

Current Developments and Future Directions of Occupational Health in Malaysia

K G Rampal, Department of Community Health, Medical Faculty, Hospital Universiti Kebangsaan Malaysia, Jalan Tenteram, Cheras 56000 Kuala Lumpur

Occupational Health (OH) aims at protecting and promoting the health of the economically active sector of the population - the workforce. It is this economically active sector that pays the taxes and produces the goods contributing to a nation's GDP. How cognizant are policy makers, administrators, employers and employees of occupational health and how do we convince them that good health of the workforce is good for business. Professor Malcolm Harrington raised these and other questions at the 26th International Conference on Occupational Health 2000 (ICOH 2000) held in August 2000 in Singapore. The question is whether occupational health is a saleable commodity, and if it is believed that occupational health has fiscal, moral and ethical worth, why is it failing to succeed. Reasons given for this included: low profile and hence low priority with politicians and the public; globalization of workplaces leading to inequity in health care, when low cost and high quality products become the goal and quality of working life is sacrificed and the real costs of occupational illness and injury are not borne by employer but by the state and hence difficult to sell the benefits of OH¹. Emerging OH problems and the need for new solutions provide an excellent opportunity for us to review current developments and to contemplate future directions for OH in Malaysia.

Policy makers in Malaysia have in recent years been cognizant of the need for occupational safety and health (OSH) and have introduced fairly comprehensive legislation by enacting the Occupational Safety and Health Act 1994 (OSHA 1994)² and the regulations under the Act e.g. Control of Industrial Major Accident Hazards Regulations 1996, the Safety and Health Committee Regulations 1996, Safety and Health Officer

Regulations 1997, Classification, Packaging and Labeling of Hazardous Chemicals Regulations 1997 and the Use and Standard of Exposure of Chemicals Hazardous to Health Regulations 2000 (USECHH 2000)³. These complement already existing legislation and provide coverage for all workers, except for those in the Armed Forces and those involved in maritime activities and covered by separate laws. The Department of Occupational Safety and Health in the Ministry of Human Resources is the main player in providing OSH in Malaysia. It aims at promoting safe and healthy work places through inculcating a safety culture and self-regulation in Malaysian workplaces. While it is clear that the legislation for ensuring effective OSH programs exists, enforcement by the government and implementation by the employers is still poor especially with the small and medium enterprises and larger locally incorporated companies. The public sector, which these legislation also cover, is slowly becoming aware of the need for OSH policies and programs, and is making some attempt to implement them. Commitment to implement OSH programs appears to be lacking.

Are we moving towards a safety culture as advocated by the policy makers? How successful are we in self-regulation in OSH? Some may even ask whether we are ready for self-regulation in OSH. While there is a whole spectrum of employers ranging from those who are serious, enlightened and making conscious efforts to provide the best possible OSH programs to those only concerned with what is the minimum that is required by the law, there are others who have not even taken the first step citing ignorance of the law or being unaware of the need to do something.

In the context of new legislation there is an expanded role for the medical practitioner. OSHA 1994 requires medical surveillance to be carried out by persons registered with the Director General of the Department of Occupational Safety and Health (DOSH). Of particular significance to the medical profession is the requirement under USECHH 2000 for medical surveillance to be conducted by occupational health doctor at intervals of not more than 12 months for employees exposed to or likely to be exposed to chemicals hazardous to health and specified in Schedule II of the Regulations. The OH doctor is also required to determine and provide opinion to employers regarding employees' medical condition which places him at increased risk of impairment to health from exposure to chemicals hazardous to health. This is for the purpose of medical removal protection of employees. DOSH has already begun the process of registering OH doctors intending to conduct medical surveillance under this regulation.

In recent years the Ministry of Health through its Workers and Environmental Health Unit has become active in OSH. It has developed a program to improve surveillance schemes for notification of occupational diseases, poisonings and accidents, training for Ministry of Health (MOH) staff on OSHA 1994 and achieving compliance and on risk assessment and management in the workplace in particular health care facilities. With additional specific short courses, the health inspector in the Ministry of Health and local authorities is an ideal candidate to complement authorities enforcing OSH legislation. The Ministry of Health is currently piloting the World Health Organization's "Healthy Workplaces Initiative".

Another question that begs to be answered relates to the adequacy of the system for compensation for occupational injuries and diseases. Compensation for occupational injuries and diseases is provided for under the Employment Injury Scheme. Contributions made for the Disability Pension Scheme provide for contributors permanently disabled (and not able to earn more than a third of their monthly income) from medical conditions not related to work. Both these schemes administered by the Social Security Organization (SOCSO) and benefits are reviewed periodically. Assessment of permanent disability for

those applying to be compensated is carried out by Medical Boards established in government hospitals. Guidelines on deciding percentage of disability to whole person as a result of various medical conditions is lacking. This has led to clear differences in decisions made by different boards on cases with similar disabilities. The American Medical Association Guide on Permanent Impairment, which is gaining acceptance internationally, could be used by these SOCSO Medical Boards. It may also be prudent to include occupational physicians in these Medical Boards especially the Special Medical Boards where decisions are being made on compensation for occupational diseases. SOCSO may also need to introduce training programs for insurance medical practitioners to have a better understanding of impairment and disability to assist medical boards in their decision-making. Foreign workers are covered by a scheme under the Workmen's Compensation Act, 1952. How good is the coverage and are the benefits under this scheme adequate for these workers? Reports are also seen in the local media of difficulties and delays in obtaining benefits due to injured employees or their dependents.

What are the common occupational health problems facing the Malaysian workforce?

Rapidly industrializing countries, of which Malaysia is an excellent example, have to bear a double burden of occupational health problems. While cases of silicosis and pesticide poisoning still exist, new problems including work-related upper limb disorders due to assembly line work, sudden unexplained deaths among migrant workers, sick building syndrome due to efforts to conserve electricity, psychological stress due to increased demands on the worker with low control and burnout are reported. While the number of occupational injuries reported to SOCSO are on the decline in Malaysia from 133,293 in 1993 to 86,589 in 1997 the number of fatalities are on the rise. The decline is among injuries at work with an increase in commuting injuries⁴. Questions are raised whether this decline is real (noting the increased number of fatalities) or at least how much of this decline is contributed by applicants not claiming benefits finding procedures to claim increasingly tedious and employers choosing to claim from insurance companies while continuing to contribute to SOCSO to comply with the law.

Occupational health issues that need to be also addressed include the following:-

An increase in the number of women in the workplace and women working longer into their pregnancies call for a need to introduce reproductive health policies requiring assessments of workplace for reproductive hazards in order to protect the pregnant and breast feeding employees similar to pregnancy directives in the European Union. While guidance exists for employees at risk of exposure to HIV and Hepatitis B in the health care sector, guidance for other groups of employees at risk need to be introduced. How do we protect the health care and other workers involved in fighting emerging infections e.g. Nipah virus infections? With increased use of mobile phones, questions regarding health effects of electromagnetic fields (EMF) are being raised. New technologies aiming to improve efficiency are always emerging. While the industrial revolution with the conveyor system led to an increase in musculo-skeletal disorders, in the future working with robots, intelligent manufacturing systems and in virtual environments are expected to lead to increased stress.

Training needs for OSH have increased tremendously in line with legislative needs. The National Institute of Occupational Safety and Health (NIOSH) located in Bangi conducts certificate level training programs for safety and health professionals. It has since September 2000 taken over the responsibility of conducting the Introductory Course in Occupational Medicine which was previously conducted jointly by Universiti Kebangsaan Malaysia (UKM), Department of Occupational Safety and Health and the Academy of Family Physicians (and later Society of Occupational and Environmental Medicine, MMA) beginning in 1990. This course is for medical practitioners intending to register as OH doctors with DOSH. A postgraduate diploma course in OH is being conducted by UKM and Edith Cowan University and for the Licentiate and membership of the Faculty of Occupational Medicine by the Society of Medical Graduates in India Malaysia (SOMGRIM). Masters in Public Health/ Community Health courses with specialization in occupational health are conducted by UKM and Universiti Sains Malaysia and a doctoral program at UKM. An undergraduate program in OSH is being conducted by Universiti Putra Malaysia.

Occupational and environmental health has been identified as a priority area under the Intensification of Research in Priority Areas (Health Sector) for the 8th Malaysia Plan under the Ministry of Science and Technology. OSH research currently is mainly being carried out by the universities. Multi-center research in OH is being encouraged and currently being conducted under the Panel Initiated-Top Down Healthy Life Style Program. NIOSH has since 1999 committed to spend 10-20 percent of its annual income from its launching grant to fund both intramural in-house and extramural external applied research. Guidelines are being drawn regarding this and it is expected that this source will be a popular funding source for postgraduate students conducting applied research. The Environmental Health Research Center at the Institute of Medical Research has included OH research as one of its areas of focus.

Increasingly enlightened management are beginning to introduce management systems in their workplaces. The nature of the management system varies. While plans for introducing the ISO18000 for OSH management in the workplace did not materialize, OSHAS 18000 is already beginning to be introduced in Malaysia by SIRIM. Worldwide the International Labor Organization is already introducing its own management system that is expected to gain favor among member countries in the coming years. Assessing risks and managing them is integral in most of these management systems. In Malaysia, the USECHH Regulations for the management of chemicals in the workplace already requires chemical health risk assessments to be carried out. These risk assessments could be extended to assess risks from physical, biological and psychosocial hazards in the workplace.

Workplaces in the country are going to be subjected to the phenomenon of globalization. The liberalization of trade and the increased transfer of capital, industry and services that is expected, will lead to introduction of new technologies, work organizations, work processes and substances. As we move from an industrial based to a knowledge-based economy (k-economy), changes in work structure and competencies (information technology related) are expected of workers. Occupational health professionals need to be aware and to prepare for these coming challenges.

References

1. Harrington, M. Occupational health: Is it a saleable commodity? Keynote Addresses. 26th International Congress on Occupational Health 27 Aug - 1 Sep 2000 63-66.
2. Occupational Safety and Health Act 1994, Malaysia.
3. Occupational Safety and Health (Use and Standard of Exposure of Chemicals hazardous to Health) Regulations 2000, Malaysia.
4. Social Security Organization Annual Report 1997, Malaysia, pp 63.