INTERNATIONAL CODE OF ETHICS
FOR OCCUPATIONAL HEALTH PROFESSIONALS

UPDATED 2002

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*ICOH: International Commission on Occupational Health
Secretariat General
Address: Sergio Iavicoli MD, PhD
ISPESL - National Institute for Occupational Safety and Prevention
Via Fontana Candida, 1
00040 – Monteporzio Catone (Rome)
Italy
Tel: +39 06 94181407
Tel: +39 06 94181204
Fax: +39 06 94181556
Email Address: icohsg@iol.it

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The International Commission on Occupational Health (ICOH) is very pleased to publish this international Code of Ethics. The history of the drawing up of this fundamental guide in everyday occupational health medicine practice dates back to 1987, when its preparation was first discussed by the ICOH Board in Sydney.

In consideration of the ever-increasing demanding need of the changing worldwide work, my wish is that this valuable instrument may become more and more used within the scientific and practitioners community.

This document is the outcome of hard work and the contribution of the entire ICOH Community, including all those who submitted comments and suggestions, giving valuable input.

Of all, I would like to thank Past President Bengt Knave: this revised edition exists because he assigned a task group for the revision in triennium 2000-2002.

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Sergio Iavicoli, MD, PhD
Secretary-General

Preface

1. There are several reasons why an International Code of Ethics for Occupational Health Professionals, as distinct from codes of ethics for all medical practitioners, has been adopted by the International Commission on Occupational Health (ICOH). 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, public health and labour authorities and other bodies such as social security and judicial authorities. Another reason is the increasing number of occupational health and safety professionals as resulting from the compulsory or voluntary establishment of occupational health services. Yet another factor is the emerging development of a multidisciplinary approach in occupational health which implies an involvement in occupational health services of specialists who belong to various professions.

2. The International Code of Ethics for Occupational Health Professionals is relevant to many professional groups carrying out tasks and having responsibilities in enterprises as well as in the private and public sectors concerning safety, hygiene, health and the environment in relation to work. The term occupational health professionals category is for the purpose of this Code defined as a broadly target group whose common vocation is a professional commitment in pursuing an occupational health agenda. The scope of this Code covers activities of occupational health professionals both when they are acting in individual capacity and as part of organisations or undertakings providing services to clients and customers. The Code applies to occupational health professionals and occupational health services regardless of whether they operate in a free market context subject to competition or within the framework of public sector health services.

3. The 1992 International Code of Ethics laid down general principles of ethics in occupational health. These are still valid but need to be updated and rephrased to reinforce their relevance in the changing environment where occupational health is practised. The Code also needs to be regularly reinterpreted using terminology which is currently used and to engage the issues of occupational health ethics that are emerging in public and professional debates. Changes in working conditions and in social demand should be taken into account including those brought about by political and social developments in societies; demands on utility value, continued quality improvements and transparency; globalisation of the world economy and liberalisation of international trade; technical development and introduction of information technology as an integral element of production and services. All these aspects have repercussions on the context surrounding the occupational health practice and thereby influence the professional norms of conduct and the ethics of occupational health professionals.

4. The preparation of an International Code of Ethics for Occupational Health Professionals was discussed by the Board of the 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 1992 Code of Ethics for Occupational Health Professionals was approved by the Board of the ICOH on 29 November 1991 and published in English and French in 1992, reprinted in 1994 and 1996 and translated into eight languages.

5. A Working Group was established by the ICOH Board in 1993 with the aim of updating when appropriate the International Code of Ethics for Occupational Health Professionals and for the purpose of following up the overall theme of ethics in occupational health. Between 1993 and 1996 the Working Group included three members (Dr. G.H. Coppée, Prof. P. Grandjean and Prof. P. Westerholm) and 17 associate members who provided comments and proposed amendments. In December 1997, Dr. G.H. Coppée and Prof. P. Westerholm agreed with the ICOH Board that an in-depth revision of the Code of Ethics was not warranted at that

time but that an updating was justified since some parts of the text were not clear or needed to be more precise. It was foreseen, however, that a more extensive review aiming at supplementing the Code with new issues and themes needing to be addressed should be initiated by the ICOH.

6. A meeting of the members of the reconstituted Working Group on Ethics in Occupational Health (Prof. J.F. Caillard, Dr. G.H. Coppée and Prof. P. Westerholm) took place in Geneva on 14 and 15 December 1999 and reviewed the comments on the 1992 Code of Ethics received during the period 1993-99, in particular the contributions from the associate members. Since the purpose was not to revise but to update the 1992 Code of Ethics, its original structure was retained. Similarly, the wording of the paragraphs and their numbers were maintained although some improvements could have resulted from certain suggestions made by associate members for reorganising the text in a more systematic manner.

7. The 1992 Code consisted of a set of basic principles and practical guidelines presented in paragraphs framed in normative language. The Code was not and is not to become a textbook on ethics in occupational health. For this reason, paragraphs were not supplemented with commentaries. It is considered that it belongs to the professionals themselves and their associations to take an active role in further defining the conditions of application of the provisions of the Code in specific circumstances (e.g. by conducting case studies, group discussions and training workshops using the provisions of the Code to fuel a technical and ethical debate).

8. It should also be noted that more detailed guidance on a number of particular aspects can be found in national codes of ethics or guidelines for specific professions. Furthermore, the Code of Ethics does not aim to cover all areas of implementation or all aspects of the conduct of occupational health professionals or their relationships with social partners, other professionals and the public. It is acknowledged that some aspects of professional ethics may be specific to

certain professions and need additional ethical guidance (e.g. engineers, nurses, physicians, hygienists, psychologists, inspectors, architects, designers, work organisation specialists) as to research activities.

9. This Code of Ethics represents an attempt to translate in terms of professional conduct the values and ethical principles in occupational health. It is intended to guide all those who carry out occupational health activities and to set a reference level on the basis of which their performance can be assessed. This document may be used for the elaboration of national codes of ethics and for educational purposes. It may also be adopted on a voluntary basis and serve as a standard for defining and evaluating professional conduct. Its purpose is also to contribute to the development of a common set of principles for co- operation between all those concerned as well as to promote teamwork and a multidisciplinary approach in occupational health. It also provides a framework against which to document and justify departures from accepted practice and places a burden of responsibility on those who do not make their reasons explicit.

10. The ICOH Board wishes to thank all those who assisted in the updating of the Code of Ethics, in particular the members of the Working Group, Dr G.H. Coppée (ILO till August 2000), chairman and co-ordinator, Prof. P. Westerholm (Sweden), from July 1998 onwards, Prof. J-F Caillard, (France, ICOH President till August 2000), from September 2000, Prof. G. Schaecke (Germany), Dr W.M. Coombs (South-Africa) and consulted experts: Hon. J.L. Baudouin (Canada), Prof. A. David (Czech Republic), Prof. M.S. Frankel (United States), Prof T. Guidotti (USA), Prof. J. Jeyaratnam (Singapore), Dr. T. Kalhoulé (Burkina Faso), Dr. K. Kogi (Japan), Dr. M. Lesage (Canada), Dr. M.I. Mikheev (Russian Federation), Dr. T. Nilstun (Sweden), Dr. S. Niu (China), Prof. T. Norseth (Norway), Mr. I. Obadia (Canada), Dr. C.G. Ohlson (Sweden), Prof. C.L. Soskolne (Canada), Prof. B. Terracini (Italy), Dr. K. van Damme (Belgium).

11. The updated version 2002 of the International Code of Ethics for Occupational Health Professionals was circulated for comments to the Board Members during 2001 and its publication was approved by the Board of the ICOH on 12th of March , 2002.

12. It should be stressed that ethics should be considered as a subject which has no clear end boundaries and requires interactions, multidisciplinary co-operation, consultations and participation. The process may turn out to be more important than its ultimate outcome. A code of ethics for occupational health professionals should never be considered as «final» but as a milestone of a dynamic process involving the occupational health community as a whole, the ICOH and other organisations concerned with safety, health and the environment, including employers' and workers'organisations.

13. It cannot be overemphasised that ethics in occupational health is by essence a field of interactions between many partners. Good occupational health is inclusive, not exclusive. The elaboration and the implementation of professional conduct standards do not involve only the occupational health professionals themselves but also those who will benefit from or may feel threatened by their practice as well as those who will support its sound implementation or denounce its shortcomings. This document should therefore be kept under review and its revision should be undertaken when deemed necessary. Comments to improve its content should be addressed to the Secretary-General of the International Commission on Occupational Health.

Introduction

1. The aim of occupational health practice is to protect and promote workers' health, to sustain and improve their working capacity and ability, to contribute to the establishment and maintenance of a safe and healthy working environment for all, as well as to promote the adaptation of work to the capabilities of workers, taking into account their state of health.

2. The field of occupational health is broad and covers the prevention of all impairments arising out of employment, work injuries and work-related disorders, including occupational diseases and all aspects relating to the interactions between work and health. Occupational health professionals should be involved, whenever possible, in the design and choice of health and safety equipment, appropriate methods and procedures and safe work practices and they should encourage workers' participation in this field as well as feedback from experience.

3. On the basis of the principle of equity, occupational health professionals should assist workers in obtaining and maintaining employment notwithstanding their health deficiencies or their handicap. It should be duly recognised that there are particular occupational health needs of workers as determined by factors such as gender, age, physiological condition, social aspects, communication barriers or other factors. Such needs should be met on an individual basis with due concern to protection of health in relation to work and without leaving any possibility for discrimination.

4. For the purpose of this Code, the expression «occupational health professionals» is meant to include all those who, in a professional capacity, carry out occupational safety and health tasks, provide occupational health services or are involved in an occupational health practice. A wide range of disciplines are 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 rehabilitation therapy, 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 multidisciplinary team approach.

5. Many other professionals from a variety of disciplines such as chemistry, toxicology, engineering, radiation health, epidemiology, environmental health, applied sociology, insurance personnel and health education may also be involved, to some extent, in occupational health practice. Furthermore, public health and labour 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 relation to the improvement of the working environment and of working conditions.

6. The term «employers» means persons with recognised responsibility, commitment and duties towards workers in their employment by virtue of a mutually agreed relationship (a self-employed person is regarded as being both an employer and a worker). The term «workers» applies to any persons who work, whether full time, part time or temporarily for an employer; this term is used here in a broad sense covering all employees, including management staff and the self-employed (a self-employed person is regarded as having the duties of both an employer and a worker). The expression «competent authority» means a minister, government department or other public authority having the power to issue regulations, orders or other instruction having the force of law, and who is in charge of supervising and enforcing their implementation.

7. There is a wide range of duties, obligations and responsibilities as well as complex relationships among those concerned and involved in occupational safety and health matters. In general, obligations and responsibilities 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. It is important to define the role of occupational health professionals and their relationships with other professionals, with the competent authority and with social partners in the purview of economic, social, environmental and health policies. This calls for a clear view about the ethics of occupational health professionals and standards in their professional conduct. When specialists of several professions are working together within a multidisciplinary approach, they should endeavour to base their action on shared sets of values and have an understanding of each others' duties, obligations, responsibilities and professional standards.

8. 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, such as regular planning and reviewing of activities and continuous consultation with workers and management. Basic requirements for a sound occupational practice include 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. Occupational health professionals should make sure that the necessary conditions are met to enable them to carry out their activities according to good practice and to the highest professional standards. This should include adequate staffing, training and retraining, support and access to an appropriate level of senior management.

9. Further basic requirements for acceptable occupational health practice, often specified by national regulations, include free access to the workplace, the possibility of taking samples and assessing the working environment, making job analyses and participating in enquiries and consulting the competent authority on the implementation of occupational safety and health standards in the undertaking. Special attention should be given to ethical dilemmas which may arise from pursuing simultaneously objectives which may be competing such as the protection of employment and the protection of health, the right to information and confidentiality, and the conflicts between individual and collective interests.

10. The occupational health practice should meet the aims of occupational health which have been defined by the ILO and WHO in 1950 and updated as follows by the ILO/WHO Joint Committee on Occupational Health in 1995:

> Occupational health should aim at: the promotion and maintenance of the highest degree of physical, mental and social

well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the workers in an occupational environment adapted to his physiological and psychological capabilities; and, to summarise, the adaptation of work to man and of each man to his job. The main focus in occupational health is on three different objectives: (i) the maintenance and promotion of workers' health and working capacity; (ii) the improvement of working environment and work to become conducive to safety and health; and (iii) development of work organisations and working cultures in a direction which supports health and safety at work and in doing so also promotes a positive social climate and smooth operation and may enhance productivity of the undertakings. The concept of working culture is intended in this context to mean a reflection of the essential value systems adopted by the undertaking concerned. Such a culture is reflected in practice in the managerial systems, personnel policy, principles for participation, training policies and quality management of the undertaking.

11. It cannot be overemphasised that the central purpose of any occupational health practice is the primary prevention of occupational and work-related diseases and injuries. Such practice should take place under controlled conditions and within an organised framework – preferably involving professional occupational health services – in order to ensure that it is relevant, knowledge-based, sound from a scientific, ethical and technical point of view, and appropriate to the occupational risks in the enterprise and to the occupational health needs of the working population concerned.

12. It is increasingly understood that the purpose of a sound occupational health practice is not merely to perform assessments and to provide services but implies caring for workers' health and their working capacity with a view to protect, maintain and promote them. This approach of occupational health care and occupational health promotion addresses workers' health and their human and social needs in a comprehensive and coherent manner which includes preventive health care, health promotion, curative health care, first-aid rehabilitation and compensation where appropriate, as well as strategies for recovery and reintegration into the working environment. Similarly, the importance of considering the links between occupational health, environmental health, quality management, product safety and stewardship, public and community health and security is increasingly understood. This strategy is conducive to the development of occupational safety and health management systems, an emphasis on the choice of clean technologies and alliances with those who produce and those who protect in order to make development sustainable, equitable, socially useful and responsive to human needs.

Basic principles

The following three paragraphs summarise the principles of ethics and values on which is based the International Code of Ethics for Occupational Health Professionals.

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

The duties 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 duties.

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 and promote the health of workers, to promote a safe and healthy working environment, to protect the working capacity of workers and their access to employment. In pursuing this aim, occupational health professionals must use validated methods of risk evaluation, propose effective preventive measures and follow up their implementation. The occupational health professionals must provide competent and honest advice to the employers on fulfilling their responsibility in the field of occupational safety and health as well as to 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 develop their competence and to remain well informed in scientific and technical knowledge, occupational hazards and the most efficient means to eliminate or to minimise the relevant risks. As the emphasis must be on primary prevention defined in terms of policies, design, choice of clean technologies, engineering control measures and adapting work organisation and workplaces to workers, occupational health professionals must regularly and routinely, whenever possible, visit the workplaces and consult the workers 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 at work 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 undertakings and workplaces. The occupational health professionals must propose such a policy and programme on the basis of scientific and technical knowledge currently available as well as of their knowledge of the work organisation and environment. Occupational health professionals must ensure that they possess the required skill or secure the necessary expertise in order to provide advice on programmes of prevention which should include, as appropriate, measures for monitoring and management of occupational safety and health hazards and, in case of failure, for minimising consequences.

Emphasis on prevention and on a prompt action

4. Special consideration should be given to the rapid application of simple preventive measures which are technically sound and easily implemented. Further evaluation must check whether these measures are effective or if a more complete solution must be sought. When doubts exist about the severity of an occupational hazard, prudent precautionary action must be considered immediately and taken as appropriate. When there are uncertainties or differing opinions concerning nature of the hazards or the risks involved, occupational health professionals must be transparent in their assessment with respect to all concerned, avoid ambiguity in communicating their opinion and consult other professionals as necessary.

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 their employment. The workers concerned and their representatives in the enterprise should be informed and the competent authority should be contacted, whenever necessary.

Safety and health information

6. Occupational health professionals must contribute to the information for workers on occupational hazards to which they may be exposed in an objective and understandable manner which does not conceal any fact and emphasises the preventive measures. The occupational health professionals must co-operate with the employer, the workers and their representatives to ensure adequate information and training on health and safety to the management personnel and workers. Occupational health professionals must provide appropriate information to the employers, workers and their representatives about the level of scientific certainty or uncertainty of known and suspected occupational hazards at the workplace.

Commercial secrets

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

Health surveillance

8. The occupational health objectives, methods and procedures of health surveillance must be clearly defined with priority given to adaptation of workplaces to workers who must receive information in this respect. The relevance and validity of these methods and procedures must be assessed. The surveillance must be carried out with the informed consent of the workers. The potentially positive and negative consequences of participation in screening and health surveillance programmes should be discussed as part of the consent process. The health surveillance must be performed by an occupational health professional approved by the competent authority.

Information to the worker

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, when required, must be based on a good knowledge of the job demands and of the work-site and on the assessment of the health of the worker. The workers must be informed of the opportunity to challenge the conclusions concerning their fitness in relation to work that they feel contrary to their interest. An appeals procedure 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, with the emphasis put on proposals to adapt the tasks and working conditions to the abilities of the worker. 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, in so far as this is necessary to guarantee the protection of the worker's health.

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. In his advice, the occupational health professional must try to reconcile employment of the worker concerned with the safety or health of others that may be endangered.

Biological monitoring and investigations

12. Biological tests and other investigations must be chosen for their validity and relevance 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 to the worker and the risks involved. Such an investigation is subject to the worker's informed consent and must be performed according to the highest professional standards. It cannot be justified for insurance purposes or in relation to insurance claims.

Health promotion

13. When engaging in health education, health promotion, health screening and public health 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, and prevent their misuse.

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. With a view to contributing to environmental health and public health, occupational health professionals must initiate and participate, as appropriate, in identifying, assessing, advertising and advising for the purpose of prevention on occupational and 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 as well as to the public health and labour authorities on new or suspected occupational hazards. They must also report on new 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 prime concern, 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 judgement, advice or activity which may endanger the trust in their integrity and impartiality.

Professional independence

17. Occupational health professionals must seek and 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 judgement 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, non-discrimination 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 as regards their condition, their convictions or the reason which led to the consultation of the occupational health professionals. Occupational health professionals must establish and maintain clear channels of communication among themselves, the senior management responsible for decisions at the highest level about the conditions and the organisation of work and the working environment in the undertaking, and with the workers' representatives.

Clause on ethics in contracts of employment

19. Occupational health professionals must request that a clause on ethics be incorporated in their contract of employment. This clause on ethics should include, in particular, their right to apply professional standards, guidelines and codes 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 aspects and on management 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 about the terms of the contract legal advice must be sought and the competent authority must be consulted as appropriate.

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 occupational health 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 the data relating to the surveillance of the working environment and to their own occupational health 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 and their release are governed by national laws or regulations on medical data where they exist and relevant national codes of ethics for health professionals and medical practitioners. The information contained in these files must only be used for occupational health purposes.

Collective health data

22. When there is no possibility of individual identification, information on aggregate health data on groups 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 work-related 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, maintenance or promotion of workers' health in relation to work or to the overall health of the workforce. Occupational health physicians may seek further medical information or data from the worker's personal physician or hospital medical staff, with the worker's informed consent, but only for the purpose of protecting, maintaining or promoting the health of the worker concerned. 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 health 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.

Combating 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. Occupational health professionals must identify, assess and point out to those concerned procedures or practices which are, in their opinion, contrary to the principles of ethics embodied in this Code and inform the competent authority when necessary. This concerns in particular instances of misuse or abuse of occupational health data, concealing or withholding findings, violating medical confidentiality or of inadequate protection of records in particular as regards information placed on computers.

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 commitment to protect 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 and co-operation of employers, workers and their organisations, as well as of the competent authorities, for implementing the highest standards of ethics in occupational health practice. Occupational health professionals must institute a programme of professional audit of their activities to ensure that appropriate standards have been set, that they are being met and that deficiencies, if any, are detected and corrected and that steps are taken to ensure continuous improvement of professional performance.

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