Occupational disease remains a silent, but deadly epidemic

By Mary Cook
GUEST COLUMN

This month marks the 25th anniversary of the Ontario Health and Safety Act. But, sad to say, it's not an anniversary that will see much celebration. After a quarter century, it would be nice to be able to say that at the very least we know how many thousands of Ontario workers are stricken each year by diseases related to work. The bitter truth is that we don't even know that.

Why? Because of our obsession with scientific proof.

While science has contributed hugely to the quality of our lives, it has also led to a situation where we now depend on it to provide answers to every question.

Climate change is one example. Scientists can tell us they believe human activity has an effect on climate, but they can't prove it conclusively. In spite of that scientific caution, Canada and most other countries have decided to act for the simple reason that the consequences of not acting are so great.

In the case of greenhouse gas emissions, society has decided to apply the precautionary principle, which, simply put, says we're better safe than sorry But there's a similar example where science and public policy collide. It's a case that, for many people, has a much more immediate effect — quite literally - on their lives, but we have yet to take the same cautionary step. It's the silent epidemic of occupational disease.

The World Health Organization says workers are faced with working conditions that cause respiratory and cardiovascular diseases, cancer, hearing loss, musculoskeletal and reproductive disorders, mental and neurological illnesses, stress-induced disorders, chemical burns, communicable diseases, trauma — almost all manner of ill-health and injury.

Given the array of workplace chemicals in use, it's no surprise that cancer is an occupational disease but again, precise numbers are hard to come by.

Cancer Care Ontario suggests that about four per cent of cancers may be related to occupational factors. Even at that conservative estimate, there would be about 2,000 new occupational cancer cases in Ontario each year. But in 2002, only 51 lost-time cancer claims were allowed, according to the Annual Report of the Workplace Safety and Insurance Board (WSIB).

We also know that deaths from occupational disease exceed the number of deaths through injury. In 2002, for example, the WSIB allowed 205 fatality claims for occupational disease against 110 resulting from workplace accidents.

There are several reasons for our lack of precise numbers about the extent of the problem. Several of them are easy to fix. For one. there is no database of occupational disease in Ontario — no one keeps records.

Twenty five years ago Ontario workers won the right to know about the substances they worked with, the right to help promote and ensure safe and healthy workplaces through joint health and safety committees and the right to refuse work they believe to be unsafe.

In addition, Ontario doctors are not required to report incidences of occupational disease. Sexually transmitted diseases, yes; gunshot wounds, yes; mesothelioma from asbestos exposure, no.

As well, medical schools in Ontario do a poor job of educating doctors about occupational disease. Staff at Ontario's five occupational health clinics have seen cases where family or company physicians have declared patients to be in good health even though they have diseases like asbestosis.

Legislative tinkering can deal with those issues. But the bigger problem is that our reliance on science has pushed occupational diseases under the table, out of sight. It's not the fault of science, or scientists, but rather our desire for hard and fast scientific proof for every question.

In this case, as with climate change, science can't help. The particular science involved in ferreting out medical mysteries is epidemiology, the study of disease patterns among populations.

But epidemiology may simply be too crude a tool to investigate the clusters of occupational diseases that do occur for the simple reason that the number of cases is usually too small.

That was the case with the 50 telephone workers in a Bell Canada office building in Hamilton who experienced breast cancer rates 10 times the level in the general population. The women working at this location were surrounded by computers and electrical equipment. They believed that occupational exposures were factors in their disease. But the numbers were too small to be conclusive — for scientists — and the WSIB rejected their claims.

Scientists are trained to look for high levels of statistical significance and avoid false positives — finding associations where none exist. This deep-seated avoidance however leads to another problem — that of making false negatives, the failure to identify an association where one really does exists.

When studying occupational disease, it is often not possible to collect data of adequate quality and quantity to achieve statistical significance. That puts workers' health in jeopardy.

Science and numbers go together and scientists have strict protocols on what kind of evidence they consider. That leaves workers unable to depend on more qualitative forms of evidence that can show links between disease and work.

Qualitative data includes employment and exposure history, the occurrence of symptoms or diseases within a workforce, or even testimony by co-workers.

In the context of workers compensation, the burden of proof should not be on exposed workers to prove that work has made them sick. The fact that science can't come to their aid doesn't mean that we should turn our backs on them.

Too many workers are silently suffering and dying from occupational diseases.

Governments, industry and the WSIB, should follow the precautionary principle. "Better safe than sorry" was a principle good enough for our grandmothers. When dealing with the silent epidemic of occupational disease, it should be good enough for us.

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