

# Aplicación con enfoque de género: **Código Internacional de ética para los profesionales de la Salud ocupacional de la Comisión Internacional de Salud Ocupacional (ICOH)**

Por: Peter Westerholm



**International Commission on Occupational Health - ICOH**  
**Commission Internationale de la Santé au Travail - CIST**

*Founded in 1906 as Permanent Commission*



**CORPORACIÓN DE SALUD  
OCUPACIONAL Y AMBIENTAL**

**10**  
años

*"Comprometidos con la Salud  
y el Ambiente en el Trabajo"*



## Revisión del Código Internacional de ética de la ICOH:

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La Comisión Internacional de Salud Ocupacional (ICOH) tiene una larga tradición política diseminando las prácticas éticas en el ejercicio de la salud ocupacional. Desde 1992, se expidió la primera versión del Código Internacional de Ética para los Profesionales de la Salud Ocupacional. Dicha versión fue actualizada por primera vez en el 2002 y actualmente se encuentra nuevamente en proceso de revisión.

El objetivo de esta revisión es orientar los contenidos del código como orientación o guía de la práctica de la salud ocupacional y para abordar la revisión ciertos tópicos y temas que retan la conciencia ética y la competencia moral de los profesionales de la salud ocupacional.



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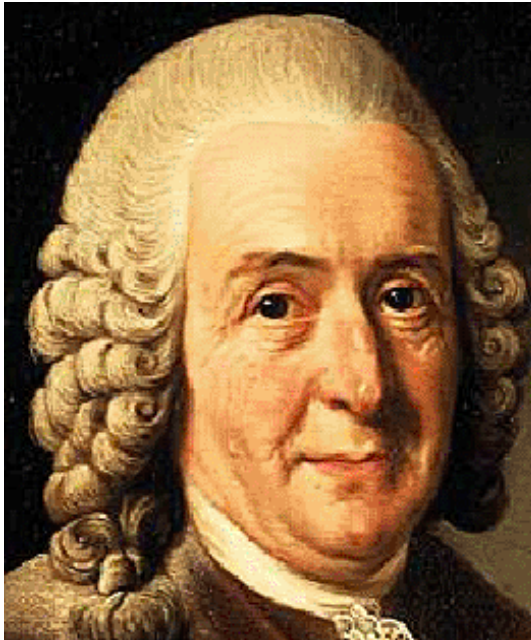
**Peter Westerholm:  
Review of ICOH International Code of Ethics  
16th Occupational Health Week of Colombia, Nov 3d-5th 2010**



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# Por que revisar el Código de Ética de la ICOH?



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## Re-pensando el Código de Ética de la ICOH– los problemas de la mayoría de los códigos

- Problems of code interpretation
  - problemas de interpretacion
- Non-coordinated growth and multiplicity of codes
  - crecimiento no coordinado y multiplicidad de codigos
- Misunderstandings of the status of codes
  - malentendidos sobre el estado de los codigos
- No guidance to resolve ethical dilemmas
  - Falta de guia para para resolver delimas eticos
- No updating
  - Falta de actualizacion
- Not much used
  - Poco usados

## En esta charla comentaremos sobre:

- Objetivos de los códigos profesionales de ética
- Revisión del Código Internacional de Ética de la ICOH–  
Objetivos, Organización, Estrategias
- Ética – los principios fundamentales – Normas, Valores
- El conjunto de Valores de la Bioética – Hacer bien, Evitar el  
daño, Proteger la Autonomía/ Integridad, Equidad/Justicia
- Principios del análisis ético
- Casos prácticos/escenarios
- De regreso al código de ICOH– que es lo nuevo?
- Principio del consentimiento informado
- Ética –piedra angular del Profesionalismo

## What Ethical codes are expected to lead to

- Promotion of ethical behavior and deterrence of unethical behavior of occupational health professionals
- Provision of a set of standards for assessment of professional behavior
- Provision of guidance in situations when the occupational health professional is faced with ethically difficult decisions
- Provision of a conceptual basis for establishing rights and responsibilities of occupational health professionals
- Provision of a set of principles indicating the guiding values of an occupational health professional organization
- Provision of a basis for professional and moral development of Occupational Health Professionals
- Legitimizing of professional norms in the realm of occupational health and justification for sanctions when norms are ignored or unethical conduct occurs
- Enhancement of public trust and respect for the occupational health professions

## Ethics and Morality defined (Godfrey B. Tangwa)

- "The study of fundamental principles of morality and their application in concrete situations"
- "Morality – judgement of human acts actions or behaviour as being right or wrong, as being good or bad."
- Difference between Ethics and Morals –  
"In a discussion of Morals the answers come before the questions, in a discussion of Ethics there is a questioning and the answer is a reflection" (Claude Huriet)

# Natural Allies and Companions of Ethics and – its Natural Challengers (Godfrey B. Tangwa)

## The Allies:

- Law
- Human Rights in Theory and Practice
- Civics
- Religion
- Customs, Traditions and Taboos

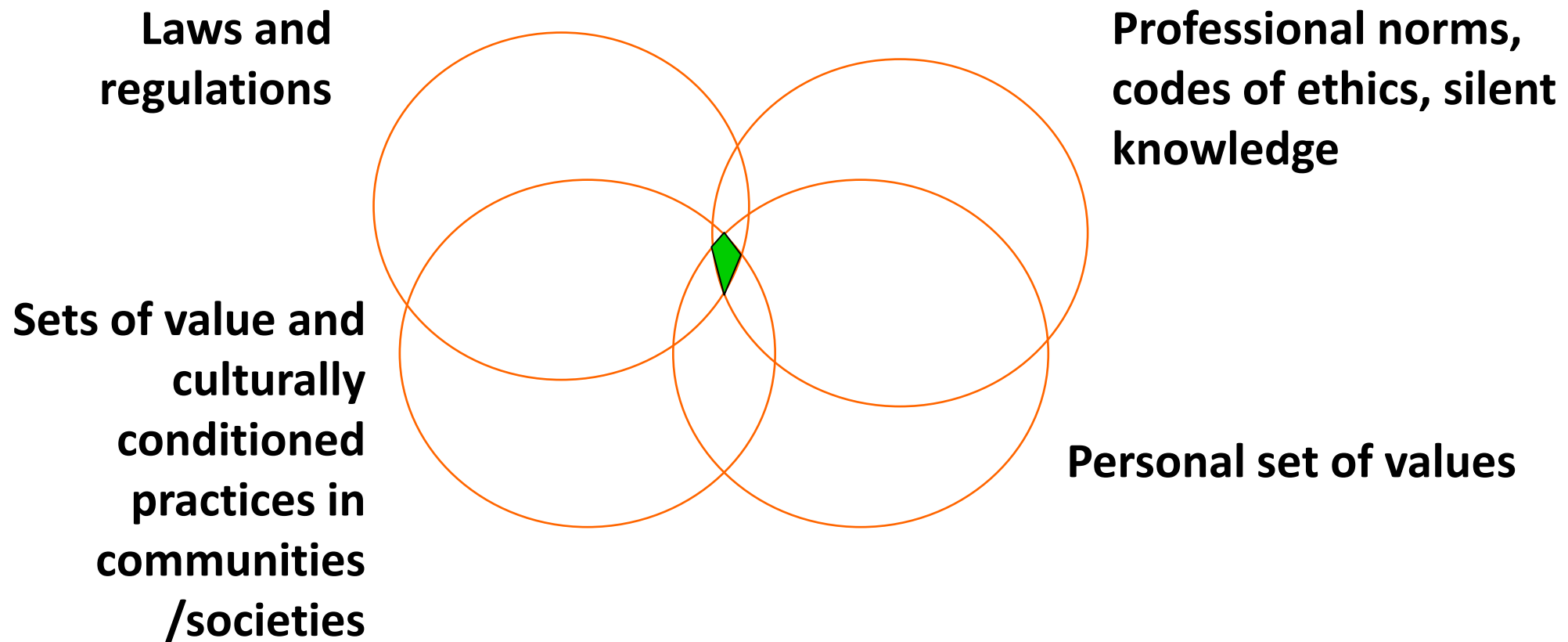
## The Challengers:

- Amoralism
- Egoism

## Is Culture a Moral Determinant?

- Culture is basically a way of life of a group of people: **MEN & WOMEN** – ways of thinking and acting, attitudes, beliefs and expectations
- Divergence of moral opinion globally
- Moral imperatives universal – morally wrong to kill, steal or lie
- Honesty, kindness , truthfulness good in themselves
- Moral thinking may differ between cultures – examples: **polygamy, circumcision, homosexuality, capital punishment, roles of women**

## Legislation – Normative professional sets of value – Values in Society and Community – Personal set of values



Inconsistencies in signals from norm sources = moral dilemma

## Ethics - Norms and Values

- **Antique Greece** → **Wisdom, Virtue, Moderation, Courage**
- **Christianity** → **Faith, Trust and Charity**
- **Bioethical Ethics** → **Autonomy, Doing Good, Avoidance of Harm, Equity/Justice**
- **Ethical Criteria in Health Services** → **Social Inclusion, Equality of opportunity, Individual and Family (dependants) autonomy, Social responsibility**
- **Reciprocity**
- **Harmony** → **(Confucianism)**

## Ethical Conduct – five perspectives

**Virtue Ethics:** Focus set on **Motives** and **underlying intentions** of action

**Deontology:** Focus set on **What is done**

**Consequentialism:** Focus set on **Consequences** of what was done

**Situation Ethics** - Focus set on **context** of events and coping with demands of situation at hand

**Bio-ethics:** Comprehensive scope of ethical and philosophical reflections on all biologic life in context of scientific development in medical, biological and technical sciences.

## Case ethics 1 – Female circumcision

**You are an occupational physician in a primary care and head of a health centre in a sub-Saharan country of Africa, funded through a shared investment of the national government, ILO and UNESCO. There are, in addition, funding contributions from a few European countries on bilateral development aid basis. You have a specialist diploma in occupational medicine and you have earlier held registrar posts in general surgery and gynecology.**

**In two villages of this region a traditional cultural event is envisaged to celebrate the formal adoption of mature status in the villages of 11 and 12 years old young boys and girls.**

**An important component part of the ceremony is a ritual circumcision of the young girls. The organizers of this cultural event now take a contact with you requesting your presence and also your assistance on this solemn and traditional occasion.**

**Which value systems seem to you to be involved when considering this request?**

## Case history 3 (France)

**An occupational physician is to carry out a medical examination for new employment of J.T. seeking employment as a lorry driver (*camionero/mulero*).**

**J.T. declares no particular previous illnesses or ill-health. The occupational physician certifies JT as fit for the job.**

**A short time afterwards the occupational physician hears by a chance event that J.T. exhibits serious serious circulatory disease and a sleep apnoea which has not been medically attended.**

**The occupational physician calls JT for a repeat visit. After this visit with heated exchanges the occupational physician asks JT to seek medical advice for his sleep apnea. In awaiting this consultation the occupational physician withdraws his previous health certificate.**

**JT takes a hostile attitude, threatening the occupational physician and informing that he will go elsewhere to seek employment as a professional driver and also to drive his own car.**

**Question: Is it possible for occupational physician to reconcile occupational health and public health roles?**

## Case Ethics 4

**A senior art directress of a company undergoes medical treatment for a bipolar psychiatric disease. Her illness implies endangering the existence of the small company (six employed), producing highly sophisticated commodities to a market niche. The risk of company going into liquidation is imminent.**

**The manager requests the occupational physician to do something since the art director is constantly under police arrest or hospitalized or on luxurious travels which are not related to his professional obligations.**

**The manager requests the occupational physician to declare the art director not to be healthwise fit for her work tasks.**

**The art director is not likely to declare herself as unfit for his work tasks.**

**Can the occupational physician integrate the best interests of the enterprise and the management of the art directors health problem? The survival of the enterprise depends highly on the status of health of one person.**

## Ethics case 5

**A staff member suffering from recurrent mental disorder returns to work after having been absent for some time following recommendation by the treating physician assessing resumption of work to have a beneficial effect. Her conduct at work, however, disturbs the social climate of the workplace and her colleagues claim to be unable to carry out their tasks and find her presence to be intolerable.**

**The occupational physician has demanded to arrange a special workplace isolating her from other workers of the team. This solution is, however, not possible to implement. The OP does not know which interest to set in priority, the health of the worker or the health or life quality of the workers colleagues at work.**

**Is this a case of real incapacity to work caused by the mental health disorder?  
Or is this a case of a manifest socio-pathology?**

## Principle of Doing Good (“beneficence”)

Requires

1 Harm Avoidance

**non-maleficence**

2 Reduce Suffering

3 Prevent Suffering

4 Enhance Wellbeing

**beneficence**

- A. The prime obligation of Occupational Health Professionals is to protect and develop health of staff and to contribute to safe and healthy working conditions**
- B. The principle of beneficence is of particular importance to health professionals.**

# Respect for autonomy

Implies requirements :

- Protection of Integrity
- Honesty and Trustworthiness in conduct
- Informed and Voluntary Consent
- Compliance with requirements on confidentiality in service performance.

Information about work ability, incapacity, health or health effects related to working conditions is not to be communicated to others unless there is an informed consent by those concerned among the staff.

## The Ethical Principle of Justice-Equity

- **Principle of Equal Right**

All persons have a right not to be discriminated against on basis of gender, age, ethnicity, religious beliefs, socio-economic status

- **Principle of Equity**

All persons have a prima facie right to greatest possible freedom of action which is compatible with all other persons having the same right

- **Principle of Difference (Ref: Rawls)**

Inequity is ethically defensible only if it brings advantages to those who are least privileged

## The Steps in an Ethical Analysis

- **Find out facts of the case**
- **Identify stakeholders and examine how they will be affected by action taken**
- **Observe the OHS professional as one stakeholder**
- **Select norms and ethical values involved**
- **Structure the ethical analysis**
- **Follow up in taking appropriate action and contacts**
- **Keep constantly in mind that this may require civil courage**

# Structure of the Ethical Analysis

Ex. "Health Examination of all staff before reorganization of an enterprise

## Stakeholders

## Ethical criteria

**Do Good - Autonomy - Justice**

Staff	A	F	K
Employer/Owner	B	G	L
Health consultant	C	H	M
OHS service	D	I	N
Community/Society	E	J	O

**1) Choose line of action; 2) Make note of consequences of action for stakeholders (boxes A – O); Particular attention to be given consequences of your chosen action for stakeholder with regard to ethical criteria (given in table).**

## **ICOH Code review - Main amendments**

- **Orienting Code style towards Guidance rather than prescriptive**
- **Editorial amendments and review in introductory text passages**
- **Set of underlying values made explicit and explained in Annex document**
- **Workplace Health Promotion important task of OHPs**
- **Strengthened protection of confidential records**

## **ICOH Code of Professional Ethics**

### **– Code review amendments**

- **New article on Research**
- **Competence requirements**
- **Competence building to be continuous**
- **Record-keeping – !! SIC !! Confidentiality**
- **Service contracts – clause on ethics in OHP contracts?**

## **OH Professionals involvement in research – general principles and conditions - Code Article 21**

- Institutional independent review of study proposal and study protocol
- Ethical review by an independent ethics committee (IEC) when research implies a health risk or discomfort to subjects
- Procedures for ascertaining full, voluntary, non-coerced and explicit informed consent of subjects involved
- Assurance of an adequate security of all data collected in research undertaking and protection against unauthorized access
- Occupational Health professionals involved in research must carry out their tasks in professional independence, following ethical principles of research work, including independent review procedures

## Ethics – Research planning - The key elements

- Benefits envisaged to arise from research project
- Risk Assessment
- Benefits-Risks Assessment
- Ethical analysis
- Informed consent of study subjects
- Independent ethical review

## Informed consent – the basic elements

- Subjects involved to be well informed in advance about objectives to achieve, methods and procedure – in writing and orally
- Ascertain subject's understanding of what is proposed and consequences.
- Voluntariness
- Subject's decision on informed consent in choosing between acceptance and rejection as options carrying equal worth
- Documentation
- Protection of secret and confidential information
- Subject's right to withdraw consent

## Professional independence – a metaphor

**”A handshake should not go beyond the elbow”**

African proverb: – citation professor Godfrey Tangwa,  
Yaounde University , Cameroun

## Professional **independence** of Occupational Physicians – conditional on **dependencies**

- **Professional independence a cornerstone of TRUST**
- Dependency on being knowledgewise updated. Being evidence-informed as a professional
- Dependency in working relationship with specialized colleagues
- Dependency in working relationship with other health professions
- Dependency in relationship with customer/client/patient systems
- Dependency in being a member of organization acting in context of a health market
- Physicians Independence to be seen in a context of Dependencies

## **Professional behaviour of OHP - incentives**

- **Empowerment / obligation to do Good to people**
- **Recognition and appreciation of services rendered**
- **Recognition and respect of Colleagues**
- **Financial and material rewards**

## **Professionalism (Pellegrino 2002) – basic components**

- **Possession of a body of special knowledge**
- **Practicing this knowledge within an ethical framework**
- **Fulfillment of certain societal needs**
- **A social mandate**

## On a personal note - moral pressures on Occupational Health Professionals

Adding on a personal note in referring to the ongoing global financial crisis. It is my profoundly felt apprehension that the costs of this obvious dysfunction of the financial system will be transferred to burden the segments of the global population for which the benefits of globalization are far beyond reach. It will be for those having least benefits and those most vulnerable to pay up for the blatant mistakes of those who already have all benefits.

Adding - in my role of an occupational health professional – such a development will place an additional onus on the moral conduct of all occupational health professionals

Ref: Jürgen Habermas – “After the bankruptcy” (G: “Nach dem Bankrott”)

Interview in “Die Zeit” on Nov. 6th 2008

**Muchas gracias  
por su atencion**



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