

FROM THE PCIAOH TO THE ICOH: CONTINUITY AND DEVELOPMENT

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« Dalla Commissione Permanente e Associazione Internazionale per la Medicina del Lavoro (PCIAOH) alla Commissione Internazionale (ICOH): continuità e sviluppi ».

Nel corso degli ottant'anni di esistenza della Commissione Internazionale per la Medicina del Lavoro, la scuola milanese fondata da Luigi Devoto ha largamente contribuito alla continuità dell'istituzione. Trent'anni fa, una svolta radicale nella struttura e nelle attività della Commissione è stata segnata dalla soppressione del *numerus clausus* delle delegazioni nazionali, che ha dato il via alla crescita della associazione, pur mantenendo un controllo sulla competenza professionale dei nuovi soci. Da allora si è passati da 190 agli attuali 1127 soci e i paesi rappresentati sono saliti da 36 a 71. Tale incremento ha allargato la sfera d'azione ed ha aumentato le responsabilità della Commissione e la complessità di approccio ai problemi. Nuove professioni partecipano all'attività multidisciplinare, la gamma di età dei soci è molto più estesa, non pochi membri appartengono a paesi in corso di sviluppo, e molti professionisti affiancano gli universitari. Si è ritenuto necessario istituire un sistema di censimento permanente computerizzato, che permette di seguire le tendenze e gli interessi, e un Bollettino trimestrale come mezzo di comunicazione regolare ai e fra i soci. Si è rafforzato il carattere mondiale della Commissione con la scelta delle sedi dei Congressi. Grafici e tabelle illustrano lo sviluppo dell'associazione, le qualifiche professionali, l'appartenenza e gli interessi dei soci, le loro conoscenze linguistiche e l'andamento della distribuzione nazionale. I Comitati Scientifici di ricerca, istituiti trent'anni fa, si sono successivamente moltiplicati e sviluppati in modo spontaneo. Alcuni Comitati hanno prodotto rapporti di notevole valore scientifico internazionale, altri si sono concentrati sui problemi di certi settori industriali; quasi tutti hanno alimentato le sessioni scientifiche dei Congressi organizzati ogni tre anni e numerosi colloqui e riunioni di interesse specifico. La Commissione ha promosso l'evoluzione della medicina del lavoro e sin dal 1929 ha dato risalto all'indirizzo preventivo, che in questi ultimi anni sta entrando nella pratica della professione. Accanto ai problemi connessi all'uso delle tecnologie più avanzate, la ICOH non dimentica che il settore non organizzato rappresenta più della metà dei lavoratori del mondo. Un altro elemento importante della realtà attuale è costituita dall'esistenza di numerose organizzazioni internazionali interessate alla medicina del lavoro. La Commissione collabora strettamente con le organizzazioni specializzate delle Nazioni Unite. Sino ad ora la Commissione si è concentrata su problemi scientifici di natura specifica. Per assicurare meglio lo sviluppo della disciplina è prevedibile che in avvenire non possa più trascurare i problemi di interesse generale, come l'organizzazione dei servizi, la legislazione, l'etica, il criterio del costo-beneficio.

Mister President, Past Presidents, academic and local Authorities, dear colleagues, ladies and gentlemen, it is a special honour for me to take part, not without some emotion, in the celebration of the 80th Anniversary of the foundation of the International Commission on Occupational Health here, in close proximity to the Institute which was the cradle of the Permanent Commission and where I learned occupational health as an assistant to Prof. Enrico Vigliani.

Enrico Vigliani was Secretary-Treasurer of the Permanent Commission for 18 years, then President for 6 years and immediate Past-president for the last 5 years. As Secretary-Treasurer he succeeded Luigi Carozzi who was in charge of the secretariat immediately after Luigi Devoto, the founder of the Commission, up to 1956, thus covering the span of two generations of members. In service to the Commission, there has indeed been an impressive continuity of Italian Secretaries, covering 74 years out of 80. And Robert Murray, who was Secretary-Treasurer between 1975 and 1981, acted in such close cooperation with Enrico Vigliani and has so many friends among Italian colleagues that they would be pleased to offer him a symbolic citizenship.

One of the purposes of this celebration is to emphasize continuity and to remember those who have contributed to it. Some seventy members met in the hall of the Clinica del Lavoro 30 years ago to celebrate the golden jubilee of the Commission. Only three of them are present today: Sven Forssman, Enrico Vigliani and myself.

The meeting of the golden jubilee was a turning point in the history of the Commission, and to better understand the present situation, and before making a few remarks on current problems, I would like to briefly recall what the ideas put forward at that meeting have meant for the international development of occupational health. Those discussions, which unfortunately were published only partially, laid the foundation of

the Commission as it is basically today. Sven Forssman, Enrico Vigliani, Leo Noro, Etienne Grandjean, Maurice Goldblatt, to mention only a few, were the main contributors to the new approach.

Up to 1956, the Permanent Commission was a rather academic institution with a « numerus clausus » of members for each national delegation; thus it did not exceed 200 members from 36 countries. One of the most radical changes following the jubilee meeting was the abolition of the « numerus clausus » in the newly denominated Permanent Commission and International Association on Occupational Health (PCIAOH). The admission of members continued to be made in a cautious manner, however the increase in membership has been high, particularly in the last few years, as shown in Fig. 1. Statistical projections can be very illusive and I would like to avoid suggesting another goal for the year 2000. However, a further increase in the ICOH membership in the years to come would not be surprising, on account of the general increase in occupational health professionals throughout the world, on the condition that we go on providing them with useful services.

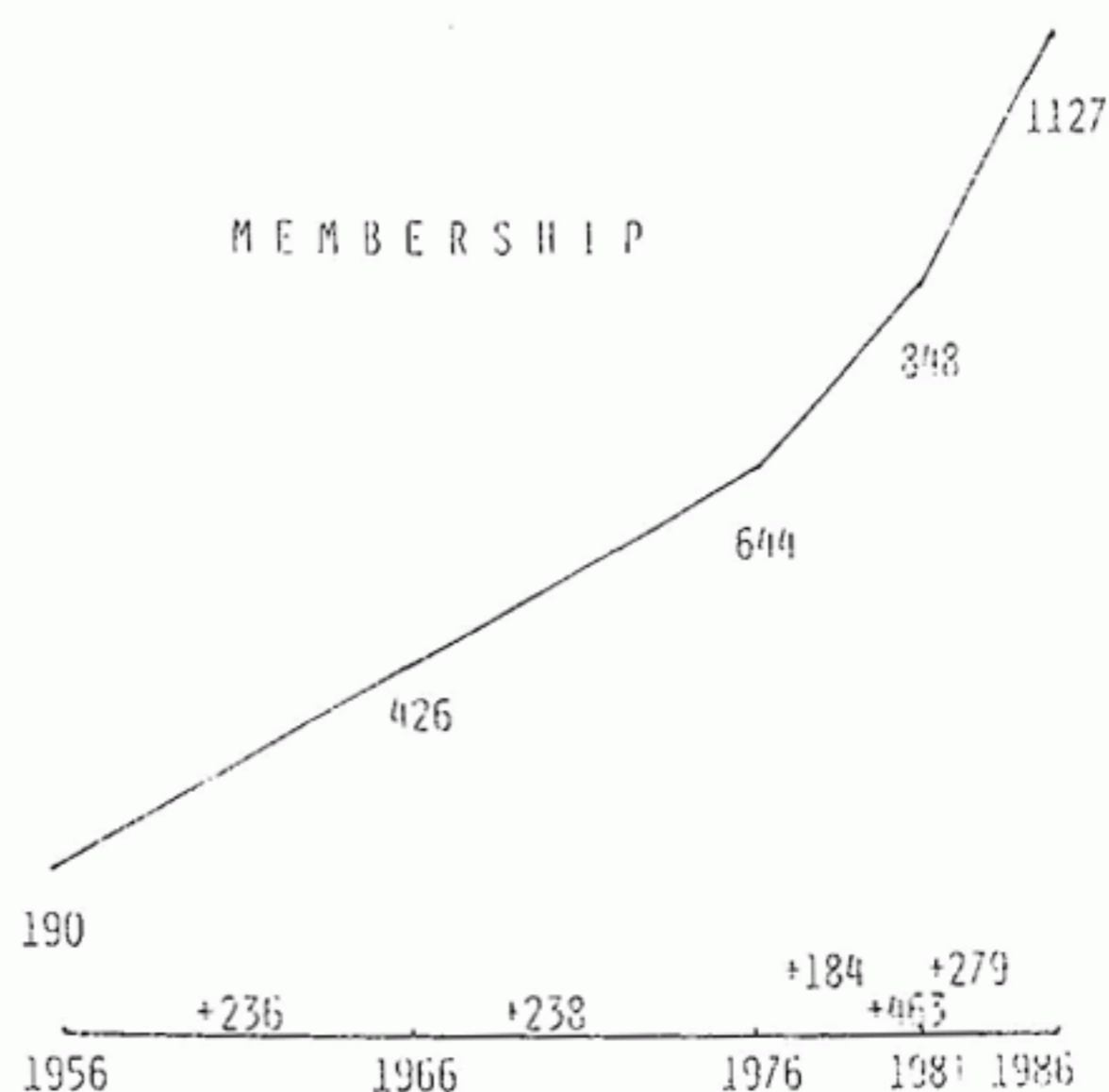


Fig. 1 - Variation in the ICOH's membership (1956-1985).

The increase in the represented countries has been of no less importance (Fig. 2). Both increases signify a wider range of action of the Commission and the opportunity for a greater exchange of information and fermentation of ideas. The consideration of problems from a multilateral viewpoint is another positive effect, leading possibly to the achievement of a more thorough consensus. A large membership also implies practical advantages for a voluntary organisation depending upon membership fees as the only source of income and can prevent the spread of other groups and the fragmentation of our professional body into small organisations.

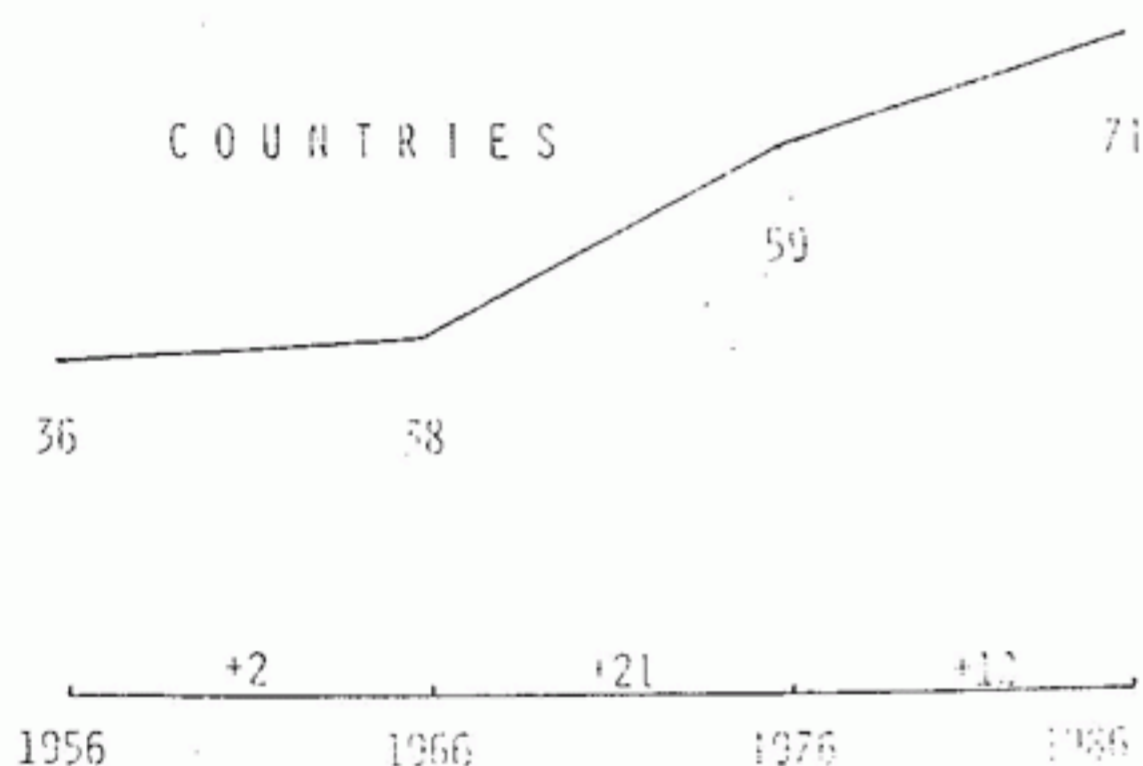


Fig. 2 - Number of countries represented in the ICOH (1956-1985).

The changed size of the Commission made it necessary to adapt its *structure* to the new requirements. The Constitution was amended several times. The latest revision, which reinstated the old name of International Commission (ICOH) two years ago, aimed at a more precise definition of the role of the various bodies of the ICOH, a smooth implementation of democratic rules and a more efficient administration. A society with more than one thousand members in 71 countries cannot be managed in the same patriarchal way as was the Commission in its first half century of life. And we must be prepared to accept further adaptations of

our Constitution to the emerging needs of a continuous development.

The six-fold increase in the ICOH's membership over the last 30 years has also changed the prevalent professional interests of members, because of the shift from a unique selection of academic authorities and high governmental officials to a large representation of industrial medical officers and occupational health specialists. The physicians, who 30 years ago represented practically 100% of membership, do not at present exceed two-thirds. Professionals other than occupational physicians have become members: namely industrial hygienists, occupational nurses, ergonomists, epidemiologists and more recently a few safety engineers. Members from developing countries have drawn attention to problems which are not exclusively related to industry and services. While the average age of members did not change, newcomers are much younger, thus compensating the greater longevity of members staying in the Commission under the new category of emeritus members. A result of this expansion of membership was a new need to keep the officers of the ICOH abreast of the evolving features of the membership. The prevalent scientific and practical interests of members, their distribution among the various branches of economic activities, their needs and expectations need to be known in a democratic society. Thus, a *census system* was established by means of a computerised membership profile form, which up to now has provided information on 822 members, out of 1127. Some of the results of the survey are summarised in the following Tables and Figures.

TABLE 1 - Professional qualification of ICOH's members.

	%
Physicians	69
Nurses	15
Industrial Hygienists and other Specialists	16

TABLE 2 - Professional interests of ICOH's members.

	%
Occupational diseases	80
Epidemiology	54
Occupational Hygiene	51
Toxicology	49
Preventive Medicine	43
Ergonomics	36
Cancer	30
Field work	23

TABLE 3 - Industrial interests of ICOH's members.

	%
Chemical	44
Small undertakings	26
Metal Engineering	23
Multi-industrial Health Centres	22
Mining and Quarrying	22
Petrochemical	22
Agriculture and Forestry	19
Administration	18

43% of ICOH's members work for industry.

TABLE 4 - Language knowledge of ICOH's members (from very good to fair).

	%
English	98
French	56
German	45
Scandinavian	16
Spanish	14
Italian	14
Russian	3

The enlarged membership gradually developed the need for providing a means of communication within the ICOH and a systematic information of members on occupational health activities carried out at the international level. To this end, in ad-

dition to setting up a network of local or regional secretaries, a quarterly Newsletter has been issued and supplemented, whenever possible, by the free distribution of scientific publications, obtained very often by the courtesy of the official international organisations.

Since 1956, the world-wide character of the ICOH has also been reflected by the venue of the triennial Congresses, which have been held not only in European countries but also in New York, Tokyo, Buenos Ayres, Cairo and will be convened next year in Sydney and in 1990 in Montreal. A number of Congresses on special subjects and meetings of the Scientific Committees are currently organised all over the world.

The conclusive message of Sven Forssman to the jubilee meeting said: "In order to promote studies on different problems of occupational health and associate fields of economic and social sciences it would be of great value to have from time to time reports on our present knowledge of certain problems of occupational health, specifying the latest researches and the most urgent problems to be studied as well as recommendations on preventive measures... These studies could be organised as sub-committees of 5-10 members with special experience in these problems". This proposal was endorsed by the General Assembly at the Helsinki Congress in 1957, and was so well received that *Scientific Committees* were immediately established in the field of abstenteeism, maximum allowable concentrations, shiftwork, lead intoxication. Scientific Committees developed in a spontaneous, unplanned manner, and in a few years more than twenty were in existence. This form of action was reviewed eleven years ago. The scope of the Committees was well diversified, however it was not homogeneous because a number of Committees were dealing with specific hazards, environmental problems and biological topics, others with branches of industry, medico-social problems and general concepts, thus

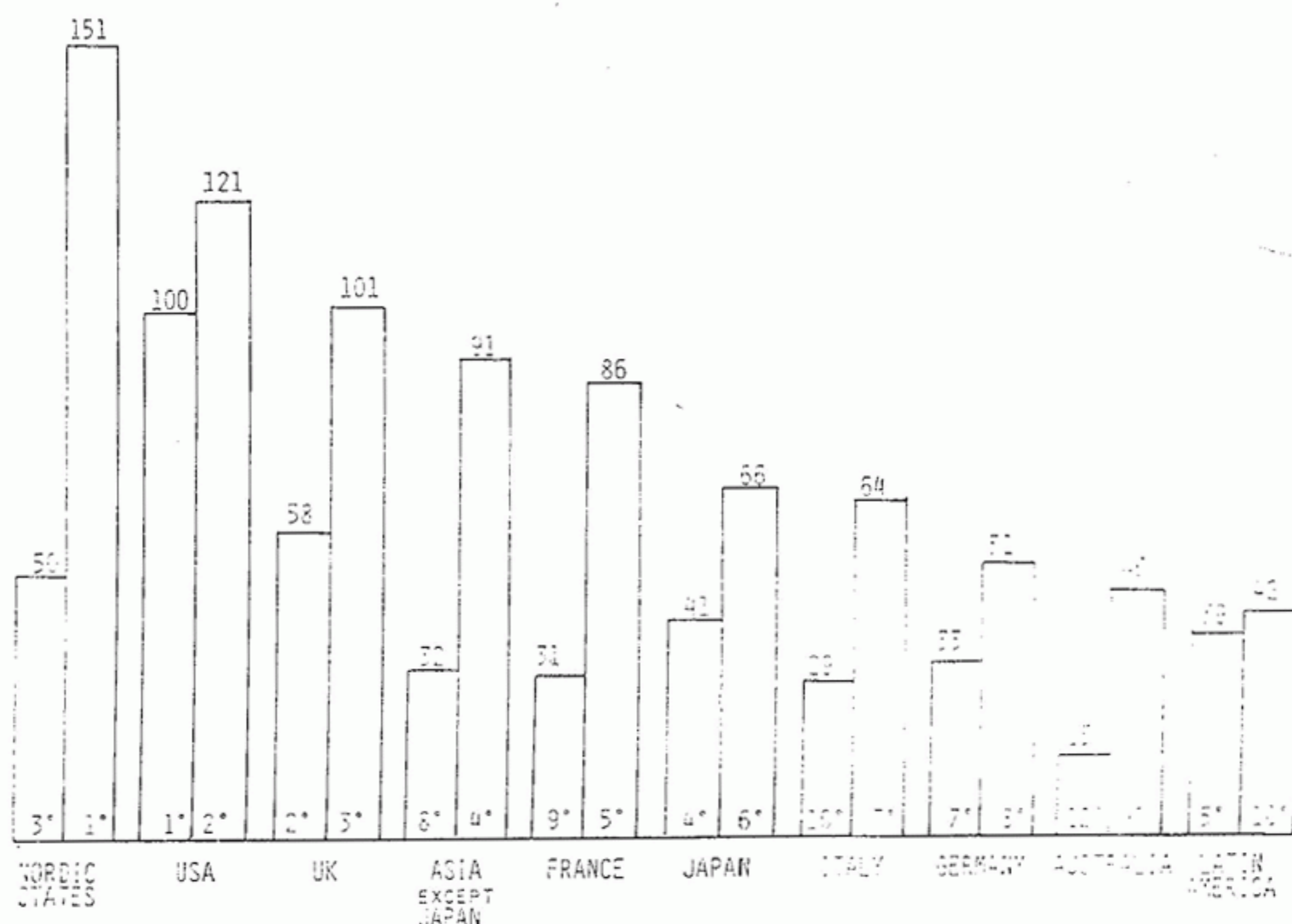


Fig. 3 - Membership by country 1969-1972 and 1984-1986.

rendering some overlapping almost unavoidable. No major problems arose. However, since then, special attention has been devoted to the Committees as an essential part of the achievements and image of the Commission, and in its latest revision the Constitution empowered the Vice-President to follow up the activities of the Committees and gave him responsibility for liaison between the Board and the Committees. This follow-up has already proved very effective thanks to the competence and untiring devotion of Prof. Sven Hernberg.

Some of these Committees, such as those on absenteeism, epidemiology, metal toxicity, pesticides and others have been very successful in carrying out joint research beyond national boundaries and achieving results of international value. These were often endorsed by the official international organisations for their recommendations and reports, thus

contributing to the recent scientific progress of occupational health. Other Committees were able to direct their contributions mainly to the needs of industrial development during the sixties and the seventies. Finally other Committees focussed their activities on the organisation of meetings, perhaps because of a less advanced scientific basis or consensus.

The Scientific Committees are not only a feature but also the basis of the scientific activity of the Commission and increasingly their contributions find their natural outlet in the *International Congress*. The Congress was the initial reason for the establishment of the International Commission, and has been held 21 times in 80 years. Its usefulness is generally agreed. However today the Congress alone could hardly justify the existence of the Commission because plenty of meetings of good scientific level are organised on

specific topics or at regional levels, and economic factors also play a not negligible role.

Back in 1929, at a special session in Lyon, on the recommendation of Prof. Devoto, the Commission substituted Occupational Diseases with Occupational Health in its name, to emphasize the priority of prevention over cure. However, it must be recognised that for several decades the real meaning of occupational health to the majority of occupational physicians was occupational medicine. The ILO Recommendation 112 adopted in 1959 was an example of the preponderance of the clinical approach in our discipline. It was only in the late seventies that the new concept achieved a wide acceptance. Last year Recommendation 112 was revised and two new instruments were adopted: Convention 161 and Recommendation 171, which witness the change at the international level from occupational medicine to a multidisciplinary occupational health. The French wording is highly significant of the new trend "la médecine du travail" having been replaced with "la santé au travail". Such a radical change is in line with the prevalent needs of a socioeconomically and technologically advanced society. The industrial era is ending, with the disappearance of heavy physical work and an increase in psychosensorial demand, the advent of microelectronics, the general improvement of the working environment and the quality of air, the new emphasis on primary prevention, the progressive integration of working and living conditions. Nevertheless, all over the world rural workers and non-organised sectors still make up more than 50% of the active population and in small enterprises workers may still be exposed to severe occupational hazards and require the practice of traditional occupational medicine, which should not be lost while so many people are in need of it. Thus, from the occupational health point of view, in our present society the gap be-

tween advanced countries and advanced technology on the one hand and the underdeveloped world and old methods of work on the other is growing bigger. The Scientific Committee on Occupational Health in Developing Countries and the Scientific Committee on Occupational Health in Small Enterprises are aware of this trend and are trying to limit any disconnection which is detrimental to the underserved and more fragile half of mankind.

When the International Commission was founded, it was the only organisation dealing with occupational health at both the international and national levels. Fifteen years later came the ILO, whose main activity was standard setting. After the 2nd World War, the WHO and a number of international and regional organisations, governmental agencies, employers' associations and Trade Unions came into the picture and the ICOH had to endeavour to identify itself as a scientific society, with practically no resources, but proud of its independence. Its role is well recognised by international official organisations such as the ECOSOC, the ILO, the WHO, the CEC and the ISSA, with which cooperation is very close. Incidentally, I would like to take this opportunity to tell the representatives of the international organisations who have honoured this celebration by their presence and their addresses that the ICOH intends to continue and strengthen such relations and to facilitate international agreements on scientific grounds prior to the adoption of official reports.

Such a preparatory role by the ICOH has been carried out to date only in the field of research and investigations, while the international official organisations are often concerned with policy matters. In the future, the ICOH may have to decide whether to endeavour to also define general policies in order to better strive for the development of occupational health. There are several fundamental issues where a clear definition

of the thinking of the ICOH would be essential. To mention a few, no common view of the ICOH could be expressed in the recent international debates on occupational health services, except for the nursing sector. Neither is there any ICOH code of ethics, which would be of such great importance in guiding the occupational physician, especially when and where difficult industrial relations reflect upon who is assumed to be at the same time adviser to the employer and to the workers. The matter is now further complicated by the multidisciplinary feature of occupational health services because new professions entering in the field are not bound by the Hippocratic oath. The economics of occupational health could also be considered in the light of the progressive global approach to the use of national resources and the increasing cost-benefit approach in the area of occupational health.

To develop occupational health on an international basis is not an easy task. A long distance has been covered over the last 80 years. We are confident that our successors will continue further and deeper than has been to date.

SUMMARY

In the 80 years of life of the ICOH, the School of occupational health of Milan founded by Luigi Devoto has substantially contributed to the continuity of the association.

Thirty years ago a radical change took place in the structure and activities of the Commission with the abolition of the numerous *clausus* for national delegations, which led the way to substantial growth of the Association while still maintaining a high professional level in the membership. Since then, membership has increased from 190 to the present 1127 and the countries represented have increased from 36 to 71. This growth has widened the Commission's sphere of action and increased its responsibilities. New professional groups now participate in the multidisciplinary activities,

the age range of the membership is much wider, a considerable number of members come from developing countries, and experts from industry work side by side with academic and government occupational health specialists. A permanent census system was established by means of a computerized membership profile which records the prevalent scientific and practical interests of the members. A quarterly newsletter is also distributed in order to maintain a regular means of communication to and between members. The world-wide character of the Commission has also been reinforced by the choice of venue of the triennial international congresses.

The scientific committees, set up 30 years ago, have since multiplied and developed spontaneously. Some of these committees have produced reports of great international scientific value; others have concentrated their efforts on problems of specific industrial sectors; most of them have found their natural outlet in the scientific sessions of the international congresses and in the many symposia and meetings on specific topics.

The Commission has promoted the evolution of occupational health and as long ago as 1929 already laid emphasis on prevention as opposed to cure. This trend is now entering into current practice. However, along with the problems created by highly advanced technology, the Commission is also aware of the fact that the rural and non-organized sectors still make up more than 50% of the world's working population. Another important feature of the present situation is the fact that many international organizations now exist which are concerned with occupational health. The Commission closely collaborates with the UN specialized agencies.

Up to date the Commission has concentrated its efforts on specific scientific problems but in order to better strive for the development of occupational health, it is likely in the future that the Commission will no longer be able to ignore the problem of general policies such as organization of health services, legislation, ethics, cost benefit criteria.