Etički kodeks za stručnjake iz oblasti medicine rada

I izdanje

Prevoda Etičkog kodeksa međunarodne komisije za zdravlje na radu (ICOH)

Prevod, tehnička obrada I štampa:

ZAVOD ZA ZDRAVSTVENU ZAŠTITU RADNIKA - NIŠ

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Dozvola za prevođenje i umnožavanje

*ICOH: Međunarodna komisija za Zdravlje na radu

Generalni sekretarijat/Glavna kancelarija

Adresa: ISPESL –Nacionalni institut za Bezbednost i Prevenciju na radu

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Italija

Međunarodna Komisija za zdravlje na radu © ICOH

Predgovor

1. Postoji nekoliko razloga zašto je Međunarodni etički kodeks za stručnjake iz oblasti medicine rada, za razliku od etičkih kodeksa za sve zdravstvene radnike, usvojen od strane Međunarodne komisije za zaštitu zdravlja radnika (ICOH). Jedan od njih je povećano prepoznavanje složenih i ponekad takmičarskih odgovornosti stručnjaka iz ove oblati, prema radnicima, poslodavcima, javnosti, javnim institucijama za zdravlje i rad i drugim telima kao što je socijalna zaštita i sudske vlasti. Drugi razlog je povećanje broja stručnjaka zaštite zdravlja na radu, kao rezultat obaveznog ili dobrovoljnog osnivanja službi zaštite zdravlja radnika.

Ipak, još jedan faktor je pojava razvoja multidisciplinarnog pristupa u zaštiti zdravlja radnika koji uključuje pružanje usluga u vezi sa zdravljem na radu od strane specijalista koji pripadaju različitim profesijama.

2. Međunarodni etički kodeks za stručnjake iz oblasti medicine rada je bitan za mnoge profesionalne grupe koje obavljaju zadatke i odgovorne su u preduzećima, kao i u privatnim i javnim sektorima, u pogledu bezbednosti, higijene, zdravlja i čovekove okoline u vezi sa radom. Termin, kategorija, stručnjak iz oblasti medicine rada je, u svrhu ovog kodeksa, definisan kao široka ciljna grupa čije je zajedničko interesovanje profesionalna posvećenost u težnji ka ispunjenju programa zaštite zdravlja radnika. Polje delovanja ovog kodeksa pokriva aktivnosti profesionalaca iz oblasti medicine rada kada oni deluju pojedinačno i kao deo organizacija ili poduhvata, pružajući usluge klijentima i korisnicima. Kodeks se odnosi na stručnjake zaštite zdravlja na radu i službe zdravstvene zaštite bez obzira da li oni rade u kontekstu slobodnog tržišta, koje podleže konkurenciji, ili u okviru službi sektora javnog zdravlja.

3. Međunarodni etički kodeks iz 1992. godine postavio je opšte principe etike u zaštiti na radu. Oni još uvek važe ali je potrebno da budu ažurirani i preformulisani da bi dodatno ojačali svoju relevantnost u promenljivom okruženju gde se obavlja zaštita na radu. Potrebno je, takodje, da se Kodeks redovno reinterpretira upotrebom terminologije koja se trenutno koristi, i da pokrene pitanja etike zaštite zdravlja na radu koja se pojavljuju u javnim i profesionalnim debatama. Trebalo bi uzeti u obzir promene u uslovima rada i u socijalnim potrebama uključujući i one koje su izazvane političkim i socijalnim razvojem u društvima; zahteve za upotrebnom vrednošću, neprekidnim poboljšanjima kvaliteta i transparentnošću; globalizaciju svetske ekonomije i liberalizaciju međunarodne trgovine; tehnički razvoj i uvođenje informacionih tehnologija kao sastavnog dela proizvodnje i usluga. Svi ovi aspekti se odražavaju na kontekst prakse zaštite zdravlja radnika i time utiču na profesionalne norme ponašanja i etiku stručnjaka iz oblasti medicine rada.

4. O pripremi Međunarodnog etičkog kodeksa za stručnjake iz oblasti medicine rada, diskutovano je na Odboru ICOH-a u Sidneju 1987. godine. Nacrt je podeljen članovima odbora u Montrealu i bio je predmet procesa konsultacija krajem 1990. i početkom 1991. Etički Kodeks za stručnjake iz oblasti medicine rada iz 1992 godine je odobren od Odbora ICOH-a (međunarodnog komiteta za zaštitu na radu) 29. novembra 1991. i objavljen je na engleskom i francuskom jeziku

1992, ponovo štampan 1994 i 1996. i preveden na osam jezika.

5. Odbor ICOH-a je osnovao radnu grupu 1993.g. sa ciljem da ažurira Medjunarodni etički kodeks za stručnjake iz oblasti mdicine rada i u cilju praćenja sveobuhvatne teme etike u zaštiti na radu. Između 1993. i 1996. godine radna grupa je obuhvatala 3 stalna člana (Dr. G.H. Coppee, Prof. P. Grandjean and Prof. P. Westerholm) i 17 pridruženih članova koji su davali komentare i predlagali amandmane. Decembra 1997. Dr. G.H. Coppee i Prof. P. Westerholm su se saglasili sa Odborom ICOH – a, da temeljna revizija Etičkog kodeksa nije opravdana u tom trenutku, ali da je ažuriranje opravdano pošto neki delovi teksta nisu bili jasni ili je bilo potrebno da budu precizniji. Bilo je predviđeno, medjutim, da ICOH pokrene opsežnije razmatranje sa ciljem da se Kodeks dopuni novim pitanjima i temama kojima se treba pozabaviti.

6. Sastanak članova rekonstituisane radne grupe za etiku zaštite na radu (Prof. J. F. Caillard, dr G. H. Coppee i Prof.P.Westerholm), održan je u Ženevi 14. i 15. decembra 1999. i razmotreni su komentari na Kodeksa etike iz 1992 koji su dobijeni periodu izmedju 1993-99, posebno doprinosi koje su dali pridruženi članovi. S obzirom da svrha nije bila da se Kodeks etike iz 1992 menja, već da se ažurira, originalna struktura je zadržana. Slično tome, zadržano je formulisanje paragrafa i njihovi brojevi, iako su neka poboljšanja mogla biti rezultat izvesnih sugestija datih od strane pridruženih članova u vezi reorganizacije teksta na sistematičniji način.

7. Kodeks iz 1992 sastojao se od seta osnovnih principa i praktičnih smernica prezentovanih u paragrafima formulisanim na normativnom jeziku. Kodeks nije, niti treba da postane udžbenik o etici u zdravstvenoj zaštiti radnika. Iz tog razloga, paragrafi nisu bili dopunjeni komentarima. Smatra se da to pripada samim stručnjacima i njihovim udruženjima, da uzmu aktivnu ulogu u daljem odredjivanju uslova primene odredbi Kodeksa u specifičnim okolnostima (npr. sprovodjenjem predmetnih studija, grupnih diskusija i radionica za vežbanje, uz korišćenje odredbi Kodeksa, kako bi se podstakle tehničke i etičke debate).

8. Trebalo bi, takodje, primetiti da detaljnije usmeravanje u vezi sa jednim brojem odredjenih gledišta moze biti pronadjeno u nacionalnim kodeksima etike ili smernicama za specifične profesije. Štaviše, Kodeks etike nema za cilj da pokrije sve oblasti ostvarivanja ili sve aspekte ponašanja stručnjaka iz oblasti medicine rada, ili njihovih odnosa sa socijalnim partnerima, ostalim stručnjacima i javnošću. Potvrdjeno je da neki aspekti profesionalne etike mogu biti specifični za odredjene profesije i da zahtevaju dodatno etičko usmeravanje (npr. inženjeri, medicinske sestre, lekari, higijeničari, psiholozi, inspektori, arhitekte, dizajneri, specijalisti organizacija rada), u cilju aktivnosti istrazivanja.

9. Ovaj Etički Kodeks predstavlja pokušaj da se vrednosti i etički principi zaštite na radu prevedu na način profesionalnog ponašanja. Namenjen je da vodi sve one koji sprovode aktivnosti zaštite na radu i da postavi referentni nivo na bazi koga se njihov učinak može procenjivati. Ovaj dokument se može upotrebiti za elaboraciju nacionalnih etičkih kodeksa i u edukativne svrhe. Može, takodje, biti usvojen na dobrovoljnoj bazi i služiti kao standard za definisanje i procenjivanje profesionalnog ponašanja. Njegova svrha je, takođe, da doprinese razvoju zajedničkog skupa principa za saradnju među svima onima kojih se tiče kao i da promoviše timski rad i multidisciplinarni pristup u zaštiti na radu. On, takodje, pruža okvir po kome se dokumentuje i opravdava odustajanja od prihvaćene prakse i stavlja teret odgovornosti na one koji svoje razloge jasno ne obrazlažu.

10. Odbor međunarodne komisije za zaštitu na radu zahvaljuje se svima onima koji su učestvovali u ažuriranju etičkog kodeksa, posebno članovima radne grupe, Dr G. H. Coppee (ILO – međunarodna radnička organizacija – do avgusta 2000.), predsedavajući i koordinator, Prof. P. Westerholm (Švedska), od jula 1998.naovamo, Prof. J. F. Caillard, (Francuska, predsednik ICOH – a do avgusta 2000.), od septembra 2000, Prof. G. Schaecke (Nemačka), Dr W. M. Coombs (Južna Afrika) i konsultanti: Hon. J. L. Baudouin (Kanada), Prof. A. David (Češka), Prof. M. S. Frankel (SAD), Prof. T. Guidotti (SAD), Prof. J. Jeyaratnam (Singapur), Dr T. Kalhoule (Burkina Faso), Dr. K. Kogi (Japan), Dr. M. Lesage (Kanada), Dr. M. I. Mikheev (Rusija), Dr. T. Nilstun (Švedska), Dr. S. Niu (Kina), Prof. T. Norseth (Norveška), Mr. I. Obadia (Kanada), Dr. C. G. Ohlson (Sweden), Prof. C. L. Soskolne (Kanada), Prof. B. Terracini (Italija), Dr. K. van Damme (Belgija).

11. Ažurirana verzija Medjunarodnog kodeksa etike za stručnjake iz oblasti medicine rada iz 2002. je bila prosledjena članovima Odbora, za komentare, tokom 2001. i njeno objavljivanje je odobreno od strane Odbora ICOH-a 12. marta 2002.

12. Treba naglasiti da etiku treba posmatrati kao predmet koji nema jasne krajnje granice i zahteva uzajamna delovanja, multidisciplinarnu saradnju, konsultacije i učešće. Može se ispostaviti da sam proces bude bitniji od njegovog krajnjeg ishoda. Etički kodeks za stručnjake iz oblasti medicine rada ne bi nikada trebalo posmatrati kao „konačan“, već kao prekretnicu dinamičnog procesa koji uključuje zajednicu zaštite na radu u celini, ICOH i ostale organizacije koje se bave bezbednošću, zdravljem i okolinom, uključujući organizacije poslodavaca i radnika.

13. Ne može se prenaglasiti ako se kaže da je etika u zdravstvenoj zaštiti na radu u suštini polje interakcije izmedju velikog broja partnera. Dobra zdravstvena zaštita na radu je uključiva, a ne isključiva. Detaljno izlaganje i sprovodjenje standarada profesionalnog ponašanja ne uključuje samo same stručnjake iz oblasti medicine rada, već i one koji mogu imati koristi od njihovog rada, ili ga mogu shvatiti kao pretnju, kao i one koji će podržati njihovo pravilno sprovodjenje ili osuditi njihove mane. Zato bi ovaj dokument trebalo stalno ponovo razmatrati i vršiti njegovu reviziju onda kada se smatra neophodnim. Komentare koji bi poboljšali njegov sadržaj treba upućivati Generalnom sekretaru Medjunarodne komisije za zdravstvenu zaštitu na radu.

Uvod

1. Cilj zdravstvene zaštite radnika je da zaštiti i unapredi zdravlje radnika, da održi i poboljša njihov radni kapacitet i sposobnost, da doprinese stvaranju i očuvanju bezbedne i zdrave radne sredine za sve, kao i da promoviše prilagođavanje posla sposobnostima radnika, uzimajući u obzir njihovo zdravstveno stanje.

2. Polje zaštite zdravlja radnika je široko i obuhvata prevenciju od svih pogoršanja koja proističu iz zaposlenja, povreda na radu i poremećaja povezanih sa radom, uključujući profesionalne bolesti i sve vidove uzajamnog dejstva između rada i zdravlja. Stručnjaci iz oblasti medicine rada trebalo bi da učestvuju, kad god je to moguće, u planiranju i izboru zdrave i bezbedne opreme, odgovarajućih metoda i procedura i bezbednih radnih navika, i trebalo bi da podstaknu učešće radnika na tom polju kao i dobijanje povratne informacije iz prakse.

3. Na osnovu principa jednakosti, stručnjaci iz oblasti medicine rada trebalo bi da pomažu radnicima u dobijanju i zadržavanju zaposlenja, uprkos njihovim zdravstvenim nedostacima ili hendikepu. Trebalo bi na vreme prepoznati da postoje posebne potrebe zdravstvene zaštite radnika uslovljene faktorima kao što su pol, starosno doba, fiziološko stanje, socijalni aspekti, teškoće u komunikaciji ili neki drugi faktori. Takve potrebe trebalo bi upoznati na individualnoj osnovi sa dužnim interesovanjem da se zaštiti zdravlje u vezi sa radom ali bez ostavljanja bilo kakve mogućnosti za diskriminaciju.

4. U svrhu ovog Kodeksa, izraz „STRUČNJACI IZ OBLASTI MEDICINE RADA“ obuhvata sve one koji, u profesionalnom svojstvu, sprovode zadatke bezbednosti i zdravlja na radu, obezbeđuju usluge zdravstvene zaštite radnika ili koji učestvuju u zdravstvenoj zaštiti radnika. Širok opseg disciplina se bavi zaštitom zdravlja na radu pošto postoji povezanost između tehnologije i zdravlja, obuhvatajući tehničke, medicinske, socijalne, i pravne aspekte. Stručnjaci iz oblasti medicine rada uključuju lekare specijaliste medicine rada i medicinske sestre-tehničare, inspektore rada, spec. higijene rada, radne psihologe, specijaliste za radnu i rehabilitacionu terapiju, prevenciju incidenata i poboljšanje radne sredine kao i za istraživanje bezbednosti i zaštite na radu. Trend je da se poveća nadležnost ovih stručnjaka u okviru multidisciplinarnog timskog pristupa.

5. Mnogi drugi stručnjaci iz raznih disciplina kao što je hemija, toksikologija, inženjering, radiologija, epidemiologija, zaštita životne sredine, primenjena sociologija, osiguranje i zdravstveno obrazovanje, mogu takođe biti uključeni, u određenom obimu, u zdravstvenu zaštitu radnika. Osim toga, nadležni za javno zdravlje i rad, poslodavci, radnici i njihovi predstavnici i radnici hitne pomoći imaju važnu ulogu pa čak i direktnu odgovornost u sprovođenju politike i programa zaštite na radu, iako oni nisu stručnjaci zaštite na radu po profesiji. Na kraju, mnoge druge profesije kao što su pravnici, arhitekte, industrijalci, dizajneri, radni analitičari, specijalisti organizacije rada, nastavnici u tehničkim školama, na fakultetima i u drugim institucijama, kao i javne ličnosti, igraju važnu ulogu u poboljšanju radne sredine i uslova rada.

6. Termin „POSLODAVCI“ označava osobe sa priznatom odgovornošću, angažovanjem i dužnostima prema radnicima u njihovom zaposlenju na osnovu međusobno ugovorenog odnosa (samo-zaposlena osoba se smatra i poslodavcem i radnikom istovremeno). Termin „RADNICI“ odnosi se na osobe koje rade, bilo puno radno vreme, skraćeno radno vreme ili privremeno za poslodavca; ovaj termin je ovde upotrbljen u širem smislu obuhvatajući sve zaposlene, uključujući menadžersko osoblje i samo-zaposlene (smatra se da samo-zaposlena osoba ima dužnosti i poslodavca i radnika zajedno). Izraz „NADLEŽNA VLAST“ podrazumeva ministra, vladinu instituciju ili neki drugi javni autoritet koji ima moć da izdaje propise, uredbe ili druge pravilnike koje imaju pravnu snagu i koji je nadležan za njihovo nadgledanje i primenu.

7. Postoji širok opseg dužnosti, obaveza i odgovornosti kao i složeni odnosi između onih na koje se to odnosi i koji su obuhvaćeni pitanjima zdravlja i bezbednosti na radu. U principu, obaveze i odgovornosti su definisane propisanom zakonskom regulativom. Svaki poslodavac snosi odgovornost za zdravlje i bezbednost radnika koji su kod njega zaposleni. Svaka profesija ima svoje odgovornosti koje su u vezi sa prirodom dužnosti te profesije. Važno je definisati ulogu stručnjaka iz oblasti medicine rada i njihove odnose sa drugim stručnjacima, sa nadležnom vlašću i društvenim partnerima u delokrugu ekonomske, socijalne, ekološke i zdravstvene politike. Postoje potrebe za jasnim sagledavanjem etike stručnjaka i oblasti medicine rada i standarada u njihovom profesionalnom ponašanju. Kada specijalisti nekoliko profesija rade zajedno u okviru multidisciplinarnog pristupa, oni moraju nastojati da zasnivaju svoje delovanje na zajedničkom sistemu vrednosti i da imaju razumevanja za dužnosti, obaveze, odgovornosti i profesionalne standarde svakog od njih.

8. Neki od uslova za obavljanje funkcije stručnjaka iz oblasti medicine rada i uslovi rada službi za zaštitu zdravlja radnika su često definisani zakonom, kao što je redovno planiranje i pregled aktivnosti i neprekidne konsultacije sa radnicima i menadžmentom. Osnovni zahtevi za ispravnu praksu zaštite na radu uključuju punu profesionalnu nezavisnost, tj. stručnjaci iz oblasti medicine rada moraju uživati nezavisnost u vršenju svojih funkcija koja treba da im omogući da procenjuju i daju savet za zaštitu zdravlja radnika i njihovu bezbednost, u saglasnosti sa njihovim znanjem i savešću. Stručnjaci iz oblasti medicine rada moraju da se uvere da su ispunjeni neophodni uslovi za sprovođenje njihovih aktivnosti u skladu sa dobrom praksom i najvišim profesionalnim standardima. To bi trebalo da obuhvati odgovarajuće osoblje, obuku i uvežbavanje, podršku i pristup odgovarajućem nivou višeg rukovodstva.

9. Ostali osnovni zahtevi za prihvatljivu praksu zdravstvene zaštite radnika, često određenu nacionalnim propisima, uključuju slobodan pristup radnom mestu, mogućnost uzimanja uzoraka i ocenu radne sredine, vršenje analizi posla i učestvovanje u ispitivanju i konsultovanju sa nadležnim organima u vezi sa primenom standarada bezbednosti i zdravlja na radu. Posebnu pažnju bi trebalo obratiti na etičke dileme, koje mogu proisteći iz težnje ka ostvarivanju istovremenih ciljeva koji mogu biti u suprotnosti, kao što je zaštita zaposlenosti i zaštita zdravlja, pravo na informaciju i poverljivost, i sukob između pojedinačnih i kolektivnih interesa.

10. Zdravstvena zaštita radnika treba da ispuni ciljeve zaštite na radu koji su definisani od strane ILO (International Labour Organisation – Međunarodna radnička organizacija) i WHO (World Health Organisation – Svetska zdravstvena organizacija) 1950. godine i dopunjeni 1995. godine od strane ILO/WHO Joint Committee on Occupational Health (Udruženje odbora zaštite na radu).

Zdravstvena zaštita radnika ima za cilj:

- unapređenje i očuvanje najvišeg stepena fizičkog, mentalnog i socijalnog blagostanja radnika svih profesija;
- prevenciju ugrožavanja zdravlja radnika koje je uzrokovano uslovima rada;
- zaštitu radnika u njihovom radu od rizika koji proističu iz faktora negativnih po zdravlje;
- postavljnje i održavanje radnika u radnoj sredini, prilagođenoj njihovim fiziološkim i psihološkim sposobnostima; i, na kraju
- prilagođavanje posla čoveku i svakog čoveka njegovom poslu.

Glavna usredsređenost u zaštiti zdravlja na radu je na tri različita cilja:

1. očuvanje i unapređenje zdravlja radnika i radne sposobnosti;
2. poboljšanje radne sredine i rada da postanu pogodni za bezbednost i zdravlje i
3. razvoj radnih organizacija i kulture rada u pravcu koji podržava zdravlje i bezbednost na radu i, na taj način, takodje promoviše pozitivnu društven klimu i nesmetani rad i može da poveća produktivnost u preduzećima. Koncept radne kulture, u ovom kontekstu, znači odraz bitnih sistema vrednosti usvojenih od strane preduzeća. Takva kultura se odražava u praksi na upravljačke sisteme, kadrovsku politiku, principe učestvovanja, politiku obučavanja i kvalitetno upravljanje preduzećem.

11. Ne treba posebno naglašavati da je glavna svrha bilo koje prakse zaštite zdravlja radnika primarna prevencija od profesionalnih bolesti i povreda u vezi sa radom. Takva praksa treba da se sprovodi pod kontrolisanim uslovima i unutar organizovanog okvira – prvenstveno obuhvatajući službe za zaštitu zdravlja radnika – kako bi se obezbedlo da ona bude pogodna, na znanju zasnovana, ispravna u naučnom, etičkom i tehničkom pogledu, i odgovarajuća kada su u pitanju profesionalni rizici u preduzeću, i potrebe zdravstvene zaštite na radu koje se tiču radničke populacije.

12. U sve većoj meri preovladava shvatanje da svrha ispravne prakse zaštite zdravlja radnika nije samo vršenje procena i pružanje usluga, već podrazumevana brigu za zdravlje radnika i njihov radni kapacitet u vidu njihove zaštite, očuvanja i unapređenja. Ovaj pristup brizi o zdravlju radnika i unapređenju veština zaštite, bavi se zdravljem radnika i njihovim ljudskim i društvenim potrebama na jasan i dosledan način koji uključuje preventivnu zdravstvenu zaštitu, unapređenje zdravlja, lečenje, rehabilitaciju i odštetu tamo gde je određena, kao i strategije za oporavak i reintegraciju u radnu sredinu. Slično tome, važnost razmatranja povezanosti između zaštite na radu, zaštite životne sredine, upravljanja kvalitetom, bezbednosti proizvoda i položaja upravnika, javnog zdravlja i bezbednosti u zajednici, je u sve većoj meri razumljiva. Ova strategija je korisna za razvoj sistema funkcionisanja zaštite zdravlja i bezbednosti na radu, a akcenat se stavlja na izbor čistih tehnologija i saradnju sa onima koji proizvode i onima koji štite, kako bi se razvoj učinio održivim, pravičnim, društveno korisnim i takvim da odgovara ljudskim potrebama.

Osnovni principi

Sledeća tri paragrafa rezimiraju principe etike i vrednosti na kojima se bazira Međunarodni etički kodeks za zdravstvene radnike u delu zdravstvene zaštite radnika.

1. Svrha zdravstvene zaštite radnika je da služi zdravlju i socijalnom blagostanju radnika, individualno i kolektivno. Praksa zaštite zdravlja radnika se mora sprovoditi prema najvišim profesionalnim standardima i etičkim principima. Stručnjaci iz oblasti medicin rada moraju doprinositi zdravlju okruženja i zajednice.

2. Dužnosti stručnjaka iz oblasti medicine rada uključuju zaštitu života i zdravlja radnika poštujući ljudsko dostojanstvo i promovišući najviše etičke principe u sprovođenju plana i programa zdravstvene zaštite radnika. Integritet u profesionalnom ponašanju, nepristrasnost i zaštita poverljivosti zdravstvenih podataka i privatnosti radnika su deo tih dužnosti.

3. Specijalisti medicine rada su stručnjaci koji moraju uživati punu profesionalnu nezavisnost u vršenju njihovih dužnosti. Oni moraju steći i sačuvati kompetentnost neophodnu za obavljanje njihovih dužnosti i zahtevati uslove koji im dozvoljavaju da obavljaju svoje zadatke vodeći se dobrom praksom i profesionalnom etikom.

Dužnosti i obaveze stručnjaka iz oblasti medicine rada

1. Ciljevi i savetodavna uloga

Primarni cilj zdravstene zaštite radnika je da zaštiti i unapredi zdravlje radnika, unapredi bezbednu i zdravu radnu sredinu, da zaštiti kapacitet radnika i njihov pristup zaposlenju. Težeći tom cilju stručnjaci iz oblasti medicine rada moraju koristiti potvrđene metode procene rizika, predlagati efikasne preventivne mere i pratiti njihovu primenu. Stručnjaci iz oblasti medicine rada moraju da daju odgovarajući i iskren savet kako poslodavcima u vezi sa ispunjavanjem njihove odgovornosti na polju zaštite zdravlja i bezbednosti na radu, tako i radnicima u vezi sa zaštitom i unapređenjem njihovog zdravlja na poslu. Stručnjaci iz oblasti medicine rada treba da imaju direktne kontakte sa odborima za zdravlje i bezbednost, tamo gde oni postoje.

2. Znanje i veštine

Stručnjaci iz oblasti medicine rada moraju neprekidno nastojati da se upoznaju sa radom i radnom sredinom kao i da razvijaju svoje sposobnosti i da budu dobro informisani iz oblasti naučnog i tehničkog znanja, o opasnostima na radu i najefikasnijim sredstvima za eliminisanje ili svodjenje relevantnih rizika na minimum. Kako se posebno mora naglasiti primarna prevencija definisana u smislu politika, dizajna, izbora čistih tehnologija, mera tehničke kontrole i prilagođavanja radne

organizacije i radnog mesta radnicima, stručnjaci iz oblasti medicine rada moraju redovno i ustaljeno, kad god je to moguće, posećivati radna mesta i konsultovati se sa radnicima i menadžmentom o radu koji se obavlja.

3. Razvoj politike i programa

Stručnjaci iz oblasti medicine rada moraju informisati rukovodstvo i radnike o faktorima na radu koji mogu da utiču na njihovo zdravlje. Procena rizika od opasnosti na radu mora inicirati osnivanje politike zaštite i bezbednosti na radu kao i programa prevencije prilagođenog potrebama preduzeća i radnih mesta. Stručnjaci iz oblasti medicine rada moraju predložiti takvu politiku i program na bazi naučnog i tehničkog znanja koje imaju trenutno na raspolagnju, kao i njihovog poznavanjem organizacije rada i radne sredine. Stručnjaci iz oblasti medicine rada moraju svakako posedovati potrebnu veštinu ili imati neophodnu stručnost kako bi pružili informaciju o programima prevencije, koji treba da obuhvate odgovarajuće mere za nadgledanje i upravljanje opasnostima po zdravlje i bezbednost na radu i da, u slučaju propusta, posledice budu svedene na minimum.

4.Naglašavanje prevencije i brze intervencije

Posebnu pažnju trebalo bi obratiti na brzu primenu jednostavnih preventivnih mera koje su tehnički isprave i lako primenjive. Daljom procenom se mora proveriti da li su ove mere efikasne ili se moraju tražiti kompletnija rešenja. Kada postoje sumnje u vezi sa ozbiljnošću opasnosti na radu, obazrive mere predostrožnosti moraju biti razmotrene odmah i preduzete na odgovarajući način. Kada ima nesigurnosti ili različitih mišljenja u pogledu prirode opasnosti ili prisutnog rizika, stručnjaci zaštite na radu moraju biti transparentni u svojoj proceni uvažavajući sve one kojih se to tiče, izbegavati dvosmislenost u izražavanju svog mišljenja i obavezno konsultovati druge stručnjake.

4. Praćenje korektivnih radnji

U slučaju odbijanja ili nedostatka želje da se preduzmu odgovarajući koraci za otklanjanje neprihvatljivog rizika ili za popravljanje situacije koja predstavlja očiglednu opasnost po zdravlje i bezbednost, stručnjaci iz oblasti medicine rada moraju, što je pre moguće, izraziti svoju zabrinutost na jasan način, u pisanoj formi, odgovarajućim višim upravljavljačkim strukturama, naglašavajući potrebu da se uzme u obzir naučno znanje i primene odgovarajući standardi zaštite zdravlja, uključujući granice izloženosti, i podsećanje na dužnosti poslodavca da primenjuje zakone i propise i da štiti zdravlje radnika na njihovom poslu. Zaposleni radnici i njihovi predstavnici u preduzeću treba da budu obavešteni a moraju se kontaktirati i nadležne vlasti, kad god je to neophodno.

5. Informacije o zdravlju i bezbednosti

Stručnjaci iz oblasti medicine rada moraju doprineti informisanju radnika o opasnostima na radu kojima oni mogu biti izloženi, na objektivan i razumljiv način pri čemu se neće sakrivati ni jedna činjenica, a istaći će se preventivne mere. Stručnjaci iz oblasti medicine rada moraju sarađivati sa poslodavcima, radnicima i njihovim predstavnicima na obezbeđivanju adekvatnih informacija i treninga iz oblasti zdravlja i bezbednosti za rukovodeće osoblje i radnike. Stručnjaci iz oblasti medicine rada moraju pružati odgovarajuće informacije poslodavcima, radnicima i njihovim predstavnicima, o nivou naučne pouzdanosti ili nepouzdanosti, poznatih ili sumnjivih opasnosti na radnom mestu.

6. Poslovne tajne

Stručnjaci iz oblasti medicine rada su u obavezi da ne otkrivaju proizvodne ili poslovne tajne do kojih su došli prilikom obavljanja svoje delatnosti. Međutim, oni ne smeju zadržavati informacije koje su neophodne za zaštitu zdravlja i bezbednosti radnika ili cele zajednice. Kada je potrebno, stručnjaci iz oblasti medicine rada moraju konsultovati nadležne vlasti koje su zadužene da nadgledaju sprovođenje odgovarajućeg zakonodavstva.

7. Zdravstveni nadzor

Ciljevi, metode i procedure zaštite na radu, koji su predmet zdravstvenog nadzora, moraju biti jasno definisani, sa prioritetom datim prilagođavanju radnih mesta radnicima, koji moraju biti informisani u tom pogledu. Relevantnost i validnost ovih metoda i procedura moraju biti procenjene. Nadzor se mora vršiti uz saglasnost radnika. O mogućim pozitivnim ili negativnim posledicama učestvovanja u programima zaštite i zdravstvenog nadzora treba da se razgovara u okviru usaglašenog procesa. Zdravstveni nadzor mora da vrši stručnjak iz oblasti medicine rada koji ima odobrenje odgovarajućeg nadležnog organa.

8. Informacije za radnika

Rezultati ispitivanja, vršenih u okvira zdravstvenog nadzora, moraju biti objašnjeni radnicima na koje se odnose. Određivanje sposobnosti za određeni posao, kada se to zahteva, mora se zasnivati na dobrom poznavanju potreba posla i radnog mesta i na proceni zdravlja radnika. Radnici moraju biti obavešteni o mogućnosti osporavanja zaključaka koji se odnose na njihove sposobnosti u vezi sa radom, ako smatraju da su u suprotnosti sa njihovim interesom. U tom pogledu, mora biti utvrdjena molbena procedura.

9. Informacije za poslodavca

Rezultati ispitivanja propisanih nacionalnim zakonima i propisima moraju biti saopšteni menadžmentu jedino u smislu sposobnosti za predočeni posao ili ograničenja neophodnih sa medicinske tačke gledišta, u proceni zadataka ili izlaganja opasnostima na radu, sa stavljanjem naglaska na predloge za prilagođavanje zadataka i uslova rada sposobnostima radnika. Opšte informacije u vezi sa radnom sposobnošću ili u vezi sa zdravljem ili potencijalnim ili verovatnim zdravstvenim efektima usled opasnosti na radu, mogu se pružiti uz saglasnost zaposlenog radnika o kome je reč, kada je to potrebno, da bi se garantovala zaštita zdravlja radnika.

10. Opasnost za treće lice

Tamo gde su zdravstveno stanje radnika i priroda posla koji obavlja takvi, da mogu ugroziti bezbednost drugih, radnik mora biti jasno informisan o takovoj situaciji. U slučaju naročito opasne situacije, rukovodstvo i, ako je to predviđeno nacionalnim propisima, nadležni organ mora takođe biti obavešten o merama neophodnim za zaštitu drugih lica. Po njegovom savetu, stručnjak iz oblasti medicine rada mora nastojati da sačuva uposlenost radnika o kome je reč, vodeći računa da se sačuva bezbednost i zdravlje drugih, koji mogu biti ugroženi.

12. Biološko praćenje i istraživanja

Biološki testovi i druga istraživanja moraju biti izabrani na osnovu njihove opravdanosti i relevantnosti za zaštitu zdravlja radnika, sa posebnim obzirom na njihovu osetljivost, njihovu specifičnost, i njihovu prognostičku vrednost. Stručnjaci iz oblasti medicine rada ne smeju koristiti skrining testove ili istraživanja koji nisu pouzdani ili nemaju dovoljnu prognostičku vrednost u vezi sa zahtevima radnog zadatka. Tamo gde je izbor moguć i prikladan, prednost mora uvek biti data neinvazivnim metodama i testovima, koji ne uključuju nikakvu opasnosti po zdravlje zaposlenih radnika. Invazivne pretrage i testovi koji uključuju rizik za zdravlje radnika mogu jedino biti savetovani posle procene kolika je korist za radnika i koliki je rizik. Takvo ispitivanje se vrši uz saglasnost radnika i mora biti izvedeno prema najvišim profesionalnim standardima. Ne može biti opravdano time da se vrši za svrhe osiguranja ili u vezi sa osiguravajućim potraživanjem.

13. Promocija (unapredjenje) zdravlja

Kada su angažovani u zdr. edukaciji, promociji zdravlja, skriningu i programima javnog zdravlja, stručnjaci iz oblasti medicine rada moraju tražiti učešće i radnika i poslodavaca u njihovom kreiranju i u njihovoj implementaciji. Oni takođe moraju zaštititi poverljivost ličnih zdr. podataka radnika i sprečiti njihovu zloupotrebu.

14. Zaštita zajednice i okoline

Stručnjaci iz oblasti medicine rada moraju biti svesni svoje uloge u vezi sa zaštitom zajednice i čovekove okoline. U pogledu doprinosa zdravlju okoline i javnom zdravlju, moraju inicirati i učestvovati u aktivnostima prepoznavanja, procenjivanja, propagiranja i obaveštavanja, u cilju sprečavanja opasnosti na radu i u okolini, koje mogu nastati ili rezultirati iz rada ili procesa u preduzeću.

15. Doprinos naučnom znanju

Stručnjaci iz oblasti medicine rada moraju podnositi objektivne izveštaje naučnoj zajednici, kao i nadležnima za javno zdravlje i rad, o novim ili sumnjivim opasnostima na radu. Oni takođe moraju obaveštavati o novim i relevantnim preventivnim metodama. Stručnjaci iz oblasti medicine rada koji učestvuju u istraživanju, moraju planirati i sprovoditi svoje aktivnosti na čvrstim naučnim osnovama, sa punom profesionalnom nezavisnošću i prateći etičke principe vezane za istraživački rad i medicinska istraživanja, uključujući i procenu datu od strane nezavisnog etičkog odbora.

Uslovi vršenja funkcija stručnjaka iz oblasti medicine rada

16. Sposobnost, integritet i nepristrasnost

Glavna briga stručnjaka iz oblasti medicine rada je da oni moraju uvek da rade u interesu zdravlja i bezbednosti radnika. Oni moraju zasnivati svoje procene na naučnom znanju i tehničkim sposobnostima i tražiti savet specijalnog stručnjake kada je to potrebno. Stručnjaci iz oblasti medicine rada moraju se uzdržati od bilo kakve procene, saveta ili aktivnosti koji mogu dovesti u opasnost poverenje u njihov integritet i nepristrasnost.

17. Profesionalna nezavisnost

Stručnjaci iz oblasti medicine rada moraju tražiti i sačuvati punu profesionalnu nezavisnost i pridržavati se pravila o poverljivosti u vršenju svojih funkcija. Stručnjaci iz oblasti medicine rada ne smeju, ni pod kojim okolnostima, dopustiti da na njihovo mišljenje i iskaze utiče bilo kakav sukob interesa, posebno kada savetuju poslodavca, radnike ili njihove predstavnike kod preuzimanja brige o opasnostima na radu i situacijama koje predstavljaju očiglednu opasnost po zdravlje i bezbednost.

18. Pravičnost, nediskriminacija i komunikacija

Stručnjaci iz oblasti medicine rada moraju izgraditi odnose poverenja, pouzdanosti i pravičnosti sa ljudima kojima pružaju usluge zaštite zdravlja na radu. Svi radnici treba da budu tretirani na nepristrasan način, bez ikakvog oblika diskriminacije, što se tiče njihovog stanja, njihovih ubeđenja ili razloga koji ih je doveo kod stručnjaka zaštite zdravlja radnika. Stručnjaci iz oblasti medicine rada moraju da uspostave i održe jasne kanale komunikacije između sebe, sa višim rukovodstvom odgovornim za donošenje odluke na najvišem nivou u vezi sa uslovima i organizacijom rada i radne sredine u preduzeću, kao i sa predstavnicima radnika.

19. Klauzula o etici u ugovorima o zaposlenju

Stručnjaci iz oblasti medicine rada moraju zahtevati da klauzula o etici bude obuhvaćena njihovim ugovorom o zaposlenju. Ta klauzula koja se odnosi na etiku treba da sadrži, naročito, njihovo pravo da primenjuju profesionalne standarde, smernice i etičke kodekse. Stručnjaci iz oblasti medicine rada ne smeju prihvatati uslove vršenja zdravstvene zaštite radnika, koji ne dozvoljavaju da se njihove funkcije obavljaju prema zahtevanim profesionalnim standardima i etičkim principima. Ugovori o zaposlenju treba da sadrže smernice u vezi sa zakonskim, ugovornim i etičkim aspektima i u vezi sa rešavanjem konflikata, pristupom protokolima i naročito poverljivosti. Stručnjaci iz oblasti medicine rada moraju obezbediti da njihov ugovor o zaposlenju ili usluzi ne sadrži odredbe koje bi mogle ograničiti njihovu profesionalnu nezavisnost. U slučaju sumnje u vezi sa uslovima ugovora, mora se tražiti pravni savet i moraju se konsultovati kompetentni nadležni organi.

20. Protokoli

Stručnjaci iz oblasti medicine rada moraju uredno voditi protokole sa odgovarajućim stepenom poverljivosti, za slučaj utvrđivanja problema zaštite zdravlja radnika u preduzeću. Takvi protokoli uključuju podatke u vezi sa praćenjem radne sredine, lične podatke kao što je radna istorija i podatke o zdravstvenoj zaštiti radnika kao što je istorija profesionalne izloženosti, rezultate ličnog praćenja izloženosti opasnostima na radu, kao i potvrde o radnoj sposobnosti. Radnicima mora biti dozvoljen pristup podacima koji su u vezi sa kontrolom radne sredine i podacima koji su u njihovim ličnim radnim zdravstvenim kartonima.

21. Medicinska poverljivost

Individualni medicinski podaci i rezultati medicinskih istraživanja moraju biti registrovani u poverljivim medicinskim dosijeima koji moraju biti bezbedno čuvani pod odgovornošću lekara medicine rada i medicinskih sestara – tehničara. Pristup medicinskim dokumentima, njihov prenos i njihovo odavanje regulisani su nacionalnim zakonima i propisima o medicinskim podacima, tamo

gde postoje, i odgovarajućim nacionalnim etičkim kodeksom za zdravstvene radnike. Informacije sadržane u tim dokumentima smeju se upotrebiti jedino u svrhu zaštite zdravlja na radu.

22. Kolektivni zdravstveni podaci

Kada ne postoji mogućnost individualne identifikacije, informacije o ukupnim zdravstvenim podacima grupe radnika mogu biti otkrivene rukovodstvu i predstavnicima radnika u preduzeću ili komisijama za zdravlje i bezbednost, tamo gde postoje, kako bi im pomogle u njihovim dužnostima da zaštite zdravlje i bezbednost izloženih grupa radnika. Povrede na radu i bolesti u vezi sa radom moraju biti prijavljene nadležnim organima u skladu sa nacionalnim zakonima i odradbama.

23. Odnosi sa stručnjacima iz oblasti medicine rada

Stručnjaci iz oblasti medicine rada ne smeju tražiti lične podatke koji nisu bitni za zaštitu, očuvanje i unapređenje zdravlja radnika u vezi sa radom ili sa globalnim zdravljem radne snage. Lekari medicine rada mogu tražiti dodatne medicinske informacije ili podatke od ličnog lekara radnika ili bolničkog medicinskog osoblja, uz saglasnost radnika, ali jedino u svrhu zaštite, očuvanja i unapredjenja zdravlja radnika o kome je reč. U tom slučaju, lekar specijalista medicine rada mora obavestiti ličnog lekara radnika ili medicinsko osoblje bolnice o njegovoj ili njenoj ulozi, i o svrsi traženja medicinskih podataka. Uz saglasnost radnika, lekar spec. medicine rada i medicinska sestra mogu, ako je neophodno, informisati ličnog lekara radnika o bitnim zdravstvenim podacima kao i o opasnostima, profesionalnoj izloženosti i ograničenjima na radu koja predstavljaju naročit rizik u pogledu zdravstvenog stanja radnika.

24. Borba protiv zloupotreba

Stručnjaci iz oblasti medicine rada moraju sarađivati sa drugim zdravstvenim stručnjacima u zaštiti poverljivosti zdravstvenih i medicinskih podataka zaposlenih radnika. Oni moraju da prepoznaju, procene i ukažu na one procedure i postupke koji su, po njihovom mišljenju, u suprotnosti sa principima etike iz ovog Kodeksa, i da obaveste nadležne organe kada je to neophodno. Ovo se posebno tiče slučajeva zloupotrebe podataka o zaštiti zdravlja radnika, skrivanja ili zadržvanja zaključaka, narušavanja medicinske poverljivosti ili neadekvatne zaštite podataka naročito u pogledu informacija smeštenih u kompjuter.

25. Odnosi sa socijalnim partnerima

Stručnjaci iz oblasti medicine rada moraju povećati svest poslodavaca, radnika i njihovih predstavnika o potrebi pune profesionalne nezavisnosti i angažovanja da se zaštiti medicinska poverljivost u cilju poštovanja ljudskog dostojanstva, i da se unapredi prihvatljivost i efikasnost pružanja zdravstvene zaštite radnicima.

26. Unapredjivanje etike i stručna provera

Stručnjaci iz oblasti medicine rada moraju tražiti podršku i saradnju poslodavaca, radnika i njihovih organizacija kao i nadležnih organa, za ostvarivanje najviših standarada etike u praksi zaštite zdravlja radnika. Oni moraju ustanoviti program stručne provere svojih aktivnosti, kako bi se obezbedilo utrvdjivanje odgovarajućih standarada i njihovo ispunjavanje kao i da nedostaci, ukoliko ih ima, budu otkriveni i ispravljeni i da se preduzmu koraci za obezbedjivanje neprekidnog poboljšanja profesionalnog učinka.

INTERNATIONAL CODE OF ETHICS
FOR OCCUPATIONAL HEALTH PROFESSIONALS

UPDATED 2002

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Preface

1. There are several reasons why an International Code of Ethics for Occupational Health Professionals, as distinct from codes of ethics for all medical practitioners, has been adopted by the International Commission on Occupational Health (ICOH). One is the increased recognition of the complex and sometimes competing responsibilities of occupational health and safety professionals towards the workers, the employers, the public, public health and labour authorities and other bodies such as social security and judicial authorities. Another reason is the increasing number of occupational health and safety professionals as resulting from the compulsory or voluntary establishment of occupational health services. Yet another factor is the emerging development of a multidisciplinary approach in occupational health which implies an involvement in occupational health services of specialists who belong to various professions.

2. The International Code of Ethics for Occupational Health Professionals is relevant to many professional groups carrying out tasks and having responsibilities in enterprises as well as in the private and public sectors concerning safety, hygiene, health and the environment in relation to work. The term occupational health professionals category is for the purpose of this Code defined as a broadly target group whose common vocation is a professional commitment in pursuing an occupational health agenda. The scope of this Code covers activities of occupational health professionals both when they are acting in individual capacity and as part of organisations or undertakings providing services to clients and customers. The Code applies to occupational health professionals and occupational health services regardless of whether they operate in a free market context subject to competition or within the framework of public sector health services.

3. The 1992 International Code of Ethics laid down general principles of ethics in occupational health. These are still valid but need to be updated and rephrased to reinforce their relevance in the changing environment where occupational health is pract ised. The Code also needs to be regularly reinterpreted using terminology which is currently used and to engage the issues of occupational health ethics that are emerging in public and professional debates. Changes in working conditions and in social demand should be taken into account including those brought about by political and social developments in societies; demands on utility value, continued quality improvements and transparency; globalisation of the world economy and liberalisation of international trade; technical development and introduction of information technology as an integral element of production and services. All these aspects have repercussions on the context surrounding the occupational health practice and thereby influence the professional norms of conduct and the ethics of occupational health professionals.

4. The preparation of an International Code of Ethics for Occupational Health Professionals was discussed by the Board of the ICOH in Sydney in 1987. A draft was distributed to the Board members in Montreal and was subject to a process of consultations at the end of 1990 and at the beginning of 1991. The 1992 Code of Ethics for Occupational Health Professionals was approved by the Board of the ICOH on 29 November 1991 and published in English and French in 1992, reprinted in 1994 and 1996 and translated into eight languages.

5. A Working Group was established by the ICOH Board in 1993 with the aim of updating when appropriate the International Code of Ethics for Occupational Health Professionals and for the purpose of following up the overall theme of ethics in occupational health. Between 1993 and 1996 the Working Group included three members (Dr. G.H. Coppée, Prof. P. Grandjean and Prof. P. Westerholm) and 17 associate members who provided comments and proposed amendments. In December 1997, Dr. G.H. Coppée and Prof. P. Westerholm agreed with the ICOH Board that an in-depth revision of the Code

of Ethics was not warranted at that time but that an updating was justified since some parts of the text were not clear or needed to
be more precise. It was foreseen, however, that a more extensive review aiming at supplementing the Code with new issues and themes needing to be addressed should be initiated by the ICOH.

6. A meeting of the members of the reconstituted Working Group on Ethics in Occupational Health (Prof. J.F. Caillard, Dr. G.H. Coppée and Prof. P. Westerholm) took place in Geneva on 14 and 15 December 1999 and reviewed the comments on the 1992 Code of Ethics received during the period 1993-99, in particular the contributions from the associate members. Since the purpose was not to revise but to update the 1992 Code of Ethics, its original structure was retained. Similarly, the wording of the paragraphs and their numbers were maintained although some improvements could have resulted from certain suggestions made by associate members for reorganising the text in a more systematic manner.

7. The 1992 Code consisted of a set of basic principles and pract ical guidelines presented in paragraphs framed in normative language. The Code was not and is not to become a textbook on ethics in occupational health. For this reason, paragraphs were not supplemented with commentaries. It is considered that it belongs to the professionals themselves and their associations to take an active role in further defining the conditions of application of the provisions of the Code in specific circumstances (e.g. by conducting case studies, group discussions and training workshops using the provisions of the Code to fuel a technical and ethical debate).

8. It should also be noted that more detailed guidance on a number of particular aspects can be found in national codes of ethics or guidelines for specific pro fessions. Furthermore, the Code of Ethics does not aim to cover all areas of implementation or all aspects of the conduct of occupational health professionals or their relationships with social partners, other professionals and the public. It is acknowledged that some aspects of professional ethics may be specific to certain professions and need additional ethical guidance (e.g. engineers, nurses, physicians, hygienists, psychologists, inspectors, architects, designers, work organisation specialists) as to research activities.

9. This Code of Ethics represents an attempt to translate in terms of professional conduct the values and ethical principles in occupational health. It is intended to guide all those who carry out occupational health activities and to set a reference level on the basis of which their performance can be assessed. This document may be used for the elaboration of national codes of ethics and for educational purposes. It may also be adopted on a voluntary basis and serve as a standard for defining and evaluating professional conduct. Its purpose is also to contribute to the development of a common set of principles for co- operation between all those concerned as well as to promote teamwork and a multidisciplinary approach in occupational health. It also provides a framework against which to document and justify departures from accepted practice and places a burden of responsibility on those who do not make their reasons explicit.

10. The ICOH Board wishes to thank all those who assisted in the updating of the Code of Ethics, in particular the members of the Working Group, Dr G.H. Coppée (ILO till August 2000), chairman and co-ordinator, Prof. P. Westerholm (Sweden), from July 1998 onwards, Prof. J-F Caillard, (France, ICOH President till August 2000), from September 2000, Prof. G. Schaecke (Germany), Dr W.M. Coombs (South-Africa) and consulted experts: Hon. J.L. Baudouin (Canada), Prof. A. David (Czech Republic), Prof. M.S. Frankel (United States), Prof T. Guidotti (USA), Prof. J. Jeyaratnam (Singapore), Dr. T. Kalhoulé (Burkina Faso), Dr. K.n Kogi (Japan), Dr. M. Lesage (Canada), Dr. M.I. Mikheev (Russian Federation), Dr. T. Nilstun (Sweden), Dr. S. Niu (China), Prof. T. Norseth (Norway), Mr. I. Obadia (Canada), Dr. C.G. Ohlson (Sweden), Prof. C.L. Soskolne (Canada), Prof. B. Terracini (Italy), Dr. K. van Damme (Belgium).

11. The updated version 2002 of the International Code of Ethics for Occupational Healt h Professionals was circulated for comments to the Board Members during 2001 and its publication was approved by the Board of the ICOH on 12th of March , 2002.

12. It should be stressed that ethics should be considered as a subject which has no clear end boundaries and requires interactions, multidisciplinary co-operation, consultations and participation. The process may turn out to be more important than its ultimate outcome. A code of ethics for occupational health professionals should never be considered as «final» but as a milestone of a dynamic process involving the occupational health community as a whole, the ICOH and other organisations concerned with safety, health and the environment, including employers' and workers'organisations.

13. It cannot be overemphasised that ethics in occupational health is by essence a field of interactions between many partners. Good occupational health is inclusive, not exclusive. The elaboration and the implementation of professional conduct standards do not involve only the occupational health professionals themselves but also those who will benefit from or may feel threatened by their practice as well as those who will support its sound implementation or denounce its shortcomings. This document should therefore be kept under review and its revision should be undertaken when deemed necessary. Comments to improve its content should be addressed to the Secretary-General of the International Commission on Occupational
Health.

Introduction

1. The aim of occupational health practice is to protect and promote workers' health, to sustain and improve their working capacity and ability, to contribute to the establishment and maintenance of a safe and healthy working environment for all, as well as to promote the adaptation of work to the capabilities of workers, taking into account their state of health.

2. The field of occupational health is broad and covers the prevention of all impairments arising out of employment, work injuries and work-related disorders, including occupational diseases and all aspects relating to the interactions between work and health. Occupational health professionals should be involved, whenever possible, in the design and choice of health and safety equipment, appropriate methods and procedures and safe work practices and they should encourage workers' participation in this field as well as feedback from experience.

3. On the basis of the principle of equity, occupational health professionals should assist workers in obtaining and maintaining employment notwithstanding their health deficiencies or their handicap. It should be duly recognised that there are particular occupational health needs of workers as determined by factors such as gender, age, physiological condition, social aspects, communication barriers or other factors. Such needs should be met on an individual basis with due concern to protection of health in relation to work and without leaving any possibility for discrimination.

4. For the purpose of this Code, the expression «occupational health professionals» is meant to include all those who, in a professional capacity, carry out occupational safety and health tasks, provide occupational health services or are involved in an occupational health practice. A wide range of disciplines are concerned with occupational health since it is at an interface between technology and health involving technical, medical, social and legal aspects. Occupational health professionals include occupational health physicians and nurses, factory inspectors, occupational hygienists and occupational psychologists, specialists involved in ergonomics, in rehabilitation therapy, in accident prevention and in the improvement of the working environment as well as in occupational health and safety research. The trend is to mobilise the competence of these occupational health professionals within the framework of a multidisciplinary team approach.

5. Many other professionals from a variety of disciplines such as chemistry, toxicology, engineering, radiation health, epidemiology, environmental health, applied sociology, insurance personnel and health education may also be involved, to some extent, in occupational health practice. Furthermore, public health and labour authorities, employers, workers and their representatives and first aid workers have an essential role and even a direct responsibility in the implementation of occupational health policies and programmes, although they are not occupational health specialists by profession. Finally, many other professions such as lawyers, architects, manufacturers, designers, work analysts, work organisation specialists, teachers in technical schools, universities and other institutions as well as the media personnel have an important role to play in relation to the improvement of the working environment and of working conditions.

6. The term «employers» means persons with recognised responsibility, commitment and duties towards workers in their employment by virtue of a mutually agreed relationship (a self- employed person is regarded as being both an employer and a worker). The term «workers» applies to any persons who work, whether full time, part time or temporarily for an employer; this term is used here in a broad sense covering all employees, including management staff and the self-employed (a self-employed person is regarded as having the duties of both an employer and a worker). The expression

«competent authority» means a minister, government department or other public authority having the power to issue regulations, orders or other instruction having the force of law, and who is in charge of supervising and enforcing their implementation.

7. There is a wide range of duties, obligations and responsibilities as well as complex relationships among those concerned and involved in occupational safety and health matters. In general, obligations and responsibilities are defined by statutory regulations. Each employer has the responsibility for the health and safety of the workers in his or her employment. Each profession has its responsibilities which are related to the nature of its duties. It is important to define the role of occupational health professionals and their relationships with other professionals, with the competent authority and with social partners in the purview of economic, social, environmental and health policies. This calls for a clear view about the ethics of occupational health professionals and standards in their professional conduct. When specialists of several professions are working together within a multidisciplinary approach, they should endeavour to base their action on shared sets of values and have an understanding of each others' duties, obligations, responsibilities and professional standards.

8. Some of the conditions of execution of the functions of occupational health professionals and the conditions of operation of occupational health services are often defined in statutory regulations, such as regular planning and reviewing o f activities and continuous consultation with workers and management. Basic requirements for a sound occupational practice include a full professional independence, i.e. that occupational health professionals must enjoy an independence in the exercise of their functions which should enable them to make judgements and give advice for the protection of the workers' health and for their safety within the undertaking in accordance with their knowledge and conscience. Occupational health professionals should make sure that the necessary conditions are met to enable them to carry out their activities according to good practice and to the highest professional standards. This should include adequate staffing, training and retraining, support and access to an appropriate level of senior management.

9. Further basic requirements for acceptable occupational health practice, often specified by national regulations, include free access to the workplace, the possibility of taking samples and assessing the working environment, making job analyses and participating in enquiries and consulting the competent authority on the implementation of occupational safety and health standards in the undertaking. Special attention should be given to ethical dilemmas which may arise from pursuing simultaneously objectives which may be competing such as the protection of employment and the protection of health, the right to information and confidentiality, and the conflicts between individual and collective interests.

10. The occupational health practice should meet the aims of occupational health which have been defined by the ILO and WHO in 1950 and updated as follows by the ILO/WHO Joint Committee on Occupational Health in 1995: Occupational health should aim at: the promotion and maintenance of the highest degree of physical, mental and social workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the workers in an occupational environment adapted to his physiological and psychological capabilities; and, to summarise, the adaptation of work to man and of each man to his job. The main focus in occupational health is on three different objectives: (i) the maintenance and promotion of workers' health and working capacity; (ii) the improvement of working environment and work to become conducive to safety and health; and (iii) development of work organisations and working cultures in a direction which supports health and safety at work and in doing so also promotes a positive social climate and smooth operation and may enhance productivity of the undertakings. The concept of working culture is intended in this context to mean a reflection of the essential value systems adopted by the undertaking concerned.

Such a culture is reflected in practice in the managerial systems, personnel policy, principles for participation, training policies and quality management of the undertaking.

11. It cannot be overemphasised that the central purpose of any occupational health practice is the primary prevention of occupational and work-related diseases and injuries. Such practice should take place under controlled conditions and within an organised framework – preferably involving professional occupational health services – in order to ensure that it is relevant, knowledge-based, sound from a scientific, ethical and technical point of view, and appropriate to the occupational risks in the enterprise and to the occupational health needs of the working population concerned.

12. It is increasingly understood that the purpose of a sound occupational health practice is not merely to perform assessments and to provide services but implies caring for workers' health and their working capacity with a view to protect, maintain and promote them. This approach of occupational health care and occupational health promotion addresses workers' health and their human and social needs in a comprehensive and coherent manner which includes preventive health care, health promotion, curative health care, first-aid rehabilitation and compensation where appropriate, as well as strategies for recovery and reintegration into the working environment. Similarly, the importance of considering the links between occupational health, environmental health, quality management, product safety and stewardship, public and community health and security is increasingly understood. This strategy is conducive to the development of occupational safety and health management systems, an emphasis on the choice of clean technologies and alliances with those who produce and those who protect in order to make development sustainable, equitable, socially useful and responsive to human needs.

Basic principles

The following three paragraphs summarise the principles of ethics and values on which is based the International Code of Ethics for Occupational Health Professionals. The purpose of occupational health is to serve the health and social well-being of the workers individually and collectively. Occupational health practice must be performed according to the highest professional standards and ethical principles. Occupational health professionals must contribute to environmental and community health. The duties of occupational health professionals include protecting the life and the health of the worker, respecting human dignity and promoting the highest ethical principles in occupational health policies and programmes. Integrity in professional conduct, impartiality and the protection of the confidentiality of health data and of the privacy of workers are part of these duties. Occupational health professionals are experts who must enjoy full professional independence in the execution of their functions. They must acquire and maintain the competence necessary for their duties and require conditions which allow them to carry out their tasks according to good practice and professional ethics.

Duties and obligations of occupational health professionals

Aims and advisory role

1. The primary aim of occupational health practice is to safeguard and promote the health of workers, to promote a safe and healthy working environment, to protect the working capacity of workers and their access to employment. In pursuing this aim, occupational health professionals must use validated methods of risk evaluation, propose effective preventive measures and follow up their implementation. The occupational health professionals must provide competent and honest advice to the employers on fulfilling their responsibility in the field of occupational safety and health as well as to the workers on the protection and promotion of their health in relation to work. The occupational health professionals should maintain direct contact with safety and health committees, where they exist.

Knowledge and expertise

2. Occupational health professionals must continuously strive to be familiar with the work and the working environment as well as to develop their competence and to remain well informed in scientific and technical knowledge, occupational hazards and the most efficient means to eliminate or to minimise the relevant risks. As the emphasis must be on primary prevention defined in terms of policies, design, choice of clean technologies, engineering control measures and adapting work organisation and workplaces to workers, occupational health professionals must regularly and routinely, whenever possible, visit the workplaces and consult the workers and the management on the work that is performed.

Development of a policy and a programme

3. The occupational health professionals must advise the management and the workers on factors at work which may affect workers' health. The risk assessment of occupational hazards must lead to the establishment of an occupational safety and health policy and of a programme of prevention adapted to the needs of undertakings and workplaces. The occupational health professionals must propose such a policy and programme on the basis of scientific and technical knowledge currently available as well as of their knowledge of the work organisation and environment. Occupational health professionals must ensure that they possess the required skill or secure the necessary expertise in order to provide advice on programmes of prevention which should include, as appropriate, measures for monitoring and management of occupational safety and health hazards and, in case of failure, for minimising consequences.

Emphasis on prevention and on a prompt action

4. Special consideration should be given to the rapid application of simple preventive measures which are technically sound and easily implemented. Further evaluation must check whether these measures are effective or if a more complete solution must be sought. When doubts exist about the severity of an occupational hazard, prudent precautionary action must be considered immediately and taken as appropriate. When there are uncertainties or differing opinions concerning nature of the hazards or the risks involved, occupational health professionals must be transparent in their assessment with respect to all concerned, avoid ambiguity in communicating their opinion and consult other professionals as necessary.

Follow-up of remedial actions

5. In the case of refusal or of unwillingness to take adequate steps to remove an undue risk or to remedy a situation which presents evidence of danger to health or safety, the occupational health professionals must make, as rapidly as possible, their concern clear, in writing, to the appropriate senior management executive, stressing the need for taking into account scientific knowledge and for applying relevant health protection standards, including exposure limits, and recalling the obligation of the employer to apply laws and regulations and to protect the health of workers in their employment. The workers concerned and their representatives in the enterprise should be informed and the competent authority should be contacted, whenever necessary.

Safety and health information

6. Occupational health professionals must contribute to the information for workers on occupational hazards to which they may be exposed in an objective and understandable manner which does not conceal any fact and emphasises the preventive measures. The occupational health professionals must cooperate with the employer, the workers and their representatives to ensure adequate information and training on health and safety to the management personnel and workers. Occupational health professionals must provide appropriate information to the employers, workers and their representatives about the level of scientific certainty or uncertainty of known and suspected occupational hazards at the workplace.

Commercial secrets

7. Occupational health professionals are obliged not to reveal industrial or commercial secrets of which they may become aware in the exercise of their activities. However, they must not withhold information which is necessary to protect the safety and health of workers or of the community. When needed, the occupational health professionals must consult the competent authority in charge of supervising the implementation of the relevant legislation.

Health surveillance

8. The occupational health objectives, methods and procedures of health surveillance must be clearly defined with priority given to adaptation of workplaces to workers who must receive information in this respect. The relevance and validity of these methods and procedures must be assessed. The surveillance must be carried out with the informed consent of the workers. The potentially positive and negative consequences of participation in screening and health surveillance programmes should be discussed as part of the consent process. The health surveillance must be performed by an occupational health professional approved by the competent authority.

Information to the worker

9. The results of examinations, carried out within the framework of health surveillance must be explained to the worker concerned. The determination of fitness for a given job, when required, must be based on a good knowledge of the job demands and of the work-site and on the assessment of the health of the worker. The workers must be informed of the opportunity to challenge the conclusions concerning their fitness in relation to work that they feel contrary to their interest. An appeals procedure must be established in this respect.

Information to the employer

10. The results of the examinations prescribed by national laws or regulations must only be conveyed to management in terms of fitness for the envisaged work or of limitations necessary from a medical point of view in the assignment of tasks or in the exposure to occupational hazards, with the emphasis put on proposals to adapt the tasks and working conditions to the abilities of the worker. General information on work fitness or in relation to health or the potential or probable health effects of work hazards, may be provided with the informed consent of the worker concerned, in so far as this is necessary to guarantee the protection of the worker's health.

Danger to a third party

11. Where the health condition of the worker and the nature of the tasks performed are such as to be likely to endanger the safety of others, the worker must be clearly informed of the situation. In the case of a particularly hazardous situation, the management and, if so required by national regulations, the competent authority must also be informed of the measures necessary to safeguard other persons. In his advice, the occupational health professional must try to reconcile employment of the worker concerned with the safety or health of others that may be endangered.

Biological monitoring and investigations

12. Biological tests and other investigations must be chosen for their validity and relevance for protection of the health of the worker concerned, with due regard to their sensitivity, their specificity and their predictive value. Occupational health professionals must not use screening tests or investigations which are not reliable or which do not have a sufficient predictive value in relation to the requirements of the work assignment. Where a choice is possible and appropriate, preference must always be given to non-invasive methods and to examinations, which do not involve any danger to the health of the worker concerned. An invasive investigation or an examination which involves a risk to the health of the worker concerned may only be advised after an evaluation of the benefits to the worker and the risks involved. Such an investigation is subject to the worker's informed consent and must be performed according to the highest professional standards. It cannot be justified for insurance purposes or in relation to insurance claims.

Health promotion

13. When engaging in health education, health promotion, health screening and public health programmes, occupational health professionals must seek the participation of both employers and workers in their design and in their implementation. They must also protect the confidentiality of personal health data of the workers, and prevent their misuse.

Protection of community and environment

14. Occupational health professionals must be aware of their role in relation to the protection of the community and of the environment. With a view to contributing to environmental health and public health, occupational health professionals must initiate and participate, as appropriate, in identifying, assessing, advertising and advising for the purpose of prevention on occupational and environmental hazards arising or which may result from operations or processes in the enterprise.

Contribution to scientific knowledge

15. Occupational health professionals must report objectively to the scientific community as well as to the public health and labour authorities on new or suspected occupational hazards. They must also report on new and relevant preventive methods. Occupational health professionals involved in research must design and carry out their act ivities on a sound scientific basis with full professional independence and follow the ethical principles attached to research work and to medical research, including an evaluation by an independent committee on ethics, as appropriate.

Conditions of execution of the functions of occupational health professionals

Competence, integrity and impartiality

16. Occupational health professionals must always act, as a matter of prime concern, in the interest of the health and safety of the workers. Occupational health professionals must base their judgements on scientific knowledge and technical competence and call upon specialised expert advice as necessary. Occupational health professionals must refrain from any judgement, advice or activity which may endanger the trust in their integrity and impartiality.

Professional independence

17. Occupational health professionals must seek and maintain full professional independence and observe the rules of confidentiality in the execution of their functions. Occupational health professionals must under no circumstances allow their judgement and statements to be influenced by any conflict of interest, in particular when advising the employer, the workers or their representatives in the undertaking on occupational hazards and situations which present evidence of danger to health or safety.

Equity, nondiscrimination and communication

18. The occupational health professionals must build a relationship of trust, confidence and equity with the people to whom they provide occupational health services. All workers should be treated in an equitable manner, without any form of discrimination as regards their condition, their convictions or the reason which led to the consultation of the occupational health professionals. Occupational health professionals must establish and maintain clear channels of communication among themselves, the senior management responsible for decisions at the highest level about the conditions and the organisation of work and the working environment in the undertaking, and with the workers' representatives.

Clause on ethics in contracts of employment

19. Occupational health professionals must request that a clause on ethics be incorporated in their contract of employment. This clause on ethics should include, in particular, their right to apply professional standards, guidelines and codes of ethics. Occupational health professionals must not accept conditions of occupational health practice which do not allow for performance of their functions according to the desired professional standards and principles of ethics. Contracts of employment should contain guidance on the legal, contractual and ethical aspects and on management of conflict, access to records and confidentiality in particular. Occupational health

professionals must ensure that their contract of employment or service does not contain provisions which could limit their professional independence. In case of doubt about the terms of the contract legal advice must be sought and the competent authority must be consulted as appropriate.

Records

20. Occupational health professionals must keep good records with the appropriate degree of confidentiality for the purpose of identifying occupational health problems in the enterprise. Such records include data relating to the surveillance of the working environment, personal data such as the employment history and occupational health data such as the history of occupational exposure, results of personal monitoring of exposure to occupational hazards and fitness certificates. Workers must be given access to the data relating to the surveillance o f the working environment and to their own occupational health records.

Medical confidentiality

21. Individual medical data and the results of medical investigations must be recorded in confidential medical files which must be kept secured under the responsibility of the occupational health physician or the occupational health nurse. Access to medical files, their transmission and their release are governed by national laws or regulations on medical data where they exist and relevant national codes of ethics for health professionals and medical practitioners. The information contained in these files must only be used for occupational health purposes.

Collective health data

22. When there is no possibility of individual identification, information on aggregate health data on groups of workers may be disclosed to management and workers' representatives in the undertaking or to safety and health committees, where they exist, in order to help them in their duties to protect the health and safety of exposed groups of workers. Occupational injuries and work-related diseases must be reported to the competent authority according to national laws and regulations.

Relationships with health professionals

23. Occupational health professionals must not seek personal information which is not relevant to the protection, maintenance or promotion of workers' health in relation to work or to the overall health of the workforce. Occupational health physicians may seek further medical information or data from the worker's personal physician or hospital medical staff, with the worker's informed consent, but only for the purpose of protecting, maintaining or promoting the health of the worker concerned. In so doing, the occupational health physician must inform the worker's personal physician or hospital medical staff of his or her role and of the purpose for which the medical information or data is required. With the agreement of the worker, the occupational health physician or the occupational health nurse

may, if necessary, inform the worker's personal physician of relevant health data as well as of hazards, occupational exposures and constraints at work which represent a particular risk in view of the worker's state of health.

Combating abuses

24. Occupational health professionals must co-operate with other health professionals in the protection of the confidentiality of the health and medical data concerning workers. Occupational health professionals must identify, assess and point out to those concerned procedures or practices which are, in their opinion, contrary to the principles of ethics embodied in this Code and inform the competent authority when necessary. This concerns in particular instances of misuse or abuse of occupational health data, concealing or withholding findings, violating medical confidentiality or of inadequate protection of records in particular as regards information placed on computers.

Relationships with social partners

25. Occupational health professionals must increase the awareness of employers, workers and their representatives of the need for full professional independence and commitment to protect medical confidentiality in order to respect human dignity and to enhance the acceptability and effectiveness of occupational health practice.

Promoting ethics and professional audit

26. Occupational health professionals must seek the support and co-operation of employers, workers and their organisations, as well as of the competent authorities, for implementing the highest standards of ethics in occupational health practice. Occupational health professionals must institute a programme of professional audit of their activities to ensure that appropriate standards have been set, that they are being met and that deficiencies, if any, are detected and corrected and that steps are taken to ensure continuous improvement of professional performance.

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