OCCUPATIONAL HEALTH CARE SYSTEM AND ITS EFFECTIVENESS IN LITHUANIA

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Abstract. The Ministry of Labor and Social Affairs in collaboration with the Ministry of Health Care carries out the activities aimed at solving occupational health and safety problems in Lithuania. Occupational health care system in Lithuania consists of three levels: 1) primary occupational health centers in the industry; 2) general practitioners taking care of employees' health; and 3) the State Labor Inspectorate. The second level includes regional occupational medicine centers that are located in the three major cities of Lithuania: Vilnius, Kaunas and Klaipeda. Hygiene investigations of workplaces and prophylaxis of occupational diseases are performed by regional Public Health Center Departments of Occupational Medicine. The third level is provided by the Lithuanian Center of Occupational Medicine in Vilnius and the State Commission of Medical and Social Examination. The complicated cases of occupational diseases are treated in specialized departments of the University clinics. The real situation of work safety is not good. About 600 cases of occupational diseases and over 2500 accidents, including 60 fatal causalities are registered annually.

Key words: Occupational medicine, Occupational disease, Occupational accident, Legislation

The mandatory order on the determination of occupational diseases by the decision of the Government was approved in 1994. At the same time the State Register of Occupational Diseases was also established. This resulted in over twofold increase in newly identified occupational diseases in 1995. However, the number of occupational diseases registered officially in Lithuania is about 10 times lower than in the Scandinavian countries. The main problem in Lithuania is that occupational diseases are diagnosed too late. Most often the employees with occupational disease are actually not able to perform their job and become invalids.

The official data are provided by the State Labor Inspectorate and the State Register of Occupational Diseases. These data reflect epidemiological situation of occupational diseases, their distribution among occupational groups and the nosological structure of occupational diseases in Lithuania.

Data from the State Register of Occupational Diseases indicate the number of new cases of occupational disease established per year [1]. Figure 1 shows that about 600 new cases of occupational diseases are registered in Lithuania each year. This makes up only 0.04% of all Lithuanian morbidity statistics per year. Approximately the same amount of occupational diseases was established every year; 606 cases of occupational diseases in 1996, 701 cases in 1997; 618 cases in 1998; 606 cases in 1999; and 572 cases in 2000. During prophylactic health examinations, only 5–7% of all the cases of occupational diseases are identified. Other cases are registered when the employee himself is actively visiting health care institutions or applies for a disability certification.

The data obtained from the State Labor Inspectorate reveal the structure of occupational diseases in Lithuania. These data are given in Fig. 2. The structure of occupational diseases in Lithuania in 2000 was as follows:
1. Vibration disease – 257 cases;
2. Occupational hearing loss – 192 cases;
3. Musculoskeletal disorders – 69 cases;
4. Occupational lung diseases – 16 cases;
5. Neurological disorders – 16 cases;
6. Other occupational diseases – 22 cases.

Some forms of occupational diseases are not known in Lithuania due to the lack of occupational health professionals and due to the lack of specific medical diagnostic equipment. Occupational musculoskeletal and respiratory diseases are relatively seldom diagnosed. Occupational diseases of the skin, which are almost not diagnosed are a very big problem. Occupational cancer diagnostics is also very poor and insufficient. In the structure of occupational diseases in Lithuania the vibration disease is prevailing (about 40% of all cases). Vibration disease is diagnosed in employees working in the agricultural sector, building industry and transport. There were 257 new cases in 2000. The highest prevalence of occupational diseases is observed among the employees involved in agriculture and related activities, e.g. tractor drivers, machine operators, drivers of bulldozers and other vehicles, employed for more than 20 years. Noise-induced hearing loss is one of the major occupational ear pathology (192 cases per year). This kind of pathology is mainly found in the textile industry and in agriculture among tractor drivers.

Pathology of the musculoskeletal system occupies the third place in Lithuania [1]. There are 96 cases diagnosed per year. It is very different from statistical values of occupational diseases in West European countries and North America where musculoskeletal disorders are prevailing and are main causes for work disability.

The occupational diseases of the lung and nervous system do not exceed 16 cases per year. There are only single cases diagnosed of other occupational diseases, for example occupational infections, allergies, acute and chronic poisonings, occupational skin diseases. Some categories of occupational diseases are not known in Lithuania due to the lack of occupational health professionals and specific medical diagnostic equipment. Cases of occupational cancer are not found in all statistics of occupational diseases.

The real situation of work safety is not good. The number of occupational accidents in the workplaces and fatal accidents is growing. There are about 2500 accidents per year, including 60 fatal cases. The most frequent causes of occupational accidents are the violation and lack of observance of the occupational safety regulations. Other causes of occupational accidents are poor work organization and alcohol abuse among employees. In 1999 there were 26 fatal accidents at work when the injured were not sober. During last five years 233 drunken employees were killed. This accounts for 37.8% of those (617) who had fatal traumas at work during 1995–1999. There is conducted the assessment of workplace hygiene aimed at improving working conditions and preventing...
occupational injuries. The workplace hygiene assessment is carried out according to the order given by the Lithuanian Government to all enterprises, institutions and organizations. This assessment is conducted by public health centers, their branches, industrial health and safety services and by the licensed specialists. The employer is obliged to introduce measures to improve the work environment on the basis of conclusions of the workplace hygiene assessment. The workplace hygiene assessment is paid by employers. Investments for the improvement of working conditions would pay off through the reduction of payments for work under harmful conditions, for the employees' impaired health, disability and, consequently, for inefficient production.

Statistical data of occupational diseases in Lithuania are different from those in West European countries, North America and other market economy countries [2]. Main reasons for these differences are:

1. The structure of industry and professional activity in Lithuania differ from other countries. Lithuania has well-developed the agricultural, food, textile and building industries. The largest amount of employees is working in the agricultural sector, the building industry and transport. Most of them are agricultural machine operators, truck drivers (about 250 000 employees). This is the main reason for the prevalence of vibration disease among other occupational diseases, and the main reason why statistical data differ so much from other countries.

2. The diagnostics of occupational musculoskeletal diseases is relatively rare. Musculoskeletal disorders are frequent in Lithuania but they are not diagnosed as occupational disease. It is caused by a low standard of ergonomic service at workplaces and lack of trained specialists. Ergonomics at workplaces is now at early stage of its development. Industrial ergonomics is not included into the curricula of medical universities where occupational hygienists, occupational medicine physicians and general practitioners are educated.

3. The incidence of occupational skin diseases and allergies is low. This situation is due to the lack of good laboratory diagnostics, and the general practitioners are not trained well enough to diagnose occupational skin diseases. There are only 24 occupational medicine physicians in all Lithuania. Employees are not informed properly about occupational hazards and their health effects. The protection by using individual safety measures is not sufficient or does not at all exist. A certain role is played by social factors. A lot of employees are not interested in occupational disease diagnosis, because they are afraid of loosing their job. Payments in case of work disability or invalidity are very small and socially incorrect.

4. Two ministries: the Ministry Social Affairs and Labor and the Health Care Ministry share between themselves the government surveillance of occupational health. Their activities are not coordinated properly. There is lack of a comprehensive legislation system in occupational safety and health. The new legislation must be introduced before the accession of our country to the European Union. Harmonization of legislation by the member states in the field of occupational safety and health is provided for in Article 118A of the European Community Treaty. The State Labor Inspectorate is commissioned to control the implementation and observance of the legislation on occupational health and safety at work. Harmonization of the Law on the State Labor Inspectorate in Lithuania with the appropriate conventions of the International Labor Organization on labor inspections ensures self-independence of the Lithuania State Labor Inspectorate. Carrying out the program of the National Legislation Harmonization Activities approved by the Lithuanian Government, it is planned to prepare 20 legislative acts covering 30 directives. The Government has approved the sector for negotiations, namely, Social Policy and Employment, in which it is committed to harmonize the legislative acts on occupational health and safety with the appropriate legislative acts of the European Union and to implement them by the year 2004. Having introduced these regulations the employees' safety and health at work will be at a lower risk caused by harmful work factors and equipment.

5. A lot of occupational health problems are inherited from the old Soviet times. The work organization and safety in various industries were very poor in the former Soviet Union because of the technical standard of indus-
trial equipment. Difficult economic situation does not permit to equip properly the industry and to invest in the personal protection and other measures.

The State Labor Inspectorate accountable to the Ministry of Social Affairs and Labor is responsible for the prevention of occupational diseases and control of hygiene work conditions. The Department of Health Care of the Ministry is responsible for employees’ health care and diagnostic possibilities of occupational diseases.

Primary health control and surveillance is performed by primary occupational health departments in the industry and by general practitioners at out-patients departments in the polyclinics or family medicine centers.

Regional occupational medicine centers and departments of occupational medicine at regional Public Health Centers provide secondary occupational health care.

The third level of occupational health care is provided by the Lithuanian Center of Occupational Medicine, the State Commission of Medical and Social Examination and specialized departments (Occupational Diseases) at the University clinics.

Taking into consideration the state of occupational health and safety at work it is also necessary to co-ordinate activities of employers, employees and national institutions of occupational safety and health with a view to developing and implementing the programs aimed at improving occupational health and safety at work. Priority will be given to the development of legislation, education and information systems in the field of occupational safety and health.

CONCLUSIONS AND RECOMMENDATIONS

The co-ordination of the activities carried out by two ministries creates a lot of various problems for occupational health care. The best resolution of this problem is to shift the responsibility for the occupational health care to one ministry.

It is necessary to introduce new legislation system that must be equivalent to the European Union legislation.

It is very important to train all general practitioners in the diagnosis of occupational diseases, because they are the first frontline doctors who should be able to identify occupational pathologies.

The research laboratories must be better equipped with standard technology and up-to-date methodology. Their specialists must be trained to be able to use new technologies for assessing and improving working conditions. Education and training in the area of occupational safety and health must be provided not only for employees, but also for employers.

REFERENCES


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