The ICOH Code of Ethics for Occupational Health Professionals
I.   Overview and Principles

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Occupational health practice often presents ethical challenges because of the complexity of situations, because of sensitive confidentiality issues, and because the practitioner has a dual responsibility to the worker and the employer. In occupational medicine, another source of confusion has been the status of the worker as patient or a subject to whom no physician-patient relationship attaches.

It is fair to say that occupational medicine faced and addressed these ethical quandaries many years ago and has placed great emphasis on ethical issues for many years. For the rest of medicine, however, these same issues (or their equivalent in ethical terms in general medicine) has come as a shock and source of dismay. The simple truth is that the physician does not control all aspects of healthcare and the sharing of health information in any aspect of medicine these days, and never did in occupational medicine. In such situations, standards of ethics are even more important to guide the professional and to defend his or her actions against pressures to compromise or bend the rules.

The world standard in ethics for occupational health is the International Code of Ethics for Occupational Health Professionals of the International Commission on Occupational Health (http://www.icohweb.org/core_docs/code_ethics_eng.pdf). This Code should be read and understood by all occupational health professionals.

The ICOH Code covers all occupational health professionals, including physicians, nurses, hygienists, psychologists, ergonomists and persons without professional training who have responsibility for managing occupational health in their organizations. This consistency is important for two reasons. First, it reflects a shared set of values that apply to all aspects of occupational health and which emphasize fair treatment for the worker. Second, the provision of one code for all occupational health professions is important to avoid confusing and exploitation that would result if different occupational health professions (, and so forth) followed different rules on, for example, confidentiality.

The ICOH Code therefore applies to any professional who works in the domain of occupational health and overlays the standard of practice and ethics for the profession or discipline. Although major organizations such as the American college of Occupational and Environmental Medicine and the American Association of Occupational Health Nurses have their own codes of ethics, they are consistent with and harmonized with the ICOH Code. In turn, the ICOH Code neither replaces nor subordinates medical ethics in general but helpfully clarifies where and when more conventional physician-patient medical ethics applies and fills in the gaps where it does not.

Principles of the ICOH Code are laid out in a lengthy introduction articulating the following general principles:
- The highest goal of occupational health practice is protection and prevention.
- A safe and healthy workplace is the responsibility of the employer.

- The workplace should be changed, working conditions should be safe and healthful, and work should be adapted to the worker rather than the other way around.
- "Occupational health professionals should assist workers in obtaining and maintaining employment notwithstanding their health deficiencies or their handicap." This reflects the modern view that disability is a condition of mismatch between the person's ability and the environment, not a category of person.
- Occupational health professionals are defined by their role, not by credentials or formal titles. Anyone with responsibility for workers' health has a duty to protect and promote workers' health and a commitment to a safe and healthy workplace.
- Discrimination is not acceptable.
- Occupational health professionals should be independent, free to give advice, adequately provided with resources, and allowed to practice according to the highest professional standards. If these conditions are not met, the occupational health professional has to consider whether they wish to be part of the employer's organization.
- Protection of workers' health is primary but that there are balances between, for example, protection of employment and the protection of health for others and conflicts between individual and collective interests (such as safety-sensitive positions).
- Much of occupational health practice is governed by law and regulation and that there are also various International Labour Organization conventions and recommendations that are binding in countries that have ratified them. (Several of them require worker representation in occupational health services, which is not the norm in many countries.)

Basic Principles

Following the introduction, the text begins with a set of three Basic Principles:

- *"The purpose of occupational health is to serve the health and social well-being of the workers individually and collectively. Occupational health practice must be performed according to the highest professional standards and ethical principles. Occupational health professionals must contribute to environmental and community health."*

This is a strong, cohesive statement, not a string of platitudes. The first requires high, not merely adequate, standards of practice but recognize a potential balance between the interests of the individual worker and the collective interest of fellow workers where they may conflict; this is different from the almost-exclusively individual patient-centered focus of conventional medical ethics. It lays the groundwork for the doctrine of balance among the interests of the parties in occupational health without considering such balance to be an ethical compromise.

- *"The duties of occupational health professionals include protecting the life and health of the worker, respecting human dignity and promoting the highest ethical principles in occupational health policies and programmes. Integrity in professional conduct, impartiality and the protection of the confidentiality of health data and of the privacy of workers are part of these duties."*

Again, this may appear obvious but a close reading proves otherwise. The occupational health professional is being admonished to behave according to the highest standards of medical practice and not to consider occupational health to be an area in which one can let down one's

guard or compromise on behavior.

- *"Occupational health professionals are experts who must enjoy full professional independence in the execution of their functions. They must acquire and maintain the competence necessary for their duties and require conditions which allow them to carry out their tasks according to good practice and professional ethics."*

This principle puts the occupational health professional on notice that it is one's own responsibility to determine whether their work is adequate, competent, and sufficiently well supported to be effective. The purpose of this principle, one assumes, is not to force any occupational health professional to quit if one does not get the support one thinks one deserves. It is presumably intended to require the occupational health professional to ensure that their work is not unreasonably constrained (most often by management) and can be undertaken honestly and following best judgment rather than management dictates. Otherwise one ends up being merely a tool or mouthpiece or a name to demonstrate compliance with local requirements, with no real authority. The principle also requires that occupational health professionals, in this case the physician, be diligent in preparing to practice in this field, so that, for example, a physician who markets his or her practice to employers in order to get occupational injury cases but who does not learn anything about the workplace, work capacity, workers' compensation or other important aspects of OEM would be considered an unethical practitioner.

In Part 2, we will see how these principles are operationalized in the ICOH Code.