Why I became an occupational physician...

In the early 1960s, I moved from my home town of Trieste in north-eastern Italy, to the renowned University of Pavia, where as a third-year medical student, I chose to attend the Institute of Occupational Medicine in preference to the crowded wards of the medical departments. It was a choice that influenced my future. In those years, the institute, chaired by Professor Salvatore Maugeri, included clinical sections, outpatient services, laboratories, a toxicology section and other facilities. The social, stimulating and demanding environment allowed students to combine hard and effective work with easy and efficient learning and develop strong ties with residents and doctors. After my degree in medicine and a 2-year period of military service, Professor Maugeri made me an offer that I could not refuse: to undertake an academic career working as his assistant. His outstanding management abilities coupled with exceptional empathy resulted in the foundation of the prestigious Institute of Research and Care, which was later named after him.

In the 1970s, I worked in the cardiology section studying the cardiovascular effects of carbon disulfide, in the clinics of occupational medicine developing skills to diagnose occupational disorders and in the toxicology laboratory studying the effects of metals and solvents. After completing specializations in cardiology, internal medicine and occupational medicine in the early 1980s, I was appointed as an associate professor of occupational medicine.

In the early 1990s, I was appointed chair of occupational medicine at the University of Modena. Even though the name of Modena is inextricably associated with that of Bernardino Ramazzini, the founder of occupational medicine who taught there at the end of the seventeenth century, at the time of my appointment, there was no academic occupational medicine facility. That period was exceptionally challenging, stimulating and engaging. I developed growing international relationships fostered by active participation in associations such as European Association of Schools of Occupational Medicine, Union Européenne des Médecins Spécialistes (European Union of Medical Specialists) and International Commission on Occupational Health. Meanwhile, thanks to the incorporation of Directive 89/391 into Italian law, I had the opportunity to develop a professional activity in the university and the teaching hospital and to improve the formative process of the school of occupational medicine through the implementation of a quality system. At that time, I assumed that some mandatory interventions, performed by doctors, were either obsolete, useless for the effective protection of workers’ health or could be carried out by nurses or simply omitted. This observation led me to apply the principles of scientific evidence, not without resistance from colleagues, to the daily activities of occupational physicians, a journey still to be completed.

It might be observed that I never made a demanding career choice and I came into occupational medicine by luck, coincidence or serendipity? An answer can be found in a reflection by Cesare Musatti, the founder of psychoanalysis in Italy. He said that whoever began an academic career did so because they did not want to stop being a student but wanted to delay the traumatic entry into a new environment.

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