



# Anoesis – The Problem with Occupational Disease

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The headline reads “Workplace Safety and Health Deaths and Injuries Reach a New Low”. What’s not to like? The program works. Carry on.

Unfortunately the data the program is based on uses occupational disease rates. As defined in legislation occupational disease is an injury consisting of a disease where, in the opinion of the compensation board, the employment is the dominant cause of the occupational disease. This underestimates diseases in the workplace by one to two orders of magnitude.

Newer methods such as attributable fractions and self-reporting provide a different data set to evaluate illness, disease, and our success in reducing them. This data set is work-related disease, any disease where work-related aspects increase the risk of disease together with other factors. Work-related factors often aggravate an already existing disease.

### What is the difference between occupational disease and work-related disease?

The following table shows the difference between the numbers of deaths/year estimated from work-related disease and accepted occupational disease in Manitoba. Work-related deaths were estimated with attributable fractions and the Manitoba workforce. Occupational deaths are deaths accepted by the Workers Compensation Board of Manitoba.

| Disease                | Estimated work-related deaths / year | Accepted Occupational Deaths / year |
|------------------------|--------------------------------------|-------------------------------------|
| Pneumoconiosis         | 3.7                                  | 0.29                                |
| Malignant Mesothelioma | 17.8 - 18.9                          | 8.1                                 |
| COPD                   | 62.6                                 | -                                   |
| All Cancer             | 232.3                                | 10.7                                |
| Lung Cancer            | 74.8 - 177.7                         | -                                   |
| Coronary Heart Disease | 130 - 372.8                          | 1.4                                 |

The data below are estimates of workplace deaths for selected industrialized countries. It should be noted that the ILO estimates for deaths due to work-related diseases are orders of magnitude higher than fatal injuries.

| Region         | Fatal Reported Injuries | Fatal Work-Related Diseases |
|----------------|-------------------------|-----------------------------|
| Australia      | 207                     | 6,962                       |
| Belgium        |                         | 2968                        |
| Canada         | 465                     | 11,300                      |
| Germany        | 765                     | 26,003                      |
| Ireland        | 57                      | 1,381                       |
| United Kingdom | -                       | 19,323                      |
| United States  | 5,214                   | 95,808                      |

### Why is there an apparent lack of awareness of work-related disease?

- Diseases are not readily recognizable as being work related. Chronic diseases may not have an obvious source. Most chronic diseases are only recognized after the worker has left the workplace.
- Regulations emphasize safety. For example in Manitoba there are 30 regulations specifically addressing safety (acute hazards) and 8 regulations specifically addressing occupational illness.
- Compliance inspections emphasize safety with many more safety inspectors than health inspectors.
- Illness and death statistics are based on regulatory definitions that only recognize occupational disease if it is the dominant cause and recognized by the Workers Compensation Board.
- The safety and health industry is based on existing statistics which do not recognize work-related disease.
- Inertia in the safety and health industry. This is the way it always has been done and activities and resources are optimized for this vision of workplace safety and health. Relatively few workers in the safety and health field have a background in health.

### What does all this mean?

- The headline was based primarily on safety data contrary to the reference to health. The health of workers did not play a major role in the headline or article or the underlying programs.
- The health of workers was not measurably changed (or not even measured), nor is it likely to change as long as safety and health programs are based only on compensation data.
- The authors of the program are quite pleased with the results of their efforts as described in the headline and will blithely carry on.

### This meets the definition of anoesis.



- Consciousness that is pure passive receptiveness without understanding or intellectual organization of the materials presented.
- A state of mind consisting of pure sensation or emotion without cognitive content.
- An emotional response to something without understanding.
- The reception of impressions or sensations (by the brain) without any intellectual understanding.

This describes the problem with occupational disease. Until we start to address work-related disease, anoesis is all we have to make us feel self-satisfied.

For references please go to:  
eliasconsulting.ca

Let’s start a discussion