

Occupational Health – a very important component of Public Health

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For years Occupational Health (OH) has been restricted to social security aspects such as prevention and compensation of occupational accidents and diseases. Now it becomes obvious that such a vision is obsolete and that OH is a very important component of Public Health.

In 1994, in Beijing, the WHO Collaborating Centers signed a declaration (WHO 1994) and endorsed a program entitled Global Strategy on Occupational Health for All (WHO 1995). One of the priorities was to ask that each nation develops its own OH policy in line with the WHO policy and shows its commitment by allocating resources to implement priority programs on OH problems considered as the most relevant. Since then, the WHO and its network of collaborating centers are running consecutive five years programs covering a broad range of issues (WHO 2003). It is sad to realize that more than 10 years after the WHO Declaration, many European countries still do not have any official OH policy, although the ILO has also promoted a global strategy (ILO 2004).

Today SPM is responding positively to this trend by opening this issue to papers dealing with OH problems.

Brand et al. (2005) present a study on Health Promotion at the Workplace. This field has emerged more than 10 years ago and has been well received by the companies for two main reasons: first, it helps the workforce to keep or even develop its good health, with obvious benefits for all; second, it is not related to any legislation or compulsory tasks and duties

There should be a hierarchy in the health promotion actions. The starting point should be to provide healthy working conditions to the employees and only when this has been achieved, to improve personal health behaviors (tobacco

cessation programs, balanced diet, physical exercises, no alcohols, etc.).

Chronic risk due to long-term exposure to hazards such as chemicals or electromagnetic radiations is very difficult to assess, even in the occupational environment where the hazards can be better identified than in the general environment. The exposure assessment is a key issue of the chronic risk analyses since it may be related to the development of diseases such as cancer, lung injuries, degenerative disorders of the central nervous system, etc. Bruzzi et al. (2005) investigate the tools that the occupational health experts in Switzerland (in this case the occupational hygienists) use for their exposure assessments. It is interesting to learn that the professional judgment (best educated guess) is the preferred method in comparison with more quantitative methods. From such results can be concluded that these assessments have to be improved especially for research objectives since it is a well known fact that the weak part of most of the occupational epidemiological studies is the exposure assessment (total dose evaluation).

The development of OH rests on two piles: first, on knowledge transfer to adequately manage risks and keep hazards under control; second, on knowledge increase to better cope with the new challenges such as nanotechnology, genetically modified organisms, bioaerosols, etc.

SPM has to be thanked for its contribution to the development of our knowledge in the Occupational Health field.

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