

# Life lessons

**LOUISA CLERY** profiles Dr Bill Glass, honoured as a lifetime achiever in OHS at the *Safeguard* awards.

**“Practical wisdom is only to be learned in the school of experience”,** according to Samuel Smiles, an often-quoted writer who campaigned for parliamentary reform in the 19<sup>th</sup> century. And I reckon we could learn a lot by listening to the practical wisdom of a man who has spent over 50 years’ in the occupational health school of experience – Dr *Bill Glass*.

Bill, a respected occupational physician, was one of two inaugural recipients of Air New Zealand Lifetime Achievement awards, honouring those who have made a fundamental difference to OHS over many years. I met Bill in his Christchurch office, where he spoke candidly about what he has learned from his half-century in occupational health, and what he thinks the future holds.

**“The Department of Labour is now in a position to move forward, with a level of expertise and organisation which it previously didn’t have.”** Dr Bill Glass

## Information gaps

Back in the 1960s, if I’d asked Bill how many large employers provided occupational health services for their workers, he could easily have answered. Today, he cannot tell me – and the fact is, nobody knows. This issue alone, says Bill, shows that for several decades, we’ve been in a decline in this country – at least so far as knowing what’s going on with occupational health services.

Where occupational health



Dr Bill Glass (right) with his wife, Grace Xia Chen, and Air New Zealand’s David Tregoweth.

McCabe Photography

services are provided, Bill is very clear about the five essential features. First there is the provision of treatment-based, primary health care. Secondly – tied in with treatment – the provision of early intervention and rehabilitation.

Another essential feature is an effective health surveillance system – one geared to the known health risks associated with the work. Health information and education is another key factor.

Finally, there must be health protection, both at individual level, with personal protective equipment and the like, and for work groups, with good industrial hygiene systems.

Bill says the question people must ask is how many employers – including government institutions, schools, and hospitals – currently provide this level of health service? The answer is that we have no idea.

## Physicians in the workplace

Concern about the state of New Zealand’s occupational health services has, in recent years,

begun to be voiced more loudly, which Bill attributes largely to the work of Professor *Neil Pearce*.

Among the issues raised by Professor Pearce, he says, is the question of health surveillance.

“This is an integral part of the provision of occupational health services, but it is little done in New Zealand, apart from a certain amount of hearing and occupational lung function testing. There is very little symptomatic and risk-focused surveillance carried out in the New Zealand workplace.”

Why is this? Do we lack trained occupational physicians?

The answer, according to Bill, is certainly not – although once again accurate data about the numbers and skill levels of occupational physicians is not readily available. However he cannot explain why New Zealand workplaces so not provide health surveillance for at-risk workers.

Another important aspect of occupational health is rehabilitation – a subject Bill is

passionate about. He tells me about a recent scientific meeting in Christchurch, where occupational physician Dr John Heydon highlighted the lack of coordination between workplace occupational physicians, GPs and ACC.

“The point he made,” says Bill, “is that the occupational physician, based in the workplace and dealing with injured or ill workers and with management, is in a better position than any other health provider to fine-tune and manage the rehabilitation process”.

Yet, in practice, consultation with an occupational physician is rare at best – perhaps because too few are actually working directly with industry.

## Reaching small business

Large workplaces are only the tip of the New Zealand business iceberg – we are a nation of small businesses – so what about occupational health services for smaller workplaces?

“This is a challenge, not only in New Zealand but worldwide,” says Bill.

But New Zealand once had a formula that worked – at least in areas like the waterfront and the industrial suburbs of major cities. In 1949 occupational health clinics were set up by the first – and only – director of industrial health, Dr Tom Garland. Bill explains that in this model, the Department of Health and the (pre-ACC) Workers' Compensation Board worked together to fund and staff the clinics. The goal, in Garland's words, was to provide "efficient and suitably sited industrial health clinics, staffed by occupational health nurses and occupational physicians".

Unfortunately, the clinics didn't last.

"This model disappeared a decade or so later, when New Zealand took the road that the marketplace can solve everything. Well, in this case, the marketplace failed – simply because small industry, by its very nature, comes into existence and disappears, largely because of the marginal profit levels that it survives on".

The solution? The government, Bill says, must make up its mind whether the cost of clinics is cheaper than the cost of hospital casualty-based treatment, compensation, and rehabilitation. And clinics don't have to be totally free, as they were in Garland's era. He suggests a 'per capita' fee from the small workplaces that use the services to help fund the clinics.

### The government sector

But it's not just private industry that needs better occupational health services. Bill is also concerned that the education and health sectors are lagging behind. Despite running institutions that often employ well over 500 people, they have yet to grasp the need to establish proper, functioning occupational health services, he says.

"There seems to be no pressure from the Ministries of Health and Education to require schools and hospitals to get their act together in this field."

So what about the government's role in occupational health?

Bill reflects on the main change in the last 16 years – when occupational health services were transferred from the Department of Health to the Department of Labour.

"It would be true to say that in the early years this was a little like a forced marriage – the traditional safety role of the Department of Labour didn't mix well with the occupational health function of the Department of Health.

"It has taken well over a decade for the Department of Labour to appoint a full time occupational physician at sufficiently high management level to have real influence."

### Positive steps

Now this has been done, with the appointment of Dr Geraint Emrys as chief advisor occupational health, the future of occupational health services in New Zealand is looking brighter, Bill believes. The department, he says, is moving towards greater recognition of work-related health issues, and an understanding that the death toll from occupational disease is even greater than that from occupational injury – again primarily because of the work of Professor Pearce.

Dr Emrys, Bill says, has begun to strengthen the Notifiable Occupational Diseases System (NODS) with a proposal to appoint a full-time registrar.

"He has also indicated his intention to increase the number of departmental medical practitioners, and to expand the role of the occupational health panels.

"With this structure, a number

of important workplace services can be put in place by the Department of Labour – in particular the provision of health information, and guidance on health surveillance and health protection, both personal and environmental."

### The big problems

What are the important occupational health issues today?

According to Bill, dirty workplace air remains a major factor in solvent poisonings, occupational asthma, and occupational dust diseases. Noise too, remains a serious hazard.

One of the main barriers to solving these issues is that many dust diseases, chronic solvent conditions, and noise-induced hearing loss all have a long latency between exposure and illness. As a result, it remains a challenge to get industry and workers to respond preventively.

Other areas of concern are musculoskeletal problems caused by poor manual handling or vibration, and infectious diseases such as leptospirosis and campylobacter. Work-related skin conditions are also an issue, but Bill says we have no idea about the level at which they occur.

A lot of attention is currently being paid to social aspects of the work environment, such as excessive overtime, badly managed shift work, bullying and occupational stress, he says.

"These are complex issues which strike at the very nature of management and will not be easily resolved.

And yet, in contrast, more traditional issues, like noise, dirty air, and, to some extent, manual handling, skin conditions and infectious diseases, are easier to deal with."

### Vision for the future

So is the future of occupational health bleak?

"No," says Bill. "If it was I wouldn't still be working in occupational medicine.

"New Zealand has a large group of well-trained, occupational health nurses, physicians and safety personnel who are more than capable – if properly utilised – to deal with the issues I've mentioned.

"The Department of Labour is now in a position to move forward, with a level of expertise and organisation which it previously didn't have.

"ACC has money, and one would hope that some of that money could be used towards creating what once existed in this country.

"If I could look to the future and imagine a new partnership between ACC and the Department of Labour, with the re-establishment of industrial clinics and the two organisations working more closely together in areas of intervention, education and actual assistance, then even the Garland model could take a step forward."

His vision is a future where occupational health services are the norm in workplaces, where all employers of 500 or more have a visiting occupational physician and a full-time health nurse, and where small industry has access to government-funded occupational health clinics and help with the advice and technical interventions that are beyond its means.

Perhaps there is still a long way to go before this vision becomes reality but, to quote an old Chinese proverb, "It is better to light one candle than to curse the darkness." ■

**LOUISA CLERY** is a writer for Brookers, working on the occupational health and safety and people management portfolio. [www.brookers.co.nz](http://www.brookers.co.nz)