**OCCUPATIONAL MEDICINE IN SWEDEN**

**What work takes place in your country?**

There are 9 million inhabitants in Sweden and 76% of people of working age were employed in 2007. Finance, retail, services and technology are all important employment sectors while manufacturing continues to decrease.

**What are the key occupational diseases?**

The most commonly reported problems, for both women and men, are stress and mental strain, strenuous working positions and heavy manual labour. Work-related respiratory symptoms are also common. Sickness absence and associated costs have been estimated to be ~15 billion Euro. The social security system has changed with the overall aim of returning people to the active workforce.

**How is occupational health provided?**

Occupational medicine and occupational health (OH) have been two separate disciplines. Occupational medicine was changed to occupational and environmental medicine (OEM) in 1992 and specialists primarily work in university hospitals, where they are occupied with clinical duties (examination of complicated referral cases), providing advice and carrying out teaching and research. OH specialists primarily work in corporate health centres, which provide services to multiple companies, or in units within large corporations. Their main duties include preventive and diagnostic measures for work-related injuries and diseases plus work adaptation and rehabilitation.

In 2008, OEM became a new basic speciality including occupational medicine, environmental medicine and OH. This will change specialist training and build on a common curriculum but services will still be provided at university hospitals and in corporate health centres.

**Who provides the services?**

There are 92 specialists in OEM and 1170 OH specialists in Sweden as of January 2009. There are concerns regarding the capacity to train new specialists. It is still possible to become an OH specialist provided that you have another medical speciality and take a corporate–physician course. This training was provided by National Institute for Working Life (NIWL) until 2007 when it closed down and the training has temporarily been transferred to the university clinics. OH services are also provided by other staff for example specialist nurses, physical therapists and ergonomists, psychologists and occupational hygienists.

**How is OH represented?**

The Swedish Society of Occupational and Environmental Medicine has existed since 2007 and has 164 members. The Swedish Society of Medicine is organized into sections and the OEM section has 250 members. It promotes development of training and research within the field of occupational medicine and environmental hygiene. The Swedish Association of Occupational Health Physicians includes ~800 OH specialists.

**What legislation do you have that impacts on the provision of OH?**

The Work Environment Act of Sweden stipulates that the employer has a clear-cut responsibility regarding the physical working environment and psychosocial workplace conditions. There is no specific legislation that states employers must provide services but about two-thirds of the workforce have access to an OH service. Corporate OH services are presently in transition. It is proposed that specialists should have a more specific role regarding health insurance matters collaborating with the social insurance office.

**What about research and education?**

The NIWL closed down in 2007. There are eight academic centres but not all of them cover a full range of OEM expertise. The Swedish Work Environment Authority has the public policy objective of a good working environment for all. It has been recognized that a central function for research and education is missing.

**What has your country contributed to the advancement of the speciality?**

Sweden has contributed substantially to modern occupational medicine. It has been a prioritized research area of great economic value. Personal identification numbers and central registers have made high-quality epidemiologic research possible. There has been a tradition of collaboration and openness between employers and unions making corporate-based studies feasible. The tradition of high-quality rehabilitation research is also of great value. Significant contributions have been made in the fields of ergonomics, psychosocial factors and work organization.

**Magnus Svartengren**

Department of Public Health Services, Division of Occupational and Environmental Medicine, Karolinska Institutet, Stockholm, Sweden
e-mail: magnus.svartengren@ki.se