## INTERNATIONAL CODE OF ETHICS FOR OCCUPATIONAL HEALTH PROFESSIONALS

### INTERNATIONAL COMMISSION ON OCCUPATIONAL HEALTH



First printing : 1992 Second printing : 1994 Third printing : 1996 Fourth printing : 1997

### Permission for Translation and Reproduction

This document may be freely reproduced provided that the source is indicated. Translation is subject to the agreement of ICOH\* and the translated version must include a copy of the Code in either English or French. The part entitled "Basic Principles" summarizes the principles on which the Code of Ethics for Occupational Health Professionals is based and could usefully be posted in occupational health services.

ICOH\* : International Commission on Occupational Health

Address: Professor Jerry Jeyaratnam

Department of Community, Occupational &

Family Medicine

National University Hospital

Lower Kent Ridge Road, Singapore 119074

Republic of Singapore

Tel: (65) 774 9300, Fax: (65) 779 1489

Email Address: cofjeya@nus.sg

### Acknowledgements

The International Commission on Occupational Health (ICOH) has been deliberating over the Code of Ethics for several years and many have contributed to this process. In the recent past much has been done by Dr. Georges Coppée of ILO, Geneva, in finalising the Code of Ethics and our sincere thanks to him for his invaluable contribution. Our thanks to all persons who submitted comments and suggestions during the draft stages of the Code of Ethics, Board Members of the ICOH for finalising the document at its Board Meeting held in Singapore in December 1991 and to Miss Pui-Yoke Bun, Administrative Officer, ICOH.

Prof. J. Jeyaratnam Secretary-General

### International Commission on Occupational Health - ICOH

### Commission Internationale de la Santé au Travail - CIST

President Président

Vice-President Vice-Président

Secretary-General Secrétaire général

Past President Président précédent

Board Members Membres du Conseil Prof. Jean-François Caillard (France)

Prof. Bengt Knave (Sweden)

Prof. Jerry Jeyaratnam (Singapore)

Prof. Sven Hernberg (Finland)

Prof. P. A. Bertazzi (Italy) Prof. K. S. Chia (Singapore) Dr. R. C. Facci (Brazil) Ms. J. Fanchette (France) Prof. K. Husman (Finland) Ms. A. Jörgensen (Sweden) Prof. S. Langård (Norway) Dr. M. Lesage (Canada) Dr. B. Levy (USA) Prof. Y. X. Liang (China) Dr. L. Lillienberg (Sweden) Ms. B. McPhee (Australia) Prof. T. Okubo (Japan) Dr. F. Rose (UK) Dr. D. Sekimpi (Uganda) Prof. G. Triebig (Germany)

Prof. D. Wegman (USA) Dr. A. Werner (Argentina)

#### INTRODUCTION

Codes of ethics for occupational health professionals, as distinct from Codes of ethics for medical practitioners, have been adopted during the past ten years by a number of countries. There are several reasons for the development of interest in ethics in occupational health at the national and international levels.

One is the increased recognition of the complex and sometimes competing responsibilities of occupational health and safety professionals towards the workers, the employers, the public, the competent authority and other bodies (public health and labour authorities, social security and judicial authorities). Another reason is the increasing number of occupational health and safety professionals as a result of the compulsory or voluntary establishment of occupational health services. Yet another factor is the development of a multi-disciplinary and intersectoral approach in occupational health which implies an increasing involvement in occupational health services of specialists who belong to various professions.

For the purpose of this Code, the expression "occupational health professionals" is meant to include all those who by profession carry out occupational safety and health activities, provide occupational health services or who are involved in occupational health practice, even if this happens only occasionally. A wide range of disciplines is concerned with occupational health since it is at an interface between technology and health involving technical, medical, social and legal aspects. Occupational health professionals include occupational health physicians and nurses, factory inspectors, occupational hygienists and occupational psychologists, specialists involved in ergonomics, in accident prevention and in the improvement of the working environment as well as in occupational health and safety research. The trend is to mobilise the competence of these occupational health professionals within the framework of a multi-disciplinary approach which may sometimes take the form of a multi-disciplinary team.

Many other professionals from a variety of disciplines such as chemistry, toxicology, engineering, radiation health, epidemiology, environmental health, applied sociology and health education may also be involved, to some extent, in occupational health practice. Furthermore, officials of the competent authorities, employers, workers and their representatives and first aid workers have an essential role and even a direct responsibility in the implementation of occupational health policies and programmes, although they are not occupational health specialists by profession. Finally, many other professions such as lawyers, architects, manufacturers, designers, work analysts, work organisation specialists, teachers in technical schools, universities and other institutions as well as the media personnel have an important role to play in the improvement of the working environment and of working conditions.

The aim of occupational health practice is to protect workers' health and to promote the establishment and maintenance of a safe and healthy working environment as well as to promote the adaptation of work to the capabilities of workers, taking into account their state of health. A clear priority should be given to vulnerable groups and to underserved working populations. Occupational health is essentially preventive and should help the workers, individually and collectively, in safeguarding their health in their employment. It should thereby help the enterprise in ensuring healthy and safe working conditions and environment, which are criteria of efficient management and are to be found in well-run enterprises.

The field of occupational health is comprehensive and covers the prevention of all impairments arising out of employment, work injuries and work-related diseases, including occupational diseases as well as all aspects relating to the interactions between work and health. Occupational health professionals should be involved, whenever possible, in the design of health and safety equipment, methods and procedures and they should encourage workers' participation in this field. Occupational health professionals have a role to play in the promotion of workers' health and should assist workers in obtaining and maintaining employment notwithstanding their health deficiencies or their handicap. The word 'workers' is used here in a broad sense and covers all employees, including management staff and the self-employed.

The approach in occupational health is multi-disciplinary and inter-sectoral. There is a wide range of obligations and complex relationships among those concerned. It is therefore important to define the role of occupational health professionals and their relationships with other professionals, with other health professionals and with social partners in the purview of economic, social and health policies and development. This calls for a clear view about the ethics of occupational health professionals and standards in their professional conduct.

In general, duties and obligations are defined by statutory regulations. Each employer has the responsibility for the health and safety of the workers in his or her employment. Each profession has its responsibilities which are related to the nature of its duties. When specialists of several professions are working together within a multi-disciplinary approach, it is important that they base their action on some common principles of ethics and that they have an understanding of each others' obligations, responsibilities and professional standards. Special care should be taken with respect to ethical aspects, in particular when there are conflicting rights such as the right to the protection of employment and the right to the protection of health, the right to information and the right to confidentiality, as well as individual rights and collective rights.

Some of the conditions of execution of the functions of occupational health professionals and the conditions of operation of occupational health services are often defined in statutory regulations. One of the basic requirements for a sound occupational health practice is a full professional independence, i.e. that occupational health professionals must enjoy an independence in the exercise of their functions which should enable them to make judgements and give advice for the protection of the workers' health and for their safety within the undertaking in accordance with their knowledge and conscience.

There are basic requirements for acceptable occupational health practice;

these conditions of operation are sometimes specified by national regulations and include in particular free access to the work place, the possibility of taking samples and assessing the working environment, making job analyses and participating in enquiries after an accident as well as the possibility to consult the competent authority on the implementation of occupational safety and health standards in the undertaking. Occupational health professionals should be allocated a budget enabling them to carry out their functions according to good practice and to the highest professional standards. This should include adequate staffing, training and re-training, support and access to relevant information and to an appropriate level of senior management.

This code lays down general principles of ethics in occupational health practice. More detailed guidance on a number of particular aspects can be found in national codes of ethics or guidelines for specific professions. Reference to a number of documents on ethics in occupational health are given at the end of this document. The provisions of this code aim to serve as a guide for all those who carry out occupational health activities and cooperate in the improvement of the working environment and working conditions. Its purpose is to contribute, as regards ethics and professional conduct, to the development of common rules for team work and a multi-disciplinary approach in occupational health.

The preparation of this code of ethics was discussed by the Board of ICOH in Sydney in 1987. A draft was distributed to the Board members in Montreal and was subject to a process of consultations at the end of 1990 and at the beginning of 1991. The ICOH Code of Ethics for Occupational Health Professionals was approved by the Board on 29 November 1991. This document will be periodically reviewed. Comments to improve its content may be addressed to the Secretary-General of the International Commission on Occupational Health.

### BASIC PRINCIPLES

The three following paragraphs summarise the principles of ethics on which is based the International Code of Ethics for Occupational Health Professionals prepared by the International Commission on Occupational Health (ICOH).

Occupational health practice must be performed according to the highest professional standards and ethical principles. Occupational health professionals must serve the health and social well-being of the workers, individually and collectively. They also contribute to environmental and community health.

The obligations of occupational health professionals include protecting the life and the health of the worker, respecting human dignity and promoting the highest ethical principles in occupational health policies and programmes. Integrity in professional conduct, impartiality and the protection of the confidentiality of health data and of the privacy of workers are part of these obligations.

Occupational health professionals are experts who must enjoy full professional independence in the execution of their functions. They must acquire and maintain the competence necessary for their duties and require conditions which allow them to carry out their tasks according to good practice and professional ethics.

### BASIC PRINCIPLES

The three following paragraphs summarise the principles of ethics on which is based the International Code of Ethics for Occupational Health Professionals prepared by the International Commission on Occupational Health (ICOH).

Occupational health practice must be performed according to the highest professional standards and ethical principles. Occupational health professionals must serve the health and social well-being of the workers, individually and collectively. They also contribute to environmental and community health.

The obligations of occupational health professionals include protecting the life and the health of the worker, respecting human dignity and promoting the highest ethical principles in occupational health policies and programmes. Integrity in professional conduct, impartiality and the protection of the confidentiality of health data and of the privacy of workers are part of these obligations.

Occupational health professionals are experts who must enjoy full professional independence in the execution of their functions. They must acquire and maintain the competence necessary for their duties and require conditions which allow them to carry out their tasks according to good practice and professional ethics.

### DUTIES AND OBLIGATIONS OF OCCUPATIONAL HEALTH PROFESSIONALS

### Aims and advisory role

1. The primary aim of occupational health practice is to safeguard the health of workers and to promote a safe and health working environment. In pursuing this aim, occupational health professionals must use validated methods of risk evaluation, propose efficient preventive measures and follow-up their implementation. The occupational health professionals must provide competent advice to the employer on fulfilling his or her responsibility in the field of occupational safety and health and they must honestly advise the workers on the protection and promotion of their health in relation to work. The occupational health professionals should maintain direct contact with safety and health committees, where they exist

### Knowledge and expertise

2. Occupational health professionals must continuously strive to be familiar with the work and the working environment as well as to improve their competence and to remain well informed in scientific and technical knowledge, occupational hazards and the most efficient means to eliminate or to reduce the relevant risks. Occupational health professionals must regularly and routinely, whenever possible, visit the workplaces and consult the workers, the technicians and the management on the work that is performed.

### Development of a policy and a programme

3. The occupational health professionals must advise the management and the workers on factors within the undertaking which may affect workers' health. The risk assessment of occupational hazards must lead to the establishment of an occupational safety and health policy and of a programme of prevention adapted to the needs of the undertaking. The occupational health professionals must propose such a policy on the basis of scientific and technical knowledge currently available as well as of their knowledge of the working environment. Occupational health professionals must also provide advice on a programme of prevention which should be adapted to the risks in the undertaking and which should include, as appropriate, measures for controlling occupational safety and health hazards, for monitoring them and for mitigating their consequences in the case of an accident.

Emphasis on prevention and on a prompt action 4. Special consideration should be given to the rapid application of simple preventive measures which are cost-effective, technically sound and easily implemented. Further investigations must check whether these measures are efficient and a more complete solution must be recommended, where necessary. When doubts exist about the severity of an occupational hazard, prudent precautionary action should be taken immediately.

Follow-up of remedial actions

5. In the case of refusal or of unwillingness to take adequate steps to remove an undue risk or to remedy a situation which presents evidence of danger to health or safety, the occupational health professionals must make, as rapidly as possible, their concern clear, in writing, to the appropriate senior management executive, stressing the need for taking into account scientific knowledge and for applying relevant health protection standards, including exposure limits, and recalling the obligation of the employer to apply laws and regulations and to protect the health of workers in his or her employment. Whenever necessary, the workers concerned and their representatives in the enterprise should be informed and the competent authority should be contacted.

Safety and health information 6. Occupational health professionals must contribute to the information of workers on occupational hazards to which they may be exposed in an objective and prudent manner which does not conceal any fact and emphasises the preventive measures. The occupational health personnel must cooperate with the employer and assist him or her in fulfilling his or her responsibility of providing adequate information and training on health and safety to the management personnel and workers, about the known level of certainty concerning the suspected occupational hazards.

Commercial secrets 7. Occupational health professionals must not reveal industrial or commercial secrets of which they may become aware in the exercise of their activities. However, they cannot conceal information which is necessary to protect the safety and health of workers or of the community. When necessary, the occupational health professionals must consult the competent authority in charge of supervising the implementation of the relevant legislation.

Health surveillance 8. The objectives and the details of the health surveillance must be clearly defined and the workers must be informed about them. The validity of such surveillance must be assessed and it must be carried out with the informed consent of the workers by an occupational health

professional approved by the competent authority. The potentially positive and negative consequences of participation in screening and health surveillance programmes should be discussed with the workers concerned

Information to

9. The results of examinations, carried out within the framework of health surveillance must be explained to the worker concerned. The determination of fitness for a given job should be based on the assessment of the health of the worker and on a good knowledge of the job demands and of the worksite. The workers must be informed of the opportunity to challenge the conclusions concerning their fitness for their work that they feel contrary to their interest. A procedure of appeal must be established in this respect.

Information to the employer 10. The results of the examinations prescribed by national laws or regulations must only be conveyed to management in terms of fitness for the envisaged work or of limitations necessary from a medical point of view in the assignment of tasks or in the exposure to occupational hazards. General information on work fitness or in relation to health or the potential or probable health effects of work hazards, may be provided with the informed consent of the worker concerned.

Danger to a third party 11. Where the health condition of the worker and the nature of the tasks performed are such as to be likely to endanger the safety of others, the worker must be clearly informed of the situation. In the case of a particularly hazardous situation, the management and, if so required by national regulations, the competent authority must also be informed of the measures necessary to safeguard other persons.

Biological monitoring and investigations 12. Biological tests and other investigations must be chosen from the point of view of their validity for protection of the health of the worker concerned, with due regard to their sensitivity, their specificity and their predictive value. Occupational health professionals must not use screening tests or investigations which are not reliable or which do not have a sufficient predictive value in relation to the requirements of the work assignment. Where a choice is possible and appropriate, preference must always be given to non-invasive methods and to examinations, which do not involve any danger to the health of the worker concerned. An invasive investigation or an examination which involves a risk to the health of the worker concerned may only be advised after an evaluation of the benefits and the risks

involved and cannot be justified in relation to insurance claims. Such an investigation is subject to the worker's informed consent and must be performed according to the highest professional standards.

### Health promotion

13. Occupational health professionals may contribute to public health in different ways, in particular by their activities in health education, health promotion and health screening. When engaging in these programmes, occupational health professionals must seek the participation of both employers and workers in their design and in their implementation. They must also protect the confidentiality of personal health data of the workers.

### Protection of community and environment

14. Occupational health professionals must be aware of their role in relation to the protection of the community and of the environment. They must initiate and participate, as appropriate, in identifying, assessing and advising on the prevention of environmental hazards arising or which may result from operations or processes in the enterprise.

# Contribution to scientific knowledge

15. Occupational health professionals must report objectively to the scientific community on new or suspected occupational hazards and relevant preventive methods. Occupational health professionals involved in research must design and carry out their activities on a sound scientific basis with full professional independence and follow the ethical principles attached to research work and to medical research, including an evaluation by an independent committee on ethics, as appropriate.

## CONDITIONS OF EXECUTION OF THE FUNCTIONS OF OCCUPATIONAL HEALTH PROFESSIONALS

### Competence, integrity and impartiality

16. Occupational health professionals must always act, as a matter of priority, in the interest of the health and safety of the workers. Occupational health professionals must base their judgements on scientific knowledge and technical competence and call upon specialised expert advice as necessary. Occupational health professionals must refrain from any judgment, advice or activity which may endanger the trust in their integrity and impartiality.

### Professional independence

17. Occupational health professionals must maintain full professional independence and observe the rules of confidentiality in the execution of their functions. Occupational health professionals must under no

circumstances allow their judgment and statements to be influenced by any conflict of interest, in particular when advising the employer, the workers or their representatives in the undertaking on occupational hazards and situations which present evidence of danger to health or safety.

Equity, nondiscrimination and communication 18. The occupational health professionals must build a relationship of trust, confidence and equity with the people to whom they provide occupational health services. All workers should be treated in an equitable manner without any form of discrimination with regards to age, sex, social status, ethnic background, political, ideological or religious opinions, nature of the illness or the reason which led to the consultation of the occupational health professionals. A clear channel of communication must be established and maintained between occupational health professionals and the senior management executive responsible for decisions at the highest level about the conditions and the organisation of work and the working environment in the undertaking, or with the board of directors.

Clause on ethics in contracts of employment

19. Whenever appropriate, occupational professionals must request that a clause on ethics be incorporated in their contract of employment. This clause on ethics should include, in particular, the right of occupational health specialists to apply professional standards and principles of ethics. Occupational health professionals must not accept conditions of occupational health practice which do not allow for performance of their functions according to the desired professional standards and principles of ethics. Contracts of employment should contain guidance on the legal contractual and ethical position on matters of conflict, access to records and confidentiality in particular. Occupational health professionals must ensure that their contract of employment or service does not contain provisions which could limit their professional independence. In case of doubt, the terms of the contract must be checked with the assistance of the competent authority.

Records

20. Occupational health professionals must keep good records with the appropriate degree of confidentiality for the purpose of identifying occupational health problems in the enterprise. Such records include data relating to the surveillance of the working environment, personal data such as the employment history and health-related data such as the history of occupational exposure, results of personal monitoring of exposure to occupational hazards and fitness certificates. Workers must be given access to their own records.

Medical confidentiality 21. Individual medical data and the results of medical investigations must be recorded in confidential medical files which must be kept secured under the responsibility of the occupational health physician or the occupational health nurse. Access to medical files, their transmission, as well as their release, and the use of information contained in these files is governed by national laws or regulations and national codes of ethics for medical practitioners.

Collective health data 22. When there is no possibility of individual identification, information on group health data of workers may be disclosed to management and workers' representatives in the undertaking or to safety and health committees, where they exist, in order to help them in their duties to protect the health and safety of exposed groups of workers. Occupational injuries and occupational diseases must be reported to the competent authority according to national laws and regulations.

Relationships with health professionals

23. Occupational health professionals must not seek personal information which is not relevant to the protection of workers' health in relation to work. However, occupational physicians may seek further medical information or data from the worker's personal physician or hospital medical staff, with the worker's informed consent, for the purpose of protecting the health of this worker. In so doing, the occupational health physician must inform the worker's personal physician or hospital medical staff of his or her role and of the purpose for which the medical information or data is required. With the agreement of the worker, the occupational physician or the occupational health nurse may, if necessary, inform the worker's personal physician of relevant health data as well as of hazards, occupational exposures and constraints at work which represent a particular risk in view of the worker's state of health

Combatting abuses 24. Occupational health professionals must co-operate with other health professionals in the protection of the confidentiality of the health and medical data concerning workers. When there are problems of particular importance, occupational health professionals must inform the competent authority of procedures or practices currently used which are, in their opinion, contrary to the principles of ethics. This concerns in particular the medical confidentiality, including verbal comments, record keeping and the protection of confidentiality in the recording and in the use of information placed on computer.

Relationships with social partners 25. Occupational health professionals must increase the awareness of employers, workers and their representatives of the need for full professional independence and avoid any interference with medical confidentiality in order to respect human dignity and to enhance the acceptability and effectiveness of occupational health practice.

Promoting ethics and professional audit 26. Occupational health professionals must seek the support of employers, workers and their organisations, as well as of the competent authorities, for implementing the highest standards of ethics in occupational health practice. They should institute a programme of professional audit of their own activities in order to ensure that appropriate standards have been set, that they are being met and that deficiencies, if any, are detected and corrected.

#### RIBLIOGRAPHY AND REFERENCES

- International Code of Medical Ethics, adopted by the 3rd General Assembly of the World Medical Association, London, England, October 1949, amended by the 22nd World Medical Assembly, Sydney, Australia, August 1968, and the 35th World Medical Assembly. Venice, Italy, October 1983.
- Declaration of Helsinki: Recommendations guiding medical doctors in biomedical research involving human subjects, adopted by the 18th World Medical Assembly, Finland, 1964 and as revised by the 29th World Medical Assembly, Tokyo, Japan, 1975.
- Occupational Health Charter (as adopted at Brussels, 1969 and revised at Copenhagen, 1979 and Dublin, 1980), Standing Committee of Doctors of the EEC, CP 80-1-182, 11 December 1980.
- Code of Ethics for the Safety Profession, American Society of Safety Engineers, adopted by the ASSE Assembly in 1974.
- Code of Ethical Conduct for Physicians Providing Occupational Medical Services, adopted by the Board of Directors of the American Occupational Medical Association on 23 July 1976. Reaffirmed by the Board of Directors of the American College of Occupational Medicine on 28 October 1988.
- Code de Déontologie médicale, Conseil national de l'Ordre des Médecins, Décret no. 79-506 du 28 juin 1979 portant Code de déontologie médicale (1.0. du 30 juin 1979) remplaçant le décret no. 55-1591 du 28 novembre 1955 modifié par le décret no. 77-638 du 21 juin 1977.
- Code of Ethics, American Association of Occupational Health Nurses, adopted by the AAOHN Executive Committee in 1977.
- Code of Ethics for the Practice of Industrial Hygiene, American Academy of Industrial Hygienists, published in 1979.
- Guidance on Ethics for Occupational Physicians, Royal College of Physicians of London, Faculty of Occupational Medicine, 3rd Edition, December 1986 (first published in 1980).
- Occupational Health Services Convention (No. 161) and Recommendation (No. 171), 1985, International Labour Organisation, ILO, Geneva.
- Ethics for Occupational Health Physicians. A Report prepared by the Australian College of Occupational Medicine, Melbourne, February 1987
- Ethics in Occupational epidemiology (proposed supplementary note to NII and MRC report on ethics in epidemiological research), The Australasian College of Occupational Medicine.
- Provision of Occupational Health Services: A Guide for Physicians, Canadian Medical Association, December 1988.
- Professional Practice and Ethics for Occupational Health Nurses: in A Guide to an Occupational Health Service: a Handbook for Employers and Nurses. Published for the Royal College of Nursing by Soutari Projects, London. 2nd Edition, 1991.
- International Guidelines for Ethical Review of Epidemiological Studies, Council for International Organizations of Medical Sciences (CIOMS), Geneva, 1991.