment, prevention, diagnosis and treatment of OD, as a EU DIRECTIVE.

Why is this necessary?

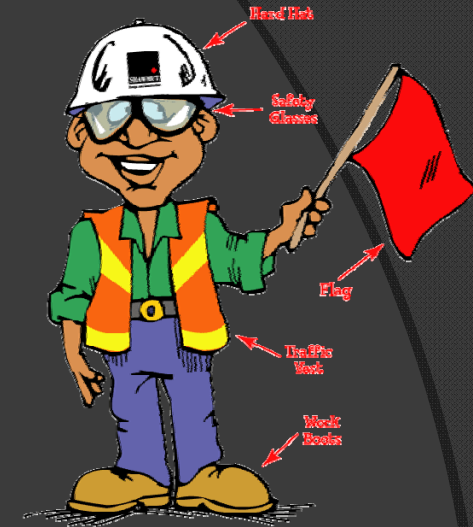
Because we, OM practitioners, need to be protected by the influence of other actors on this stage: employers, employees, insurance funds, labor inspection, politicians.

How could we realize it?

Ideal in my opinion is to:

- promote a EU DIRECTIVE
- adopt a more formal style of work because we depend on politicians and:

- they have no time
- they have white shirts and very expensive ties
- but they have final decisions.





For this, we must restructure the list of members of UEMS OM section and adopt an “official” one that contains:

- countries
- societies
- representative members
- delegates for meetings
- honorary members
- Counselor's Chamber for those of us that are officially retired, but still active.
- non EU members with the same status for biannual meetings.

For the biannual meetings we could choose a central place in EU like Wien or Munich with low price for:

- transportation,
- accommodations,
- meals,
- conference,
- and others facilities to work during weekends,
- easy accessible, even for the usual absentees.

In my dreams, we need UEMS-OM to have a permanent EXECUTIVE BOARD, at least for 3-5 years to obtain/realize:

- data base with all EU OH specialists
- links between societies
- certificates of accreditation, CPD, credits, etc.

UEMS-OM section could be the most important Professional Association of OH physicians from EU.

For an annual fee for every member, we can raise financial resources to sustain this kind of projects.

Time necessary, working daily, with professionals:

- ⦿ 18 month to raise money for UEMS-OM member card – like ICOH;
- ⦿ 24 month to have a draft EU DIRECTIVE;
- ⦿ 36 month to focus on promoting it among the EU structures;
- ⦿ Otherwise, in the nearest future we can find ourselves left outside the decisional forums and our position may be ignored as in other EU directives.

Being realistic, do you think that ATOM program could be finished in our professional lifetime?

Based on the effort of Ewan, without money, daily working time with professionals and so on?

Ewan answered us: No

For the last request of DR. TUCEK, we need to be formally covered in an “official” dress because more and more institutions, organizations, politicians, decision makers and others, especially from new EU countries need “officially” answers in different “debates”.

Finally, another perspective of our individually daily work:

None of us, after a pre-employment or annual medical check-up, with the conclusion “unfit to work” never receive a beer in a pub, a flower or a new born photo.

Why? Even when you discover a case of active TB, HIV, a new tendinitis, silicosis or a depressive status work related disease – because we are focused to “treat” work conditions and we refer the worker to another specialist.

In my opinion, working daily with patients with occupational diseases, we, doctors from all EU countries, must focused more on employees sufferings. Some of us must be more appropriate to treat and rehabilitate the OD, no less than a General Practitioner.

Of course, we must refer to another specialist when we are overcome. Also, we must control the chain of treatment of ODs, work related disease and, maybe, a worker could say “Thanks doc” like to the others doctors.

## Conclusions:

An EU DIRECTIVE with a HANDBOOK OF OM STANDARD PROCEDURES could be a very simple answer in a very complex and sophisticated ethical issue, with many shadows and lighting zones – it could be our common umbrella which protects us.



Starting with “Prague Spring” Letter and being in Lisbon, the capital of the European Treaty, I assure all of you of my good hopes and feelings.

**Thank you**