



Philip M. Farrell, MD, PhD

Welcoming incremental, measurable change

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I first became fully aware of the importance of occupational health in Wisconsin some four years ago in a conversation with Tom Hefty, then chief executive officer of Blue Cross and Blue Shield United of Wisconsin. He was wondering if a portion of the Blue Cross gift could potentially be used to create innovative statewide programs to improve occupational health.

Tom told me that there is clear reason to be concerned about the costs associated with injuries and illnesses occurring on the job in the Badger state. Beyond the individual harm done and the substantial costs incurred for patient care, these injuries and illnesses also result in dollar-draining workforce absences.

I wanted to learn more about this, so, at Tom's suggestion, I talked to David Newby, president of the AFL-CIO of Wisconsin. David informed me that there is ample room for improvement in our state regarding occupational health. Very few resources exist here to analyze patterns of illness and injury that occur in the Wisconsin workforce—and such

information is critical to discovering the sources of these problems and designing ways to avoid them.

David believes that we should be deeply concerned about several areas in which serious workplace problems occur most often. One area relates to repetitive-stress syndrome. This condition is debilitating increasing numbers of people as more and more of them work at computers in settings not ergonomically designed, or who engage in other work that requires repetitive movement or movements that unduly or unnecessarily stress the body. Carpal tunnel syndrome is a common result.

Another very troubling area of concern is exposure to toxic chemicals used in manufacturing processes and for cleaning purposes, including chemicals used for computer industry "clean rooms." And this past fall and winter we all became acutely aware of another problem that has the potential to seriously reduce workforce productivity—transmission of influenza.

It seems to me that we should be addressing these problems by applying the approach we have employed so successfully for other health problems; namely, prevention. Developing early

risk-recognition programs and subsequent prevention strategies is proving to be a much better approach to health care than treating illnesses after they arise. As a pediatrician, my conviction has always been that "an ounce of prevention is worth a pound of cure."

Prevention, however, requires a complete understanding of occupational health problems, including the array of intrinsic and extrinsic risk factors. Many occupational injuries and diseases could be easily and economically prevented using a combination of research and outreach. Education in the workplace should be a fundamental first step in adapting the prevention philosophy to this new context of occupational health.

To my knowledge, few medical schools in the country provide substantial training in occupational health. At the very least, it would behoove us as physicians to pay closer attention to the links between each patient's health problems and his or her activities in the workplace. Incremental changes must be made.

This spring, the Wisconsin Medical Society will be publishing its pain management guidelines in the *Wisconsin Medical Journal*. I'm gratified that the Society is formally addressing this issue, as we need all the impetus we can get to

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help us make the practice change to better pain management. Pain control is essential for all patients, and it is particularly important for patients with cancer, AIDS, and other chronic illnesses. My personal experiences confirm that this is a daunting challenge.

Last fall, UW Medical School's Pain and Policy Studies Group issued a progress report card that focused attention on this important issue. The first-of-its-kind report card showed that some states have improved their pain-management policies, but the nation as a whole has not reached the ideal balance: having policies in place to ensure the availability of pain-relieving drugs while controlling the misuse of the substances.

Wisconsin modestly improved its grade on the report card, mov-

ing from a C in 2000 to a C+ in 2003. The authors of the report attributed this improvement, for the most part, to action by the state pharmacy board, which eliminated its restrictive 7-day validity period and 34-day supply limitation. Voluntary groups, such as state pain initiatives and end-of-life care groups, also contributed to improved grades in many states.

Our progress in the realm of pain management may be slower than some had hoped it would be, but it is progress nevertheless. We welcome similar kinds of incremental, yet measurable, progress in the area of occupational health as well. As the discipline of pediatrics has shown, investing in a passion for prevention will pay significant dividends for our society's future.

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