

OBSTACLES IN DIAGNOSING AND CONFIRMATION OF OCCUPATIONAL DISEASES IN PRIVATE FARMING IN POLAND

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The World Health Organization (WHO) documents state that the improvement of public health is the primary aim of social and economic development. It is emphasised in these documents that the important goal is the reduction of the 'health gap' i.e. inequalities in the state of health and availability of health care between communities, both on the level of the European Region and in the individual countries, in order to improve the health of the whole population. Adequate and well-developed health policies of the European Union member States should create the basis for necessary progress.

Private farmers in Poland constitute approximately 20% of the total population employed in the national economy. Despite this, to date, this population group has been neglected by both the opinion forming and decision making circles shaping the system for the safety and protection of human health in the work environment. Furthermore, prior to 1977, private farmers in Poland were not covered by any organized medical care. This was not until the Act in the Matter of Retirement Programme and Other Benefits for Farmers and their Families acknowledged their right to free medical care and use of all benefits associated with it, on the same principles as for other social groups [7, 11, 12, 13].

However, occupational diseases in private farming have only been recognized since 1992, after the promulgation of the Act in the Matter of Farmers' Social Insurance, which simultaneously established the Agricultural Social Insurance Fund [4].

Nevertheless, unlike all other occupational groups, private farmers remained outside any system providing them with prophylactic medical care in association with the occupation performed. Such a situation is difficult to understand when one considers the fact that private farmers are at higher risk of occupational accident, health, or even

loss of life, compared to employees in other sectors of the economy [5, 14].

Occupational disease is a medical and legal term which, from the medical point of view, is a health disorder caused by factors harmful to human health present in the work environment.

Legislation limits the term "occupational disease" to a disease listed in the index of occupational diseases as an annex to the Regulation by the Council of Ministers of 18 November 1983 in the Matter of Occupational Diseases [3].

According to Article 12 of the Act in the Matter of Farmers' Social Insurance, an agricultural occupational disease is a disease which occurs in association with work on a farm, if this disease is included in the index of occupational diseases specified by regulations issued based on the Labour Code [4].

The number of occupational diseases registered in private farming is low. The data by the Agricultural Social Insurance Fund show that within the population of over 3.5 million of private farmers, between 1992 and 2006 there were, respectively: 8, 20, 61, 80, 82, 139, 141, 142, 116, 113, 135, 104, 122, 136 and 107 cases of occupational diseases registered, while within the 10-fold smaller group of state agricultural workers, during the same period, over 200 cases of occupational diseases were registered annually [2, 5, 10].

This clearly shows that the system of adjudication of occupational diseases in effect in Poland has not been adjusted to cover private farmers.

It is also difficult to assume that strenuous work, typical of agricultural production, as well as the low level of concern about health, common in rural areas, and frequent lack of knowledge concerning health hazards caused by various factors occurring in the work environment, would not have been reflected by the prevalence of diseases which, according to the current regulations, could qualify as occupational diseases [1, 8, 9].

The whole procedure in the case of adjudication of occupational diseases, from the stage of suspicion of such a disease, followed by medical certification, and finalised by administrative corroboration of the disease, is covered by its own legislative regulation [6].

The adjudication procedure in the case of occupational diseases consists of three stages:

1. Suspicion of an occupational disease
2. Medical diagnosis and certification of an occupational disease
3. Issuing of an administrative decision corroborating an occupational disease.

According to the Act by the Council of Ministers in the Matter of Occupational Diseases, in the case of suspecting such a disease, there exists an obligation to refer the employee to the public health care facility eligible for diagnosis and certification of occupational disease, with attachment of the medical records [3].

This obligation is the responsibility of the following:

1. Public health care institutions;
2. Medical doctors and dentists who, performing their professions in non-public health care institutions, suspect their patient of having an occupational disease;
3. Veterinary doctors who, performing their professions, observed in an agricultural worker who has been in contact with sick animals, symptoms that might indicate an occupational disease;
4. Enterprises engaging an employee suspected of having an occupational disease.

This Act also states that suspicion of an occupational disease may be reported by an employee through a public health care facility providing prophylactic care for the enterprise engaging the employee.

The second stage in the procedure of adjudication of an occupational disease is the issuing of a medical certification confirming an occupational disease performed by eligible outpatient departments and clinics for occupational diseases, to which the patient is referred with suspicion of an occupational disease. A physician authorised to make decisions concerning occupational diseases should make a diagnosis or confirm a disease, and verify whether or not the patient's work conditions could be the cause of the pathological symptoms observed, and if the disease is listed in the official index of occupational diseases. If the medical certification confirms the diagnosis of an occupational disease, a medical doctor passes the certification to a regional sanitary inspector, health care institution, reporting suspicion of an occupational disease and also to the employee concerned.

A regional sanitary inspector is entitled to issue an administrative decision recognizing the health condition as an occupational disease, or making the decision that the condition does not meet the requirements of an occupational disease. The decision is made based on medical certification and epidemiological investigation of the work environment to determine whether factors exist that could be the cause of such pathological symptoms. The corroboration, on a Occupational Disease Confirmation Chart, is dispatched to:

- Worker concerned
- Medical institution issuing the medical certification
- Respective work inspector
- Respective Regional Health Inspector
- Institute of Occupational Medicine;

The Regulation by the Council of Ministers concerning occupational diseases is based on the Labour Code, which does not apply, however, to private farmers.

Regarding private farmers, there is no constant monitoring of the state of health (prophylactic examination), nor

monitoring of health hazards (qualitative and quantitative aspects) present in the work environment on a private farm. In other sectors of the economy, employers are obliged to control hygienic conditions at the workplace; employees are examined prior to commencing employment, and subsequently on a regular basis. In the case of deterioration of health, which may be linked with work conditions, employees can report the suspicion of an occupational disease to a respective health care institution.

Therefore, a number of critical points may be indicated at all three stages – recognition, certification, and corroboration of occupational diseases among private farmers. The term “critical point” specifies the elements or the existing procedures which hinder the observation and recognition of occupational diseases among private farmers. With regard to private farmers, not all the possibilities mentioned in the Regulation by the Council of Ministers can be taken into account in practice [8, 9].

The critical points at the stage of suspicion of being affected by an occupational disease are:

1. The place of employment for a private farmer is his own farm, which is supervised neither by the Labour Inspectorate nor by the Sanitary Inspectorate (lack of appropriate legislation). Thus, once again neither of these Inspectorates can report suspicion of an occupational disease.

2. Generally, the first contact physician for a private farmer is the physician from the respective local rural health care unit. Unfortunately, most of those doctors have insufficient knowledge of occupational medicine and hygiene, which makes “suspicion of dealing with an occupational disease” problematic. In approximately 3,300 local rural health centres, there are only about 500 medical specialists in general medicine possessing basic knowledge of occupational diseases. As a result, patients are frequently not referred to institutions formally authorised to diagnose occupational diseases, such as outpatient departments and clinics for occupational diseases. The only exception is possibly alveolitis allergica (so called “farmer’s lung”) – a widely-known disease typical of farmers. Not surprisingly, this disease is the occupational disease most frequently diagnosed among private farmers in Poland.

3. Farmers themselves are rarely aware of the possibility of reporting their complaints as a suspicion of an occupational disease. Moreover, there is no public health institution responsible for providing prophylactic care against occupational diseases to private farmers, and therefore, no institution to assist in reporting such a suspicion.

Only some eligible health care institutions, such as outpatient departments and clinical hospitals for occupational diseases, are eligible to diagnose and certify an occupational disease. With regard to private farmers the critical points at this stage are:

1. Lack of documented data on occupational hazards present on a farm owned by a farmer diagnosed with a disease from the index of occupational diseases, and the lack

of documentation concerning the course of employment which is required for medical certification of an occupational disease.

2. Impossibility to document the cause-effect relationship, or at least to determine the high probability of the existence of such a relationship between the symptoms of an occupational diseases observed, and the type, intensity and duration of exposure to hazardous factors present in the work environment, the manner in which the work was performed, or the possibility of contact with pathogenic factors (contagious, invasive, allergenic, cancerous, etc.) – documentation obligatory for issuing medical certification of an occupational disease.

In addition, there are no diagnostic criteria for making an unequivocal diagnosis of some of the diseases on the index of occupational diseases. This concerns primarily the making of an early diagnosis, with the simultaneous lack of specific symptoms of selected occupational diseases, and the possibilities of the occurrence of similar symptoms in nosologic units, caused by non-occupational factors.

A medical certification of an occupational disease with all the necessary documentation, also in case of private farmers, is passed to the respective sanitary inspectorate eligible to issue an administrative decision corroborating the illness as an occupational disease. At this stage, the critical points are as follows:

1. Lack of hygienic characteristics of private farms from the aspect of types of hazardous factors, especially the documentation concerning intensity and duration of exposure of private farmers to those factors at work (the State Sanitary Inspectorate does not monitor work conditions on private farms).

2. The impossibility to distinguish between the place of work and habitation of private farmers, which complicates the documentation of the relationship between work and state of health.

The above-mentioned critical points in the diagnosis, medical certification and administrative corroboration of occupational diseases, clearly show that private farmers are not covered by existing regulations concerning occupational diseases. This is hardly surprising, bearing in mind that these regulations were created for agricultural workers employed according to the Labour Code and the corresponding laws.

In order to provide benefits by reason of occupational diseases to private farmers on the level guaranteed to the working population in agriculture it is essential to eliminate inadequate legal and organizational solutions mentioned in the critical points.

The order of priority of the needs should include:

- Provision of prophylactic occupational health care for private farmers;

- Improvement of accessibility to specialised health care;
- Adaptation of the existing adjudication procedures for occupational diseases to accommodate the needs of private farmers;
- Implementation of a system for the promotion of safe work, and certain forms of supervision over the work conditions on private farms, observing at the same time citizens' rights resulting from respecting the rights to privacy and to free disposition of private property.

The health situation of rural population, conditions and specific character of work environment in private farming, together with the legal regulations to-date, justify the need for the development and implementation of new organizational and legal solutions concerning the provision of health care for private farmers in Poland.

REFERENCES

1. Jastrzębska J: Choroby zawodowe w rolnictwie oraz tryb ich stwierdzenia u rolników indywidualnych. **In:** Zagórski J, Lachowski S (Eds): *Zagrożenia zdrowotne i wypadkowość w rolnictwie*. Instytut Medycyny Wsi, Lublin 1998.
2. Jastrzębska J, Zagórski J: Zasady rozpoznawania i stwierdzenia chorób zawodowych u rolników indywidualnych. *Ubezpieczenia w Rolnictwie. Mater Stud* 2001, **4** (12), 25–32.
3. Rozporządzenie Rady Ministrów z dnia 18 listopada 1983 r. w sprawie chorób zawodowych. *Dz.U. z 1983 r. Nr 65, poz. 292 z późn. zm.*
4. Ustawa z dnia 20 grudnia 1990 r. o ubezpieczeniu społecznym rolników. *Dz.U. z 1991 r. Nr 7, poz. 24 z późn. zm.*
5. *Wypadki przy pracy i choroby zawodowe rolników oraz działania prewencyjne KRUS w 2006 roku*. Centrala KRUS, Warszawa 2007.
6. *Wytyczne metodologiczne w sprawie rozpoznawania chorób zawodowych*. MZiOS, Departament Inspekcji Sanitarnej. PZWL, Warszawa 1987.
7. Zagórski J: Stan i perspektywy sytuacji zdrowotnej i socjalnej ludności wiejskiej. **In:** *Ubezpieczenia społeczne i zdrowotne. Podstawowe problemy i wyzwania*, 129–133. Kancelaria Senatu RP, Warszawa 1997.
8. Zagórski J, Jastrzębska J: Krytyczna ocena i propozycje nowych rozwiązań organizacyjnych w sprawach orzecznictwa i stwierdzenia chorób zawodowych u rolników indywidualnych. *Med Og* 1997, **32**, 117–123.
9. Zagórski J: Krytyczna ocena aktualnych rozwiązań w ochronie zdrowia rolników indywidualnych w Polsce. *Insp Pr* 1998, **11** (189), 16–19.
10. Zagórski J, Deleka M: Nowe rozwiązania bezpieczeństwa i higieny pracy oraz opieki zdrowotnej nad rolnikami indywidualnymi w Polsce. *Ubezpieczenia w Rolnictwie. Mater Stud* 1999, **1**, 25–32.
11. Zagórski J (Ed.): *Choroby zawodowe i parazawodowe w rolnictwie*. IMW, Lublin 2000.
12. Zagórski J: Sytuacja zdrowotna wsi polskiej. *Ubezpieczenia w rolnictwie. Mater Stud* 2000, **4** (8), 117–127.
13. Zagórski J: Health situation of Polish rural inhabitants. *J Int Assoc Agric Med Rural Health* 2001, **24**, 12–20.
14. Zagórski J: Wypadkowość w rolnictwie polskim na przestrzeni ostatniego dziesięciolecia (lata 1996–2005). **In:** Solecki L, Bujak F: *Wypadki w rolnictwie – dynamika zmian w ostatniej dekadzie*, 13–14. IMW, Lublin 2007.

