You won’t need reminding that last year was the centenary of the appointment of Dr Thomas Legge as the first ever Her Majesty’s Chief Medical Inspector of Factories. Dr Legge was one of the founding fathers of occupational medicine, and I am proud that as well as being the first medical HMI, he also became the first TUC medical adviser.

Dr Legge epitomized all that trade unions could want from an occupational physician. As a civil servant, he put a high premium on visiting factories and talking about the job with our members. He was also particularly brave in putting his professional ethics and commitment to worker health above his career, resigning his position as Chief Medical Inspector in 1926 when the government refused to ratify the White Lead Convention, an International Labour Organization convention that he had helped draft in 1921.

Outside the civil service, Thomas Legge became involved in what is now known as medico-legal work, handling numerous cases for the first and greatest trade union lawyer, W. H. Thompson. In truth, Dr Legge had shown his commitment to proper compensation many years before, helping to extend workmen’s injury compensation to industrial diseases. And finally, at the end of his life, he worked directly for the TUC, the first of only five medical advisers that we have ever had.

Dr Legge’s is a hard act for your profession to follow. But the litany of industrial diseases that he dealt with a hundred years ago demonstrates why it is so vital that his act should be reprised again and again.

His championing of the White Lead Convention (still not ratified by the UK, 77 years after its adoption by the ILO) may look dated today. But last April, new Control of Lead at Work Regulations were introduced, demonstrating that lead itself is certainly still a problem (and still contentious — Opposition Leader William Hague MP opposed them).

Dr Legge also worked on anthrax (an issue which is not confined to the biological warlords, as its discovery at King’s Cross last year has shown) and asbestos — now killing 4,000 people a year in the UK, a number set to rise to 200 a week by the year 2020.\(^1\)

If only we didn’t need to follow in Legge’s footsteps!

One hundred years on from his appointment, how do trade unions see the occupational physician? You are a curate’s egg — good in parts!

One of the best examples of all that is best and worst in your profession was explained to me by Professor Malcolm Harrington, former Chairman of the Industrial Injuries Advisory Council and Director of the Institute of Occupational Health. He recalled for MPs from the All-Party Group on Occupational Safety and Health that, as a young occupational physician, he had been retained by a brewing company to advise on occupational safety matters. He toured the brewery and produced a report replete with recommendations for action. The manager he reported to agreed that it was indeed a fine report, but it would not be pursued because it would involve too much expenditure.

I think Malcolm was more shocked by the fact that a layman had failed to follow his professional advice than by the callous and calculating dismissal of measures designed to prevent injury and illness for the sake of the balance sheet!

But the lesson that experience taught Professor Harrington was that occupational medicine is not an academic discipline (and I’m glad to say that he retains that lesson even despite his years as a university Professor!) Your world is the same world that I inhabit — a world of compromising what is quite clearly the right thing to do with that which is possible, achievable and winnable.

Let me therefore suggest that occupational physicians are, by and large:

- committed to workers’ health;
- involved at the grass roots and
- pragmatic.

Unfortunately, those generally positive and likeable features can also lead to the faults of hubris and partiality.

I’ve heard reports of occupational physicians telling trade union members that they are wrong about their own experiences, because the occupational physician is so convinced that they alone know most about workers’ health that they overlook the fact that the worker may be more right than they are.

An Italian trade union observer once declared that ‘the intellect knows but cannot feel and therefore does not
understand — the worker feels but does not know and also does not understand." The first is certainly a pitfall which occupational physicians can fall into, and we are too often told by experts that our members have irrational fears about certain hazards, and are glibly ignorant of the risks of others.

When doctors give up smoking, or drinking to excess, I will take such complaints about working people’s views more seriously!

Trade unions are also sometimes faced with company doctors whom we feel are arguing the case of their employers rather than taking the sort of independent line that saw Dr Legge abandoning his secure income — and put like that, it would be hard indeed for an occupational physician to swear that they had never succumbed to such pressure from their employer. It almost certainly happens (more often unconsciously than as a deliberate act) but it is still a widely held perception among trade unionists that the first loyalty of the company doctor is to the employer, with the duty to the worker coming second.

When the Labour Research Department made this allegation recently in reporting the views expressed by Safety Representatives responding to a survey on occupational health services, some of the nursing profession responded with outrage.

Whether the charge is valid or not (and there must be a grain of truth in it), if the Safety Representatives have that perception, then occupational health professionals have a problem that needs sorting out, rather than ignoring (or blaming the messenger, an all-too familiar temptation).

Perhaps the world Legge moved to from the HMI, medico-legal practice, provides a better explanation than the conspiracy theory that ‘he who pays the piper calls the tune’.

Three years ago, the now Master of the Rolls, Lord Woolf produced a report on access to justice which proposed that rather than allow both plaintiff and defendant to produce their ‘own’ medical expert, judges should appoint a single expert to provide medical evidence in personal injury compensation cases.

In reality, most cases are indeed settled on one medical professional’s evidence. But it is by no means uncommon for trials to involve completely conflicting medical views from the experts selected by the trade union law firm on the one hand and the defendant’s insurer on the other.

Is this because, as Lord Woolf and the conspiracy theorists suggest, some occupational physicians are partisan, favouring always one side or the other? The case of a noted hand surgeon, whom I will call Mr X, suggests otherwise.

Mr X used to appear regularly as a defence witness in RSI cases, consistently disputing the causation and even occasionally the existence of the disease itself. He was, for a while, demonized by RSI campaigners and sufferers, as a ‘defendant’s man’.

Yet in cases of hand injury due to machines, he has often been the trade union lawyers’ witness. And he is no Vicar of Bray — he is consistent in his opinions.

The reality is that there are some areas of occupational medicine where the answers are not all known, and there are genuine differences of opinion between physicians. Even on such a well-researched issue as asbestos, we have seen world-renowned experts produce completely contradictory analyses of the same data — and staunchly defend the other’s right to interpret the data in such an apparently contrary way!

If my remarks suggest that we find occupational physicians infuriating at times, that is no less than the truth. But as I hope I indicated earlier, we also find occupational physicians more sympathetic than the run of the profession.

Someone once suggested that one of the key failings of Western medicine was that to advance as a doctor, you have to learn more and more about less and less until you are an expert on absolutely nothing at all!

Occupational physicians, by contrast, are generalists, almost Academic in the breadth of their interest, albeit in only one field of human activity. Since that field is also the field of trade unions — the world of work — it is hardly surprising that we have more in common with you than with the medical profession as a whole.

I hope that the relationship between the occupational medicine profession and the trade union movement that Legge at least epitomized, if not created, is getting stronger. The challenges which we face in convincing the medical establishment, through the process of turning the government’s green paper on public health white, of the importance to public health generally of occupational health, provide copious ground for working in partnership. The TUC/Health and Safety at Work-sponsored National Occupational Health Forum is perhaps the most concrete example of that partnership.

A hundred years on from Dr Legge’s appointment, the challenges facing occupational physicians — over nineteen million days of work lost due to occupational illness and injury — are huge.

But it is part of that Holmesian inheritance of the occupational physician that the scale of the problem is not daunting, because for occupational physicians there are no insuperable difficulties, only answers waiting to be found.

REFERENCES

2. Gramsci A. Selections from the Prison Notebooks.