BOOK REVIEWS


The International Association of Oil and Gas Producers (OGP) represents oil and gas and oil service companies. The aim of the association is to promote responsible behaviour and set standards for the industry. The health subcommittee is made up of medical doctors and health and safety managers working in the industry. They have published a number of reports on health issues affecting the oil and gas industry. This new report replaces three previous OGP documents which were published in 1993/1995:

- Health Management for Remote Land Based Geophysical Operations (Report no. 6.30/190, April 1993)
- Standards for Local Medical Support (Report no. 6.44/222, May 1995)
- Health Assessment of Fitness to Work in the Exploration and Production (E&P) Industry (Report 6.46/228, November 1995)

The aim of this review was to simplify and integrate into a single document the recommendations of the OGP health subcommittee considered essential for optimal health management from conception and throughout the entire duration of field operations.

This report is primarily aimed at those who are managing health support for operations in the oil and gas industry. This includes health care practitioners, but also health and safety and project managers. It is, however, relevant to all those who are providing medical support to operations in remote locations, whatever the industry.

The publication starts with a review of health management systems and occupational health. These are a little basic, but the target audience is not all medical. The book then deals with all the major aspects of project health management in subsequent chapters. This includes the preparation phase for the project outlining the Health Impact Assessment; it stresses the importance of a full Health Risk Assessment, with the identification of health hazards and a discussion of risk management. The preparation of individuals for an international assignment is discussed, with medical screening and briefing. The systems for caring for the health of international employees and dependents are also covered. This includes a chapter on how the repatriation to the home country should be handled at the end of the assignment. For many expatriates, this can be one of the most difficult periods. The report also addresses the care of the local work force, which are likely to be in the majority. There is a long chapter on standards for health care facilities, and this includes check lists of essential equipment and services. This is extremely useful in defining necessary levels of medical provision when planning a project. There is also a suggested format for auditing existing facilities. Along with chapters on hygiene, medical evacuation and communication, the report is very comprehensive in its scope.

With the combination of three reports, some of the detail has been lost. Previous reports gave guidelines on the suggested scale of medical staffing given the number of workers, the risk profile of the project and its remoteness. This unfortunately has been omitted from the new report. Nonetheless, this report is highly recommended to medical staff and managers dealing with medical project management in remote locations. It outlines the whole structure for medical management of the project from conception to demobilization. To achieve that in 47 pages is quite an achievement.

Rating

For those involved in medically supporting projects in remote areas: ★★★★☆ (Essential for the bookshelf)
For others: ★★★☆☆ (Borrow from the library)

Will Ponsonby

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It may not appear to be the most exciting title, but this is a very interesting book for the occupational physician. It is far lighter than one would expect in writing style,
given the subject matter and the broad international perspective is particularly interesting.

The authors write in their summary:

Back pain is one of the most common reasons for chronic disability and incapacity for work in adults of working age and is a good example of current Social Security problems. From a health care perspective, back pain is not a disease but a common bodily symptom, and chronic low back disability depends more on psychosocial factors than on physical pathology. From an epidemiological perspective, back pain is not a discreet health problem, but is often associated with other pains, co-morbidities, psychological and stress-related symptoms, and work-related or other social problems.

This book seeks to provide a comprehensive review of the scientific and Social Security literature, and Social Security statistics on back pain in various EU and OECD countries. This evidence is then integrated with a modern, biopsychosocial model of pain and disability, to provide a factual and theoretical background to the debate on disability and incapacity benefits. Some of the issues raised may be equally relevant to other common Social Security problems, such as musculoskeletal complaints, stress-related disorders and chronic fatigue.

As occupational physicians, we are probably all aware of the size of the issue, but the background that this book provides is fascinating. There are innumerable tables and graphs, containing powerful information that could be useful in persuading others of what we already understand. The book appears to be remarkably small and light for its 325 pages of text. There are also a full 15 pages of references.

This book also stimulates the reader to ask questions about areas that we clearly do not understand. Not surprisingly, perhaps, for this subject, the book is ultimately depressing in concluding that fundamental cultural changes in attitudes and behaviour about sickness absence, healthcare, disability, incapacity for work and social support are needed. We would probably all agree that this is going to be difficult to achieve, but what better way to start than by having an in-depth review of the issues.

This is a really useful book to have on the shelf to stimulate trainees to understand the complexities of how apparently work-related conditions fit into a societal and cultural background, and as a source of much useful practical data to create and support evidence-based argument.

Rating
☆☆☆☆ (Buy, read and keep)

Kevin Holland-Elliott


The editors of this book come from Milan, Rome and Birmingham. They all have excellent credentials to edit a book which looks at historical aspects of occupational medicine.

The book is intended not only for occupational health practitioners, but also for other experts and researchers (historians, sociologists, economists, etc.) to help their understanding of issues relevant to the origins of professional organisations within the field of occupational health.

I was very pleasantly surprised by how much enjoyment I gained from the book, which is a collection of individual contributions made by authors from 23 different countries. Chapters from Argentina to the USA outline the development of occupational health associations and professional organizations, as well as a history of occupational health in my own country (UK). Medical, nursing and hygiene associations are all included and the pioneers in each field are identified. Each chapter also includes a description of the political and social context from which the organizations were founded and developed. The historical sections are fascinating, and the book successfully recreates lives of workers and doctors over the last 100 years.

There are differences in format and style between the chapters, but these differences themselves are of interest as they reflect the perception of occupational health from different cultural viewpoints.

This book makes interesting reading for occupational physicians, but should be seen as a collection of