The Private Physician's Responsibilities in Occupational Medicine

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DISTINCTIONS customarily drawn between the physician engaged in occupational health and the private practitioner become less sharp when one compares the extent and the nature of the concern the two have for the health of the same individual—the working man. The distinctions must be further reduced. The full-time private practitioner must engage, under some formal arrangement, part time in occupational health services if the needs of the Nation for such services are to be satisfied.

Private practitioners are engaged in occupational health services to a greater extent than most of them realize. Practically all of them, except pediatricians, have as patients individuals who work for a living. For the correct diagnosis and management of a number of diseases and symptom complexes, the physician must ascertain and assess all the factors that may have played, or may be playing, a role in their etiology or aggravation. Bernardino Ramazzini (1633–1714), the father of occupational medicine, recognized this when he taught that the physician should ask his patient one question beyond those recommended by Hippocrates, specifically "What is your occupation?" Information to be elicited with this question will help the doctor to determine which of the patient's symptoms and health defects should be charged to his working conditions or environment, and, of possibly equal importance, which ones should not be so charged.

A knowledge of occupational health, therefore, helps the doctor diagnose and treat the illnesses of some of his private patients.

Moreover, the knowledge gained from a familiarity with occupational illnesses may be applied to housewives, hobbyists, and children, who may use, without proper protection or direction, do-it-yourself kits, solvents, dry cleaners, pesticides, paint, paint removers, and similar materials, many of them hazardous. They may suffer, as a result of such exposure, effects similar to those encountered in occupational medicine, and may require similar treatment.

Another consideration requires private practitioners, collectively as well as individually, to be more interested and active in occupational medicine. It is well known that the vast majority of the employed population of this country work in establishments too small to have a full-time or even a part-time physician and hence are denied that protective health service which is the essence of occupational health.

A substantial proportion of such establishments have nurses, but these nurses usually have little if any direction by a physician. A substantial proportion of such establishments also have arrangements with physicians to treat cases of occupational illness or injury occurring

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among their employees. Some even arrange medical examinations for employees and prospective employees. However, if the majority of the country's work force is to be provided with protective health service of the sort that employees of larger concerns enjoy, it will have to be largely at the hands of physicians in private practice in the community.

It behooves the medical profession, therefore, to encourage arrangements whereby physicians in private practice can provide occupational health service to all employee groups in their community, and to do so in a manner that is satisfactory to all groups concerned. The medical profession should make it possible for physicians in private practice to promote occupational health without risking ostracism by their colleagues.

To protect its enterprising members, the medical society must draw up and promulgate guides on the practice of occupational medicine, full time, part time, or on call, patterned on applicable pronouncements by the American Medical Association, and administered fairly and consistently. Among these the most important are statements prepared by the Council on Industrial Health, particularly that on the scope, objectives, and functions of occupational health programs, published in the *Journal of the American Medical Association* (July 6, 1957, pp. 1104–1106).

Harmonious, cooperative, and effective relations between the plant physician and the private practitioner must be maintained because both are essentially interested in the health of the worker—the plant physician in his capacity as guardian of his health on the job and the private practitioner as his family physician. The genuineness and the effectiveness of their cooperation could have an important, if not critical, bearing upon the health of the worker. Each would derive improvement in his skill and capabilities, as well as peace of mind and satisfaction, from maintaining the closest possible cooperation and communication with the other.

In summary, the best occupational health services possible should be provided to as many of the country's working population as possible. This goal can be achieved only if a far greater number of private physicians serve industry, part time or on call. This requires, and should make for, the closest cooperation and understanding among all physicians in their professional capacity as well as in their capacity as members of the medical society.

Limited Use of BCG Vaccine Recommended

Use of BCG tuberculosis vaccine should be restricted to groups unduly exposed to tuberculosis and without other adequate means of control, according to recommendations of the Ad Hoc Advisory Committee on BCG of the Public Health Service.

The committee cited a number of reasons why large-scale BCG vaccination programs would be inadvisable. It pointed out that the effectiveness of BCG ranges from 0 to 80 percent. BCG offers no protection to persons who are already infected and are most likely to develop active tuberculosis. Widespread use, moreover, would cancel out permanently the effectiveness of the tuberculin test, by which it can be determined whether or not a person is infected with the disease. Since BCG causes all persons who have been vaccinated to react to the tuberculin test, its widespread use would eliminate one of the important diagnostic means of discovering tuberculosis.

For these reasons, the committee recommended that the vaccine be restricted to such special groups as physicians and other medical personnel working in hospitals having inadequate tuberculosis control programs, families in which a member with tuberculosis must remain in the home, and persons associated with institutions in which exposure is known to be high, as in certain mental hospitals and prisons.

The committee was composed of Dr. Rene Dubos, Dr. Herman E. Hilleboe, Dr. Horace L. Hodes, Dr. Esmond R. Long, Dr. Walsh McDermott, Dr. Gardiner Middlebrook, Dr. Rufus F. Payne, Dr. James E. Perkins, Dr. Leon H. Schmidt, and Dr. Jacob Yerushalmy.