Occupational Health Practice in Greece

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Abstract: Occupational Health Practice in Greece: Theodore BAZAS. Committee for Occupational Medicine, Central Council of Health, Greek Ministry of Health and Welfare—In Greece (a Member State of the European Union [EU]), where 57.7% of the four million economically active population are employed in the tertiary sector (mostly in Small and Medium Sized Enterprises [SMEs]), circa 20,000 work accidents, but very few cases of occupational diseases are recorded annually. Nearly 10% of the 400 enterprise physicians are Specialists in Occupational Medicine. In several large companies Occupational Health (Medicine and Hygiene) and Safety [OHS] practice is of a high standard. However, the provision of work-specific or general preventive medical examinations for workers, and of occupational hygiene services needs to be extended to SMEs. OHS legislation has advanced markedly, having been harmonized to that of the EU, whereas its enforcement (a legal responsibility of the employer) has frequently been inadequate, partly due to the long-standing shortage of State Technical Work Inspectors; in December 2000 their number rose from 120 to approximately 300. By and large, education and training in OHS for University level students, physicians, engineers, managers, foremen and workers varies from sufficient to basic, stagnant or even lacking, but has recently been making some progress; several Greek books and information material on Occupational Health have lately been published. Virtually no pertinent scientific field research is carried out. Public awareness of the importance of OHS needs to be tackled more effectively.

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been growing considerably, to compensate for the inadequacies of the state sector. Workers’ health is organized as follows: Community-based primary health services provide care for general ill-health; preventive health examinations are provided either by them or at the workplace; environmental health is usually workplace-based.

The state of affairs with respect to occupational health (OH) services is many-sided\(^4\), and their progressive development has been slow. Specialists in Occupational Medicine\(^4\): there are 35, one of them in a State General hospital. New trainees attending a specialization program: 12. Physicians, designated as “occupational physicians” (holding various medical specialties, working mainly in large or high risk enterprises and Banks, mostly on a part-time basis as independent consultants, outside any career structure): about 400. Company nurses: a few dozen. Safety engineers/technicians: several hundred; they offer the bulk of occupational hygiene services. A few large companies provide periodic general laboratory tests (and sometimes also clinical health examinations) to all their staff, carried out in clinics by way of contract, as part of private insurance schemes. Health education in the workplace is scanty. The most active Agencies offering limited but substantial support services are the Ministry of Labour and Social Insurance (Center and Advisory Committee on Occupational Hygiene and Safety, Joint State Technical Inspectors’-Trade Union [construction industry] Committees), Ministry of Health and Welfare (Committee for Occupational Medicine, Medical Laboratories and Center for Diagnosis of Occupational Diseases), and the Technical Chamber of Greece. No reference has been made by the two major political parties to OH in their April 2000 written pre-election pronouncements.

The inadequate coverage of working people by OH services, and the insufficient monitoring of their working conditions, can partly be attributed to emphasis being placed on legislation rather than on its enforcement. The law of tort, which allows an employee to take an action against his employer for damages for work injury, exists, but is resorted to rarely. Employees afflicted by a work accident or an occupational disease are entitled to benefits or disability pensions on privileged terms and conditions. Since 1985\(^5\), complex Greek legislation on occupational health and safety has taken impressive steps forward, largely in recent years, having been harmonized to that of the European Union, mainly by way of a comprehensive law on “health and safety for workers” and several ensuing presidential decrees\(^5,6\). It addresses a large number of occupations, occupational factors, working conditions, types of work and health disorders, including (in decrees with pertinent titles) provisions on enforceable occupational exposure limits for 550 chemicals, ergonomics, protection against carcinogenic substances and biological hazards, work at VDUs, work installations and equipment, occupational rehabilitation for the mentally ill, protection of pregnant women at work, night and shift work, employment in temporary and mobile work, group occupational health services, minimum hours of employment and qualifications of occupational health professionals. According to law, the employer bears the primary responsibility for health and safety at the workplace and pays for it. Proven offenders of occupational health and safety regulations have been convicted to pay fines. However, actual law enforcement is lagging behind on account of a shortage of (a) trained occupational physicians and appointed enterprise physicians, offering suitable, credible and adequate advice, and (b) State safety (“technical”) and medical occupational health inspectors, providing guidance or bringing a charge when necessary. The number and the capability of the 120 inspectors constituting the newly reestablished Corps of Work Inspectors at the Ministry of Labour, are expected to increase soon; procedures are underway, for recruitment and in-service training. No annual cumulative reports on the activities of Work Inspectors were formally filed at the Ministry in the last five years. Furthermore, the Workers’ Health and Safety at Work Committees, allowed for in the law, have not been convened in many enterprises, possibly due to the workers neglecting to request their establishment. Certainly, there are several companies which operate in full compliance with legal requirements, where occupational health practices meet high standards.

Education and training in OH are a sine qua non of good practice. Occupational Medicine is taught to undergraduate University Medical students, albeit in a fragmented way by epidemiologists, toxicologists, lung and other clinical specialists, and also to nursing students at the University and the tertiary education level Institutes for Professional Training. There is not as yet an academic post for a Professor or a Lecturer in Occupational Medicine at a University Medical School. Procedures to establish such a post, are hoped to bear fruit in the not too distant future. At the National School of Public Health of the Ministry of Health and Welfare, 70 h on Occupational and Industrial Health are read by about a dozen students at the one year course in Public Health (“Hygiene”), and 1,300 h by about seven physicians attending a one year course within the framework of the 4-yr specialization program in Occupational Medicine. The latter course includes modules on (1) assessment of occupational health hazards, (2) occupational toxicology, (3) pathology, physiology and psychology of work, ergonomics, (4) occupational epidemiology, (5) radiation protection, (6) methodology of prevention, (6) administration of occupational health services, (7) occupational health legislation, (8) public health, (9) occupational safety, as well as the writing of a dissertation
and participating in visits to workplaces. The specialization program is biased towards training in clinical specialties, whereas a short period only is assigned to supervised practicing in enterprises. Elements of safety engineering and ergonomics are included in the undergraduate curriculum for engineering students at the Technical Universities. The bi-partite (Federation of Greek Industries and General Confederation of Greek Workers) Hellenic Institute for Occupational Health and Safety is running training courses of 150 h each, for Safety “Technicians”/Engineers, attended by about 100 trainees to date. It also offers courses for workers, foremen and supervisors on occupational health legislation, occupational health and safety hazards from chemical and physical factors and from work organization, and management of major hazards situations. OH education is not included in programs of secondary schools.

Applied research in OH could be produced, if good practice by appropriately trained professionals is developed more. For example, a study on the actual costs and benefits of OH services in several enterprises, could support the contention that use of these services entails real financial benefits for employers. Hardly any research papers on Occupational Medicine are presented at the annual Greek Medical Congress, or published in medical journals. There are no scientific journals on occupational medicine. In the last five years, a few books on occupational health have been published in Greek, primarily for foremen, supervisors, members of Workers’ Health and Safety Committees, five books for nurses, medical students and physicians, and one for managers by the Hellenic Management Association.

In conclusion, there is a discrepancy between (a) the major legislative advancement and the diverse information activities aimed at the promotion of public awareness on the one hand, and (b) the actual surveillance, prevention, management of occupationally related ill-health, pertinent health promotion in the field, and relevant education on the other. Several Labour Unions, workers, employers, and University Teachers have yet to be convinced by occupational physicians and other experts, that the health and financial benefits resulting from extensive use of occupational health services are real, and point to the necessity of allocating a higher priority for related functions. In addition, the Greek medical establishment itself has not embraced occupational medicine, which is mainly preventive in nature, with great enthusiasm; occupational physicians do not usually enjoy as many financial or moral rewards as their colleagues in other medical specialties do. Although occupational health problems in Greece are not daunting at present, there is certainly ample room for improvement of the impetus of the budding efforts to solve them, especially in SMEs.

References