

PRESENT PRINCIPLES OF WORKERS' HEALTH CARE ORGANIZATION IN POLAND AND DIRECTIONS OF FUTURE CHANGES

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Abstract: The present-day legal regulations on workers' health care are far from satisfactory. The work on the modification of the occupational health service has been carried out for the last two years although the preparatory activities started much earlier. In May 1991, under the initiative of the Nofer Institute of Occupational Medicine in Lodz, the bill on the Labor Code has been amended so that it would regulate the employer's responsibilities with respect to providing health care for workers and to participating in respective costs. These activities have overrun the more general ones pertaining to the reform of the national health service in Poland. Under conditions of the growing free market economy the previously operated organizational system of health care for workers has become out-of-date and needs immediate modification to adjust it to the new economic situation. Evidently, the trends and rate of the policy in this respect have been considerably influenced by the more general activities to make Poland associated with the European Community and hence to develop an occupational health care system which would take into consideration the principles of the Charter of Social Rights of the EEC as well as of the ILO Conventions.

The organization of health care for workers in Poland is based on the Labour Code. The Code itself was passed by the Parliament in 1974 and was principally related to state-owned industrial plants (which were at that time, practically, the sole employer). In 1991, slight amendments were made to the regulations on occupational health and hygiene and on the obligations of the employer to ensure health care to the employees. Those amendments have been made to the effect that the regulations now also involve private businesses, the number of which is constantly increasing.

According to the regulations now in force, the basic responsibility for ensuring safe and hygienic conditions of work remains with the employer. This means that

the employer is obliged to observe the principles of work safety and hygiene standards. The principles and standards are set forth in relevant publications such as Polish Standards (PN) and in the form of directives (e.g. on MAC/MAI values) issued by the Minister of Health and Social Welfare. As it is intended to thoroughly revise section X of the Labour Code (Section X regulates the issues of work safety and hygiene and sets forth the principles of worker's health protection), it is reasonable to suppose that the executory provisions shall be modified as well. Work on that item has been carried out heretofore so as to account for the principles set forth in the Conventions of the International Labour Organization, in spite of the fact that many of those conventions have not as yet been ratified in Poland. Implementing the principles set forth in the conventions so to say "in advance" may serve, therefore, as an indication of the intention to ratify the conventions.

The existing legal status assumes that the process of work should be organized so that corresponding standards are not violated. This should be enhanced by establishing special work safety services by, or on behalf of, the employer (depending on plant type) and monitoring of harmful or noxious agents at workplaces. Depending on plant size, the employer can set up his own laboratory for monitoring the occupational environment or contract the monitoring to an outside laboratory. The employer is also obliged to employ such workers only, who are subject to prophylactic examinations and have been found to be capable of being employed under conditions of specified working environment. The costs of such prophylactic examinations should be borne by the employer.

The proper execution of those duties is supervised by two institutions: the State Sanitary Inspection (PIS) and the State Labour Inspection (PIP). Two separate acts passed by the Parliament constitute the legal ground for the scope of activities and the inner structures of both inspections. PIP is subordinated directly to the Parliament (presently a variant is considered in which PIP would be subjected to the Minister of Labour and Social Policy) and its primary tasks include ensuring that labour law and work safety regulations are properly observed. PIS, on the other hand, is subjected directly to the Minister of Health and Social Welfare. Supervision of work safety and hygiene constitutes only a fragment of PIS activities. In addition to that, PIS is also concerned with the supervision of municipal hygiene, food hygiene and radiological protection. Presently, PIS is the sole inspection organization provided with its own laboratories and capable of assessing sanitary conditions of work. It should be noted, however, that there are also other institutions for controlling work safety in various sectors of Polish industry, for example the Chief Mining Inspection (GIG).

Health care for workers is effected within the general health care system, which is supervised by the Minister of Health and Social Welfare. According to the new Act on health care facilities passed in late 1991, the existing industrial health service units are being transformed to become independent of the industrial plants to which they have been heretofore affiliated, operated independently but with professional support from the Minister of Health and Social Welfare. The question of the qualifications required from medical personnel (physicians and nurses) engaged in workers' health care has not yet been solved satisfactorily because, in spite of the fact that possibilities of specialization both for physicians and nurses are available, worker health care tasks are performed by professionals of other specialities. A revision



of legal regulations in this respect has already been prepared. It has been assumed that only those physicians who have completed specialization in occupational medicine, work hygiene, or the like will be authorized to conduct prophylactic examinations.

It should be stressed, however, that the present-day legal regulations on workers' health care are far from satisfactory. It comes from a very short, only two years, period of transforming the centrally-controlled economy, characteristic of the communist system, into a free market economy. This may be the reason why the modification or alternation of legislative procedures is lagging behind.

The issue of preventive measures in workers' health care is regulated by the Directive of the Minister of Health and Social Welfare of December 10, 1974 which concerns medical examinations of workers. The Directive is based on the provisions of articles 179 and 219 of the Labour Code and it determines the principles and procedure of:

1. performing pre-employment, periodical and follow-up examinations;
2. issuing certificates of disability to work at the workpost held so far;
3. transferring workers who have become unable to perform duties at previous workposts to other posts appropriate to their conditions.

Candidates for work and workers transferred to worksites where health hazards may occur are subject to pre-employment examinations. They are referred to an occupational health care (OHC) unit by the enterprise they work or are to be employed at, which specifies the workpost and the kind of duty for a given worker. Regardless of the kind of work they are involved in, workers exposed to harmful or strenuous agents or working under strenuous conditions as well as all adolescent workers are subject to periodical examinations.

The follow-up examinations concern all workers who undergo periodical check-ups and they are carried out when the period of disability to work due to an illness lasts longer than 30 days.

The prophylactic examination of a worker should be concluded with a certificate stating the limitations on work performance at a given workpost, if any, or denying them. This certificate should be forwarded to the administration of the enterprise referring the worker.

The workposts where the workers are covered by obligatory periodical check-ups and the date of the examination are determined by an OHC unit in consultation with the enterprise management. No worker who is subject to prophylactic examinations can be admitted to work unless he/she presents a valid certificate of his/her capability for work at the post in question.

The scope of pre-employment examination as well as the scope and frequency of periodical check-ups and the methodological guidelines for their conduct are specified in the Instruction No 5/87 of 11 August, 1987, issued by the Minister of Health and Social Welfare. The general part of this Instruction lists basic principles of prophylactic medical examinations (both pre-employment and periodical) for workers employed under conditions which may be either harmful or strenuous for health. According to those principles the frequency of periodical examinations is to be determined by measurements of harmful agents in the workplace. If it is found that the intensity or concentration of a given agent is equal to or exceeds its hygienic standard, a periodical examination should be performed as described in the guidelines. If the value of these parameters ranges between 1/2 MAC value

and the MAC value, the occupational health physician decides about the scope and frequency of the periodical examination according to his own opinion. If the intensity or concentration of the agent is lower than $1/2$ MAI or $1/2$ MAC value, the periodical examination is not required. However, the periodical examination in this case may still be carried out if the occupational physician has any doubts with regard to the results of the measurements of harmful agents in the workplace. The occupational health physician may find it necessary to conduct periodical examinations if he suspects synergic effect of harmful agents or in the case when there are no MAC values for the agent(s) which the worker is exposed to.

For workers employed at workposts where irritant, carcinogenic or microbiological agents are involved, periodical examinations are mandatory regardless of the results of the agent's determination.

The methodological guidelines are designed to aid the physician in planning prophylactic examinations and they contain a proposed scope of medical and other examinations, which may be modified according to individual cases. They also include primary contraindications for particular workposts or harmful agents in the working environment.

In practice, strict observance of those instructions by the occupational health physicians may bring about some problems of an ethical nature. Under the circumstances of growing unemployment, many physicians tend to follow an individual approach in this respect, as they are governed by the principle of the lesser evil when they decide if a given worker is to be banned from work or transferred to a different post, which may affect his social status.

The contraindications to working under exposure to harmful or strenuous agents include diseases which:

- hinder or inhibit efficient performance of work;
- facilitate progress of the impaired capability for work;
- may be intensified due to the adverse effect of harmful or arduous factors;
- may be conducive to development of occupational diseases;
- may increase the risk of accidents at work.

Formal regulations on the course and principles of preventive examinations require further comment on their role and significance in health protection.

The pre-employment examinations are aimed not only at the appropriate selection, according to health criteria, of the candidates for a given job but they also play an important role of a reference system for further evaluation of adverse health effects of harmful and arduous working conditions. Hence, the methodological scope of these examinations is very important. It should include an evaluation of all organs and systems, particularly those most sensitive to the action of noxious and arduous factors occurring in the working environment. All deviations detected should be well documented.

The results of periodical medical examinations aimed at individual evaluation of health status are the basis for qualifying a worker for a determined job. They also facilitate the assessment of the dynamics of pathological changes and are particularly useful in early detection of occupational diseases. The group analysis of the results of the examinations carried out in the determined population may justify the need for verification of the scope and frequency of the periodical examinations as well as of the hygienic standards. It is also a basis for determining the lines of preventive actions.



The objectives mentioned also require creating the appropriate conditions, however, it must be admitted that this task is not at all implemented or done so to a very limited extent.

The quality of the enormous number of preventive examinations performed in Poland raises many doubts. On the whole, they are poorly documented and the scope of diagnostic and specialist examinations is unsatisfactory. There is no uniform documentation of preventive examinations and therefore the aggregation, processing and comparative analysis of the results in particular occupational groups by means of an electronic calculation technique is very difficult. The Nofer Institute of Occupational Medicine in Lodz has already developed a computer programme for the information system "Periodical Examinations", but its practical implementation has only just been started.

The existing system of periodical medical examinations in Poland requires introducing some changes but, firstly the methods of health status evaluation should be updated. As it is doubtful if the outlays for implementation of preventive tasks are proportional to the effects obtained, hence it is indispensable to introduce some more effective examination methods. These examinations, together with the analysis of the working environment conditions should be a basis for medical and technical prevention.

The ratification of international conventions concerning workers' health care in connection with the anticipated membership of Poland in EEC poses a separate problem. The obligatory EEC instructions in this matter are very briefly formulated and there are no detailed recommendations or guidelines. The question is whether the existing discrepancies, resulting from the systemic differences, should be maintained or whether there is a need for developing a common interpretation of the law. This refers not only to preventive examinations but also to the principles of diagnosing the occupational diseases. The regulations comprising the lists of these diseases and determining the rules of indemnification differ significantly in various countries, even in particular EEC countries. Hence, a new question arises whether European countries should make an attempt to determine a more uniform approach to these problems and whether such endeavours may be successful.

With regard to some selected groups of workers we have got a relatively well functioning system of workers' health care in Poland and it seems to be most concordant with the solutions adopted by EEC. Adolescents constitute one of the groups mentioned, and women, although in this case with some reservations, the other.

Currently the same actions are being taken to regulate the health care provided for the workers exposed to carcinogenic substances and factors to ensure them full coverage by periodical examinations, organized and paid for by their employers, even after quitting the job. Similar solutions should be adopted also with regard to the workers exposed to some other factors that may be a cause of the delayed unfavourable health effects.

It seems that further endeavours should be focused on the step-by-step extension of preventive health care to cover more and more groups of high risk which should be well identified. The national legislation system should be adjusted to the modern solutions in workers' health care.