
Family Practice Forum

Occupational Health: A Core Discipline of Family Medicine?

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Most adult patients seen in primary care medical practice spend a large portion of their time in the workplace where they may be exposed to a variety of potentially hazardous chemical, physical, and infectious agents. Yet, occupation as a risk factor is too often neglected in the standard patient workup. Although health maintenance and preventive health care have always been touchstones of family medicine, they have become increasingly difficult as potential adverse health effects of the general and workplace environments are identified. Industrial chemicals and their uses continue to proliferate, many of these producing known or suspected end-organ damage of various kinds, occupational cancer, and adverse reproductive effects. Industrial wastes, improperly disposed, may be hazardous to unsuspecting families as well as to the workers involved in their handling. Workers may carry hazardous substances home to their families on their workclothes. A tremendous number and variety of health problems can be work related, but the significance of occupation as a cause of disease can be missed unless a careful work history is obtained.

It is understandable that some physicians do not always think of occupation as a potential risk factor and do not consider the workplace in the etiology of a disease. The subject of occupational and

environmental health is neglected in the undergraduate medical curriculum. A survey of 112 US medical schools conducted during the 1977-78 academic year revealed that only 30 percent of the 92 responding schools required any occupational health in their curricula and that among these the median required time was four hours.¹

The subject apparently does not fare much better in family medicine residency programs. Stern² specifically lists environmental health within the required community medicine component of graduate training programs, but the amount actually taught is uncertain. A survey by Donsky and Mas-sad³ conducted to determine residency teaching in community medicine reveals few specifics as to the occupational and environmental health components within the responding programs. According to Hainer,⁴ the components of occupational health are usually covered in a fragmented fashion with "aspects . . . learned in otolaryngology, orthopedics, the emergency room, dermatology, and other areas where from time to time job-related illness or injury is treated."

There are several recent developments that speak to these deficits. Both the American Academy of Family Physicians and the American Occupational Medical Association have recognized that family physicians are the individuals who provide care for the majority of workers and their families.⁵ In this regard, these two organizations have recently formed a joint ad hoc committee to help provide family physicians with the necessary tools to practice occupational health. The two pro-

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professional organizations primarily concerned with the teaching of family and preventive medicine to medical students and residents, the Society of Teachers of Family Medicine and the Association of Teachers of Preventive Medicine, have also established formal committees to look at the teaching of occupational health.

In addition, training and educational materials in occupational and environmental health for both medical undergraduates and family medicine and primary care residents have been developed through grants and contracts from the Health Resources Administration (HRA), Division of Medicine, US Department of Health and Human Services. Some of these have already been widely disseminated throughout US medical and osteopathic schools, along with successful strategies for optimum utilization of these materials. For example, the Arizona Center for Occupational Safety and Health (ACOSH) in Tucson has developed 15 texts and 4 audiovisual programs dealing with specific areas of interest, including asbestos, hazards to hospital workers, and reproductive hazards, among others.* A recently awarded HRA contract has enabled the University of Arizona to continue this important work, which focuses on both production of further educational materials and family medicine faculty development.

While all of these efforts are encouraging, there are many unanswered questions that relate to the roles of teachers of family medicine in this area and to their potential impact on students and residents. The following are some of these questions:

1. What is the usual range of work-associated injuries and illnesses seen in a model family practice setting? What is the impact of these problems upon family health?

2. What is the appropriate role of the family physician in delivering worker-centered care? What is the nature of this role as it involves consultants in occupational medicine and other specialties?

3. How can teaching of this subject be coordinated and expanded in both undergraduate and graduate educational programs? How can useful teaching materials be identified and shared? (An informal network of medical school faculty interested and experienced in teaching occupational

health to medical undergraduates already exists. Names of Environmental Health Curriculum Development Program directors can be obtained from the Division of Medicine, HRA, 3700 East West Highway, Hyattsville, MD 20782. These teachers are willing to share both their materials and expertise, and often report on their experiences at annual meetings of the professional societies concerned with family medicine,⁶ preventive medicine,⁷ and public health.⁸)

4. Should additional competencies and skills in occupational health be incorporated as part of the certification process within the specialty of family medicine? Geriatrics has recently been added as the seventh core area of family medicine content by the American Board of Family Practice. Should occupational health be next?

Whether occupational health should be a core discipline of family medicine is difficult to determine without careful study of all of the above questions, among others. Until these questions and issues are addressed, the goal of training prevention-oriented family physicians committed to maintaining individual, family, and community health in all respects may well be incompletely realized. Teaching family physicians the elements of occupational health should not be an option, but an obligation fundamental to comprehensive medical practice, now and in the future.

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*Available upon request from Project Module, Arizona Center for Occupational Safety and Health, 1145 N. Warren Ave, Tucson, AZ 85719. Telephone: (602) 626-6835.