

The ethical imperative for a specialty specific guidance in Occupational Medicine

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Abstract

Occupational Medicine operates at the intersection of clinical care and workplace dynamics. The recognition of the speciality varies significantly across countries, and there may not be formal training frameworks & specific ethical guidance – resulting in inconsistent practice & ambiguity.

This paper highlights that general medical ethics guidance is insufficient for the practice of Occupational Medicine, and that speciality specific guidance is necessary to safeguard the integrity of the speciality.

Introduction

Occupational medicine is the medical specialty focused on prevention of work-related illnesses & promoting safety in the workplace. In many countries, the speciality lacks standardised recognition, regulations and training frameworks. The reference to the speciality may also be in the context of 'Occupational Health (OH)', however it is to be highlighted that OH is an umbrella term for multidisciplinary team which may include physicians, industrial hygienists, nurses, ergonomists, and health & safety managers among others.¹

The requirement for such a speciality was first recognized during the Industrial Revolution due to the increased prevalence of illnesses related to specific occupations.¹ Despite the speciality's important role in safeguarding workers' health, the speciality often experiences limited visibility and awareness in the broader medical community and public.

In the early days, the requirements for the Irish workforce health were managed primarily by general practitioners, however the speciality now requires postgraduate specialist training, under the auspices of Faculty of Occupational Medicine (established in 1976), before a doctor can register as a Specialist in Occupational Medicine with the Irish Medical Council.

The role, responsibility and expectations of the speciality have evolved over the decades, especially with the introduction of various Health & Safety and Employment related legal obligations, resulting in unique challenges that are distinct from traditional clinical practice. The services provided are also quite different and not covered in the Medical School Curriculum such as biological monitoring, health surveillance, pre-employment assessment, periodic fitness for duty and others.

Limitations of General Medical Ethics

In most countries, a medical license to practice is issued by a specific government regulatory body. This body would often also issue a 'Code of Professional Conduct & Ethics'² to provide guidance to practitioners. The ethical guidelines are usually broad and intended for all medical practitioners, which means they focus on common scenarios in *clinical medicine*. The guidance assumes a purely doctor-patient relationship; therefore the general guidance does not realistically encompass the ethical dilemmas that arise in Occupational Medicine.

For example, general ethical guidance refers to 'Conflict of interest' in a context of financial or self-interest orientation – reminding doctors to put patient care above monetary gain, personal beliefs, or business relationships. This does not address dual obligations of the Occupational Physician.

Ethical complexities in Occupational Medicine

Occupational Medicine's ethical challenges primarily stem from the distinctive three-way relationship (tri-partite) between the worker, the Occupational Physician and the employer.

The key considerations are as follows:

Role confusion & Dual Loyalty: Who is the Occupational Physician? – The company's general practitioner or company's medical advisor or a compliance enforcer? In countries with well established healthcare access, the Occupational Physician may serve primarily in an advisory role ('impartial observer'³) rather than provide a treatment service.

The Occupational Physician has obligations to the health of the worker, yet the physician is often employed by or consulting for the employer who may expect that decisions be made in their favour. Therefore, it is important that the Occupational Physician clearly communicates the independent capacity in which they are acting to ensure that all parties understand that position.³

Managing relationships with multiple stakeholders: The Occupational Physician regularly interacts not just with workers, but also with employers, managers, human resources, other

healthcare providers (like the worker's general practitioner or treating specialist), insurance companies and legal representatives. Despite the common goal to maintain a safe/efficient workplace, each stakeholder has a different focus, thereby making clarification of purpose/confidentiality, particularly important.

Consenting under 'implied pressure': An employee may feel pressured to consent to an examination or medical test because their employer (fearing job loss or disciplinary proceedings if they refuse) requests it. This is different from a patient voluntarily seeking a doctor's care. The power imbalance (employer-employee) can make it hard to discern if consent is freely given. Therefore, it is imperative that the Occupational physician confirms 'informed consent' at each visit.

Medical recommendations that can impact on livelihood/compensation: Information provided by the Occupational Physician is used by employers to make decisions on employment, which can thereby significantly impact a worker's employment and income. It is therefore of utmost importance that the Occupational Physician base their opinion on objective medical findings and independent of any external pressures from either the employee or the employer.

Workplace safety vs Worker confidentiality: Confidentiality in occupational medicine adds additional layers of complexity, i.e. employers legitimately need certain information (such as work fitness or possible accommodations), but employees have the right to keep their detailed medical information confidential. Occupational Physicians also have a role in protecting 'other workers' and public safety. To balance these requirements, Occupational Physicians must exercise due diligence in determining the minimum amount of information that is necessary to be disclosed.

Workplace testing: Occupational Physicians may be involved in employment-related testing such as drug/alcohol testing programs and mandatory health surveillance programmes. Not all testing is necessarily for the strict sole benefit of the individual worker thereby any such testing requires to be evidence based, justified, proportionate and always with informed consent from the participants.

Overview of existing Occupational Health-specific guidelines

To specifically address the Occupational Health ethical requirements, several professional organizations have introduced or revised ethical guidelines over the years, including the Faculty of Occupational Medicine (RCPI)'s Guidance on Ethical Practice for Occupational Physicians, International Commission on Occupational Health (ICOH)'s International Code of Ethics for Occupational Health Professionals, Faculty of Occupational Medicine UK's 8th

edition of Ethics Guidance for Occupational Health Practice, and the American College of Occupational and Environmental Medicine (ACOEM)'s Code of Ethics.

The Faculty of Occupational Medicine (Royal College of Physicians Ireland)'s Guidance on Ethical Practice for Occupational Physicians was published in 2007 and provides succinct guidance on various topics like conflicting medical opinions, obtaining medical reports & testing for drugs/alcohol.

American College of Occupational and Environmental Medicine (ACOEM)'s Code of Ethics is set out in nine ethical principles to cover ethical obligations/responsibility, taking of affirmative measures, professional behaviour, supporting of health & wellbeing, opposing of racism & discrimination, professional competence, patient confidentiality, reporting, and disclosure/mitigation of conflicts of interest.

International Commission on Occupational Health (ICOH)'s International Code of Ethics for Occupational Health Professionals (2014) recognizes three main reasons for the requirement of a specific ethical guidance, i.e. 'increased recognition of the complex and sometimes competing responsibilities of occupational health and safety professionals, increasing number of occupational health and safety professionals and development of a multidisciplinary approach in occupational health which is implying an involvement in occupational health services of specialists who belong to various professions'.

The ICOH document covers a number of important headings including advisory role, health surveillance, health promotion, biological monitoring under the 'Duties & Obligations of Occupational health professionals'. There is also a specific mention of pertinent themes such as professional independence, relationships with health professionals and combating of abuse.

The Faculty of Occupational Medicine (UK)'s 8th edition of Ethics Guidance for Occupational Health Practice (2018) provides the most in-depth guidance on a range of common complex scenarios, which is greatly beneficial from a practical perspective for the Occupational Physician. Examples of the scenarios includes attendance/performance management, termination of employment, health-related pension benefits, occupational health research, risk control, ownership of medical records and biological monitoring.

Emerging ethical considerations to Occupational Medicine

The ethical requirements in Occupational Medicine will continue to evolve with the anticipated rapid transformation of the workplace, driven by Artificial Intelligence (AI) health risk prediction tools, workplace health monitoring through wearable devices and integration of AI into human work interface.

Accountability, bias, coercion, informed consent will all be key contextual factors to consider in order to future-proof ethical guidance.

Summary

Occupational Medicine operates in a complex ethical terrain, especially given the tri-partite relationship between worker, occupational physician and the employer. In the absence of specific and comprehensive ethical guidance, there will be a risk of ambiguity in clinical/professional decision-making. Such uncertainty can lead to inconsistent practices, potentially undermining the credibility of the specialty and diminishing confidence among stakeholders, including workers, employees, and the wider medical community. This paper affirms that speciality-specific ethical framework is necessary to guide consistent practice and uphold professional integrity and trust in Occupational Medicine.

Declarations of Conflicts of Interest:

None declared.

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Reference:

1. O'Mahony E, Addley K. Occupational Medicine . What is it ?. Faculty of Occupational Medicine, Royal College of Physicians of Ireland; November 2023. Available from : https://rcpi.access.preservica.com/uncategorized/IO_798bb633-3d13-4c7b-b94b-ce9d242826e9/
2. Comhairle na nDoctúirí Leighis Medical Council. Guide to Professional Conduct & Ethics for Registered Medical Practitioners, 9th Edition; 2024. Available from : <https://www.medicalcouncil.ie/news-and-publications/publications/guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-2024.pdf>
3. Guidance on Ethics for Occupational Physicians. Faculty of Occupational Medicine, Royal College of Physicians of Ireland; 2007.

4. Jacob S. Why update the Faculty of Occupational Medicine (Royal College of Physicians Ireland)'s Ethical Guidance. Forthcoming 2025.
5. K. Kogi ,G. Costa, B. Rogers, S. Iavicoli, N. Kawakami, S. Lehtinen, C. Nogueira, J. Rantanen, E. Santino, International Code of Ethics for Occupational Health Professionals Third edition. Italy. 2014 Available from :
https://www.icohweb.org/site/multimedia/code_of_ethics/code-of-ethics-en.pdf
6. Faculty of Occupational Medicine, UK. Ethics Guidance for Occupational Health Practice, 8th edition; November 2018
7. American College of Occupational and Environmental Medicine (ACOEM). Code of Ethics [Internet] undated. Available from : <https://acoem.org/about-ACOEM/Governance/Code-of-Ethics>
8. Iavicoli S, Valenti A, Gagliardi D, Rantanen J. Ethics and Occupational Health in the Contemporary World of Work. International Journal of Environmental Research and Public Health [Internet]. 2018 Aug 10 [cited 2025 March 29]; 15(8):1713. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6121687/>