



Impact of occupational diseases in Spain

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Occupational disease

“A disease acquired as a consequence of **work** activities carried out as **self-employed** or **paid worker**, officially **listed** as occupational disease ...

... **and** caused by the effect of **elements or substances indicated in the official list** for each disease.”

Spanish Social Security Act, art. 116

“... **work-related health** damages include diseases, pathologies or injuries suffered as a consequence of work activities”

LPRL, art. 4.3 (Spanish Occupational Health and Safety Act)

“... But in terms of social security only the definitions of **work accident** and **occupational disease** are lawfully valid.”

LPRL, First additional provision

So, a disease not included in the list may be reported as an occupational injury!



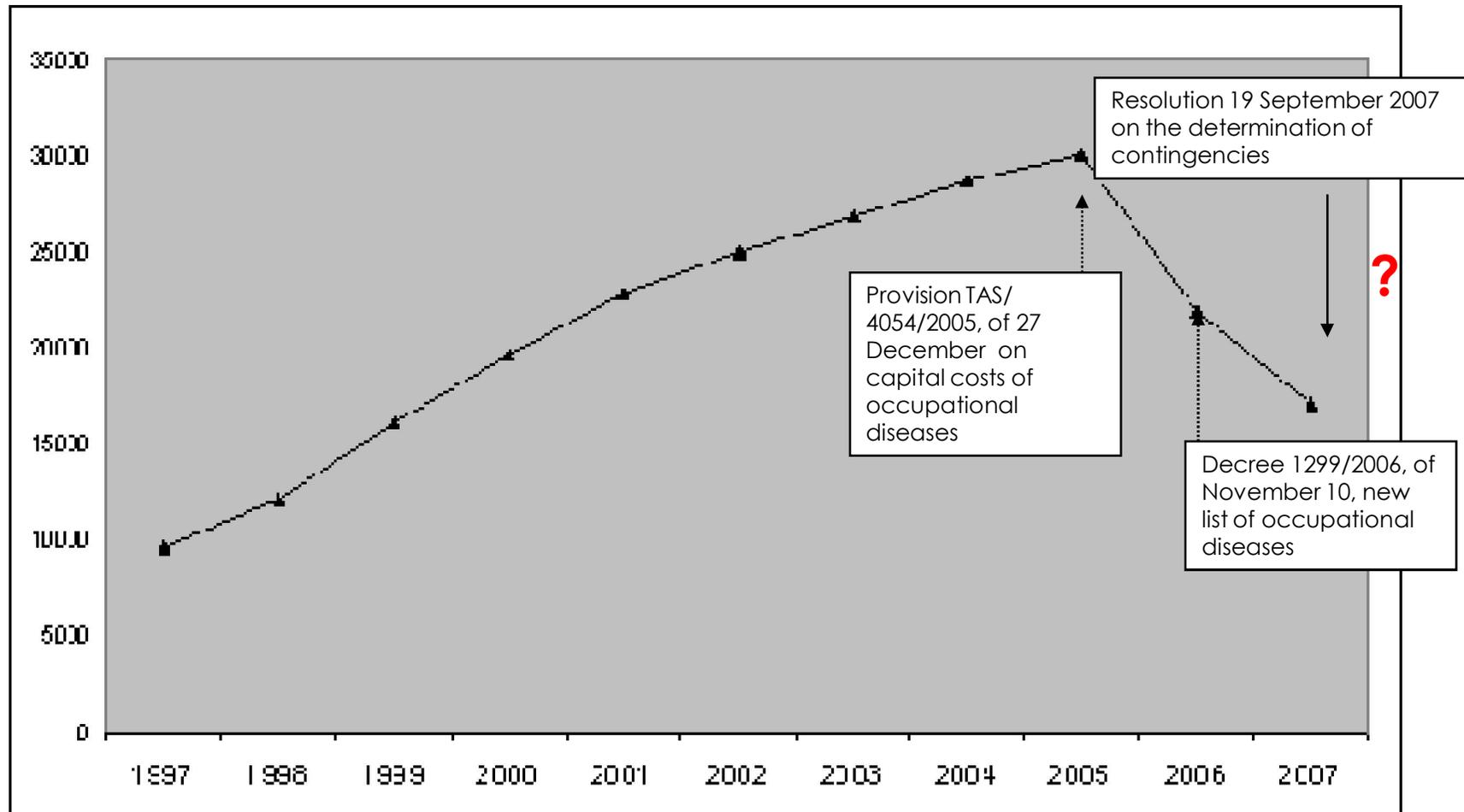
Spanish healthcare and occupational health systems

Characteristics	Healthcare system	Occupational health system
Coverage	44 million	18 million
Scope	Common diseases and accidents	Occupational diseases and work-related injuries
Services	Healthcare	Health services and financial compensation
Funding	Central government budget (taxes)	Social Security Funds
Agency	Healthcare	Labour authority
Management	Regional governments	Social Security/ Mutual Insurance Agencies

Sevilla F. The universalization of healthcare services, 2006.



Officially recognized occupational diseases. Spain, 1997-2007



Source: Ministry of Labor and Social Affairs. Available at: <http://www.mtas.es/insht/statistics/mtas.htm>. Accessed on February 2008.



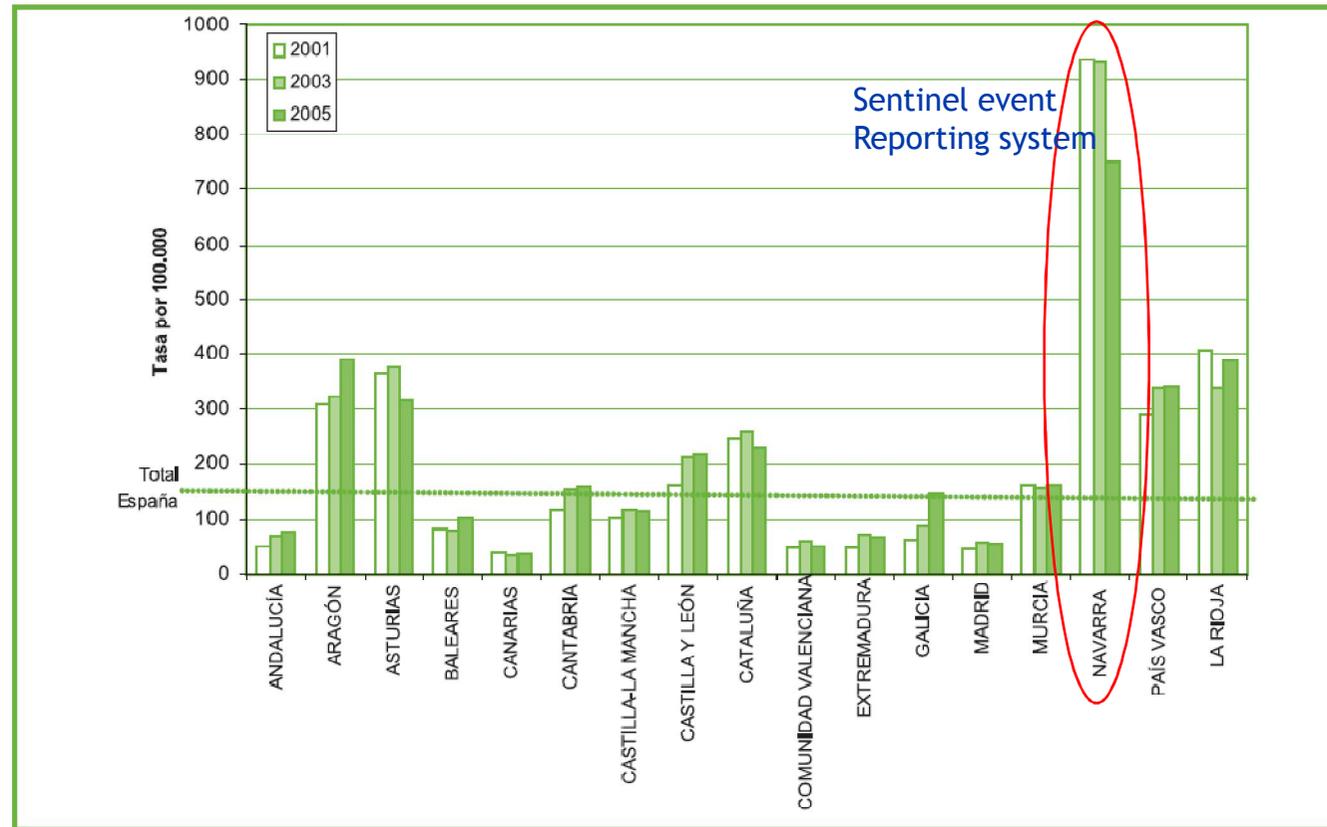
Occupational diseases in Europe

Country	Incidence* (Cases / 100,000 workers)
Spain	23
Finland	155
Belgium	121
Denmark	68
Germany	56
France	33

* Reported & registered cases, 2007

Enfermedades profesionales

Figura 4.15 Incidencia de enfermedades profesionales declaradas por Comunidades Autónomas. 2001, 2003 y 2005.



Fuente: Anuario de Estadísticas Laborales y de Asuntos Sociales. 2001, 2003 y 2005.



Occupational diseases 2008

	Occupational diseases	Work-related diseases	Underregistration %
Mental disorders	0	8487	100
Malignant tumors	62	6291	99
Cardiovascular diseases	0	674	100
Noise-related hearing loss or deafness	790	11642	93
Respiratory conditions	850	9467	91
Infectious diseases	493	2390	79
Skin diseases	1.242	12909	90
Musculoskeletal disorders	13.966	31812	56
Total	17.403	83.672	79

Istas 2009



Indicators of Underdetection

- About 1/3 of occupational minor injuries are “muculoeskeletal disorders”

Occupational injuries Official Statistics

- About 16 % of sickness leaves issued by primary health care system are occupation-related

Castejon et al 2005

- Sabadell Hospital: 57% of 243 cases of Carpal Tunnel Syndrome waiting for surgery were occupational-related

USL Sabadell 2004



Mortality estimation from work-related diseases. Spain 2008

Disease group	Total deaths	AR* (%)	Deaths caused by Exposure at work
Tumors	101,209	8.4	9518
Circulatory diseases	27,838	12.4	3374
Respiratory diseases	39,380	4.1	1740
Diseases of the genitourinary system	9,398	8.2	152
Diseases of the nervous system	15,462	3.1	469
Mental disorders	12,100	3.5	447
Infectious and parasitic diseases	2,278	8.8	271
Gastrointestinal diseases	4,009	2.1	85

* Attributable Risk



Recognition of occupational cancer in Europe 1999-2000

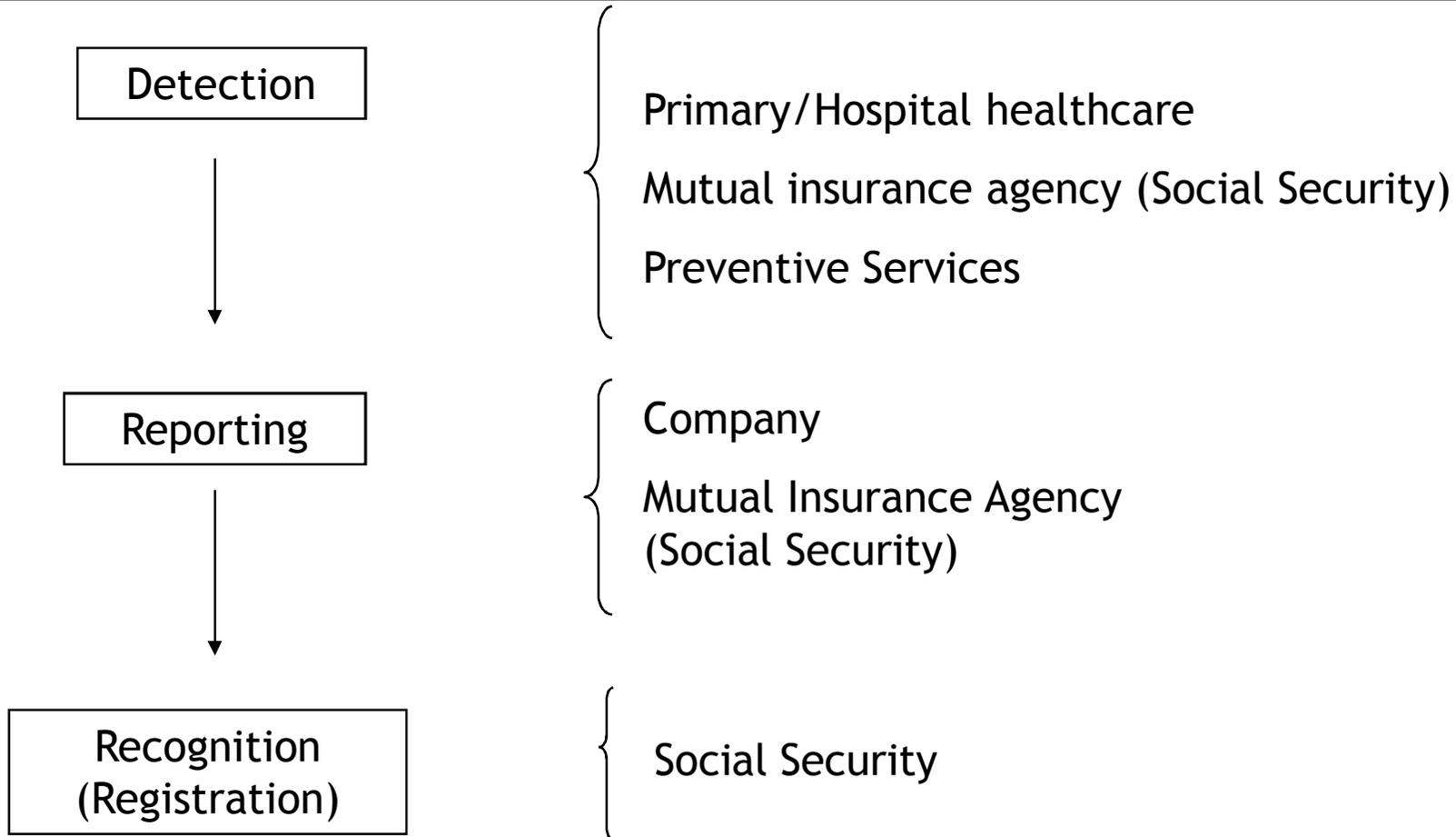
	Population (millions)	New cancer cases	Estimated cases of occupational cancer	Cancer cases registered as occupational	% of recognition
France	57.3	250,000	10,000	900	9.00
United Kingdom	57.5	241,875	9,670	806	8.34
Germany	79.1	367,641	14,700	1,889	12.85
Belgium	10.2	46,339	1,850	149	8.05
Denmark	5.1	29,657	1,180	79	6.69
Finland	5.2	22,201	890	110	12.36
Spain	41.8	161,748	6,470 -13,587	6	0.04-0.09

Adapted from Naud and Brugere 2003

Kogevinas M, Rodriguez MM. Tardón A, Serra C. Occupational cancer in Spain, 2004



Functions of diverse bodies



Functions/Activities

Actors/Agents



MINISTERIO DE TRABAJO Y ASUNTOS SOCIALES

22169 REAL DECRETO 1299/2006, de 10 de noviembre, por el que se aprueba el cuadro de enfermedades profesionales en el sistema de la Seguridad Social y se establecen criterios para su notificación y registro.

Article 5. Whenever social security general practioners ...detect the existence of a disease included in Annex 1, that might be categorized as occupational or is supected to be work-related... they shall forward the information to regional healthcare authorities and to ... the social security system.

Royal Decree 1299/2006 of November 10 on the adoption of the official list of professional diseases of the Social Security system and notification and registration criteria.

Artículo 5. *Comunicación de enfermedades que podrían ser calificadas como profesionales.*

Cuando los facultativos del Sistema Nacional de Salud, con ocasión de sus actuaciones profesionales, tuvieran conocimiento de la existencia de una enfermedad de las incluidas en el anexo 1 que podría ser calificada como profesional, o bien de las recogidas en el anexo 2, y cuyo origen profesional se sospecha, lo comunicarán a los oportunos efectos, a través del organismo competente de cada comunidad autónoma y de las ciudades con Estatuto de Autonomía, a la entidad gestora, a los efectos de calificación previstos en el artículo 3 y, en su caso, a la entidad colaboradora de la Seguridad Social que asuma la protección de las contingencias profesionales. Igual comunicación deberán realizar los facultativos del servicio de prevención, en su caso.



National healthcare and occupational health systems

By cause of health problems	Health services	Financial services
Non-occupational (common disease or accident)	National healthcare system (Central government budget)	Mutual Insurance/ Social Security Agency
Occupational diseases/ work-related accidents and injuries	Mutual Insurance/Social security budget	Mutual Insurance/ Social Security Agency

16% (1)
↑
↓
??%

(1) Castejón J, Benavides FG, Gimeno D, Porta M, Mestres J, Simonet P. Certification of occupational diseases as common diseases in a primary health care setting. *Am J Ind Med* 2005; 47: 176-180.



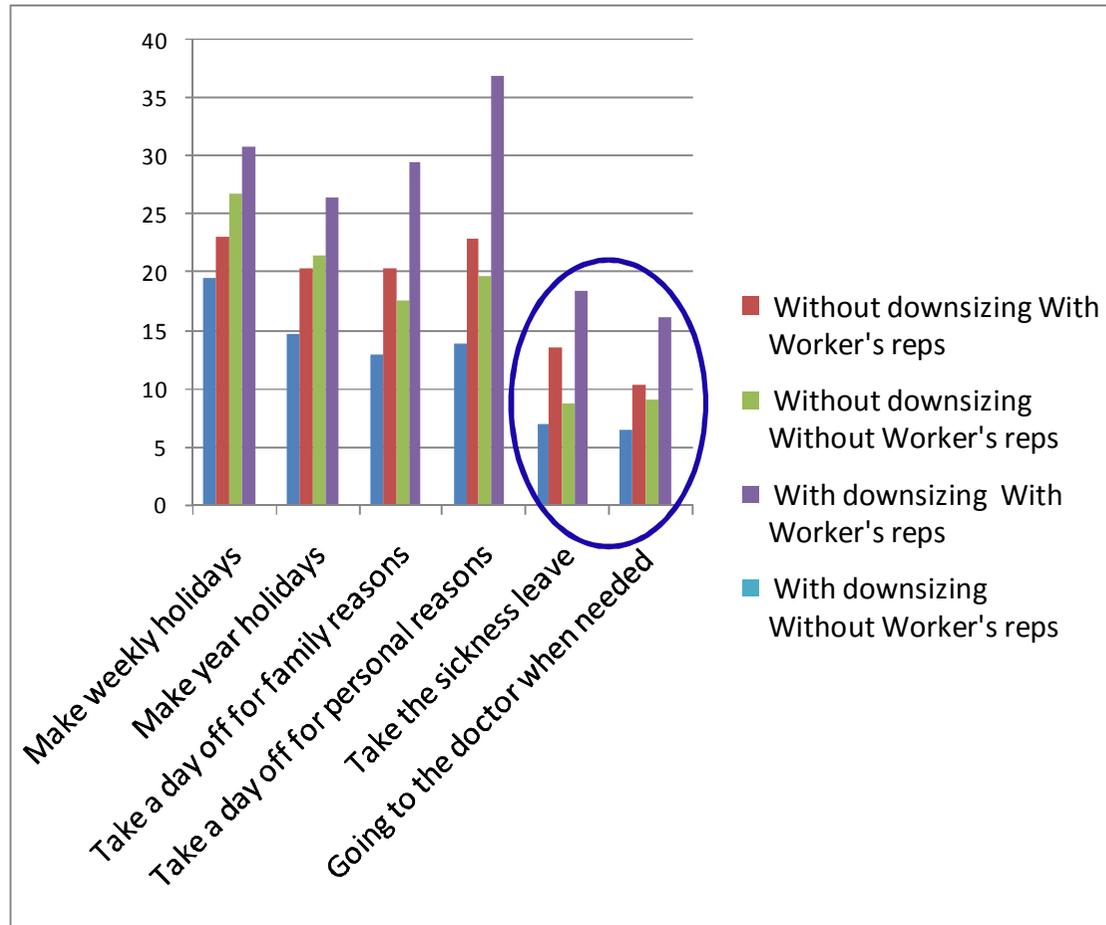
Why low reporting & registration?

- Difficulties to prove exposure-damage relationship.
- Legal definition based on compensation thinking.
- National healthcare system not oriented to detect occupational diseases - doesn't matter the origin, they care anywhere!
- Not a priority for occupational physicians. Reporting doesn't help them in their daily work pressure and its seen as bureaucracy.
- “Consequences” of reporting. Insurance agencies must assume costs if recognized and companies may feel fear of Labor Inspectorate.
- Lack of coordination between agencies / political will (social security/insurance/healthcare).
- Difficulties to exercise worker's rights - employers pressure.



Exercise of working time-related rights, downsizing and presence of workers' legal representatives

Percentage of workers who could not exercise any rights in their company as if it was downsizing and legal representation of workers in the year preceding the interview



We can prevent diseases we recognize



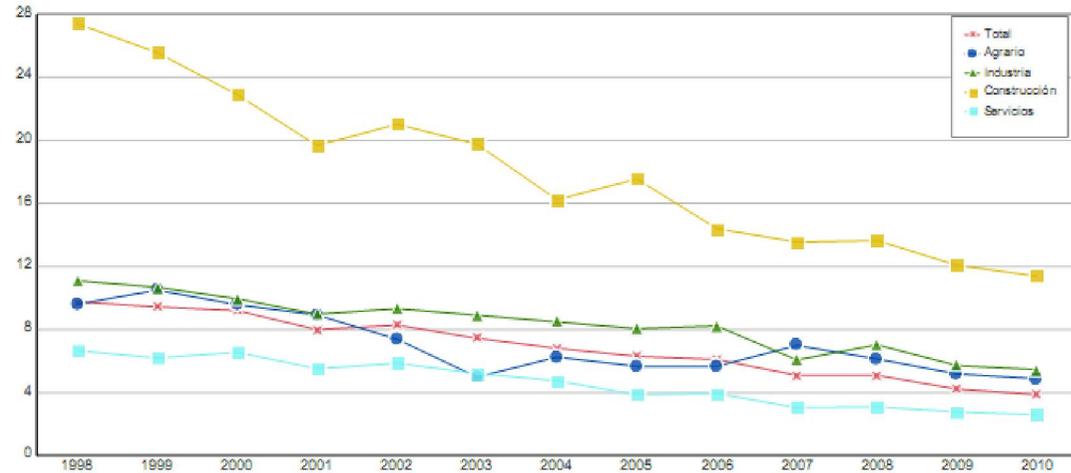
Fatal work accidents*: 540

- Action plans to prevent work accidents
- Improvement of safety in companies
- Good evolution!

Fatal Occupational diseases: 0

- No Plans to reduce occupational diseases
- Minimal attention to hygiene, ergonomics and psychosocial risks

SERIE DE LOS ÍNDICES DE INCIDENCIA DE LOS ACCIDENTES DE TRABAJO MORTALES EN JORNADA DE TRABAJO POR SECTOR



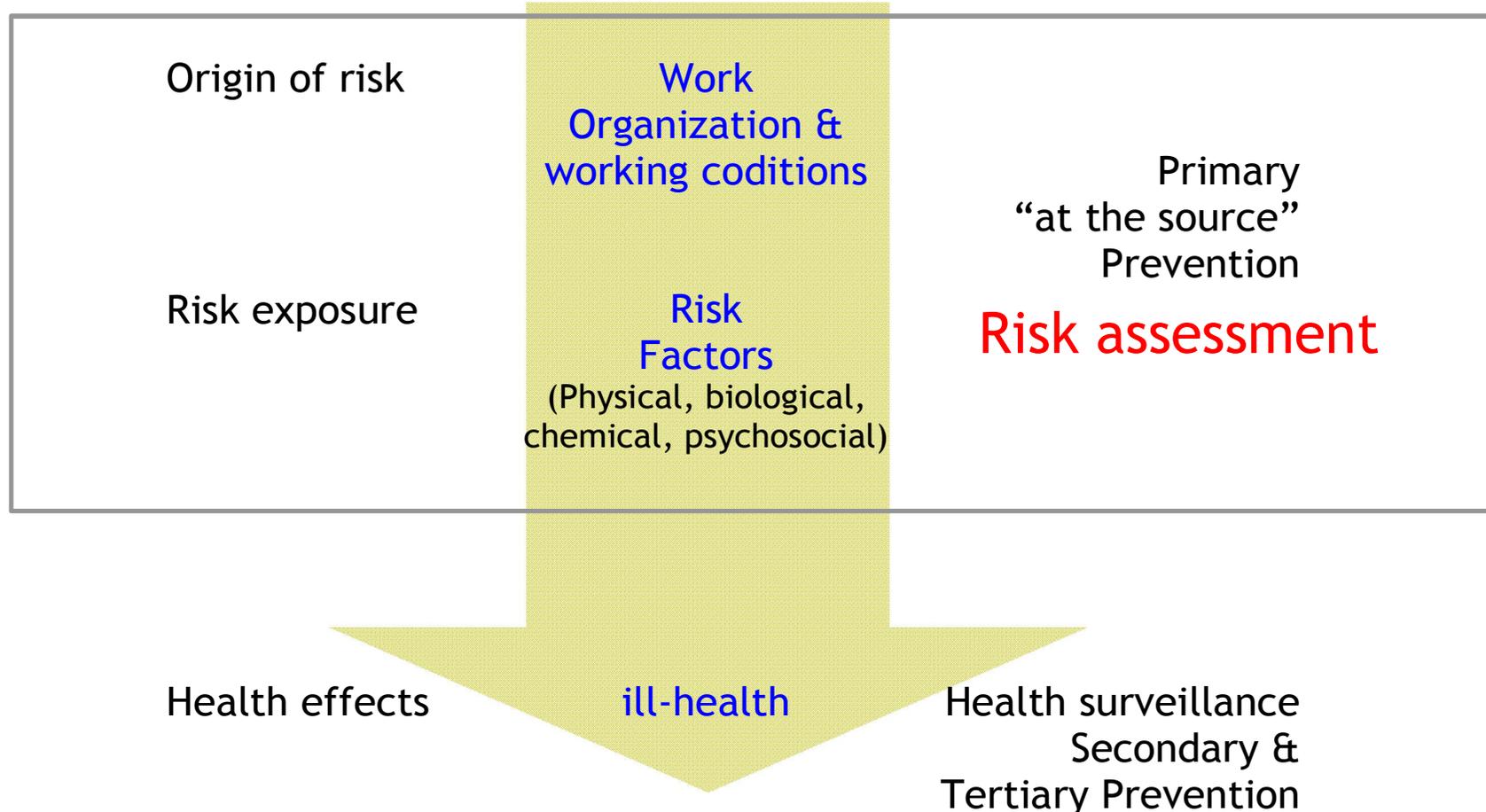
Total	9.8	9.4	9.2	8.0	8.3	7.4	6.8	6.3	6.1	5.1	5.1	4.2	3.9
Agrario	9.8	10.5	9.8	8.9	7.4	5.0	6.3	5.7	5.7	7.0	6.1	5.2	4.9
Industria	11.1	10.7	10.0	9.0	9.3	8.9	8.5	8.1	8.2	6.1	7.0	5.7	5.5
Construcción	27.4	25.8	22.9	19.7	21.0	19.8	18.2	17.5	14.4	13.5	13.8	12.1	11.4
Servicios	6.7	6.2	6.6	5.5	5.9	5.2	4.8	3.9	3.9	3.0	3.1	2.8	2.8

*Cases mid 2010-mid 2011



Workplace Risks

Upstream / downstream





Why to recognize work-related diseases?

- Individual
 - Diagnose, treatment, compensation
- Collective
 - Prevent other cases through the improvement of working conditions and control of risk at the workplace of the case



Actions needed

- Social visualization of the damage due to working unhealthy conditions
- All Administrative Agencies should work well and collaborate
 - Participation of the healthcare systems
 - Mutual insurance agencies report occupational diseases
 - Training of health professionals
- Empowering of workers' union health and safety representatives



One example of increasing collaboration in Catalonia

ICAM (Catalan Institute of Medical Evaluation)

- If “Mutua” denies the recognition of an occupational disease the worker / patient gets the care from the General Health System (Primary Health Care, Specialist or Hospital)
- Physicians of the GHS ask ICAM to evaluate the case.
- ICAM intervention doesn’t interrupt the sickness leave (if issued) and the medical treatment.
- ICAM resolution is accepted by all parties. If Occupational disease is recognized “Mutua” must pay for treatment and sickness leave.
- 2010: 2,410 cases evaluated. Resolution: 46.6 % Occupational diseases; 53.4 Common diseases.

CCOO Trade Union Campaign



“Mutua” told me that if I have back pain I should change my mattress ...

Si tens una malaltia professional, reclama que la mûtua te la reconegui. És el teu dret...

...I si la mûtua no te la reconeix... el teu metge o metgessa de capçalera pot iniciar el procés per a que es declari (instrucció 1/2007 de l'ICAM)



Informa't amb els teus delegats i delegades de prevenció

If you have an occupational disease claim for its recognition. It's your right...

...and if “Mutua” doesn't... your primary health care doctor may start to process to make it.

CC.OO.

Get in touch with your OH&S worker representative



köszönöm ! תודה dekuji

mahalo 고맙습니다

thank you TAK

merci 谢谢 *danke*

Ευχαριστώ شڪرا

どうもありがとう *gracias*

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www.istas.ccoo.es