

HOW DO WE TEACH ETHICS?

Case Study : Alcohol and work

Braeckman Lutgart

Department of Public Health, Ghent University, Belgium

Introduction

- ***Basic data on Occupational Medicine in Belgium***
 - ▶ Obligatory in Belgium (not for self-employed)
 - ▶ Certified External (n = 14) and Internal (n = 70) Occupational Health Services
 - ▶ Multidisciplinary
 - ▶ Health surveillance and Risk management
 - ▶ 1100 OH physicians (no Fteq)
 - ▶ 3.7 million workers

Introduction

- ***Postgraduate Course Occupational Medicine, Belgium***
 - ▶ Master : 2 years academic training +
 - ▶ Specialist : 2 years training in OH services

- ***In Flanders : 1 jointly developed Master in OM (4 universities)***
 - ▶ 10 à 15 students / year
 - ▶ 1st year, 1st semester : basic knowledge
Tasks and organization of OM : several topics such as legislation, role of the OH physician, and ethics

Teaching Ethics

■ *Teaching method*

- ▶ 3h
- ▶ No expert in ethics
- ▶ Chapter in syllabus with references (books, law, ethical codes)
- ▶ Short introduction and discussion of 10 à 15 real life cases with ethical dilemmas in decision making

Methods

■ *Resources*

- ▶ Law and regulations
 - The Act of 4/8/1996 on welfare of workers – Royal Decrees = Council Directive 89/391/EEC
 - Law on privacy 1/9/2002
 - Law on patients' rights 22/8/2002
- ▶ Ethical codes
 - ICOH
 - Belgian Code of Medical Deontology by the National Order of Physicians
- ▶ Peers – professional values
- ▶ Personal set of values

Methods

- *The four principles approach*

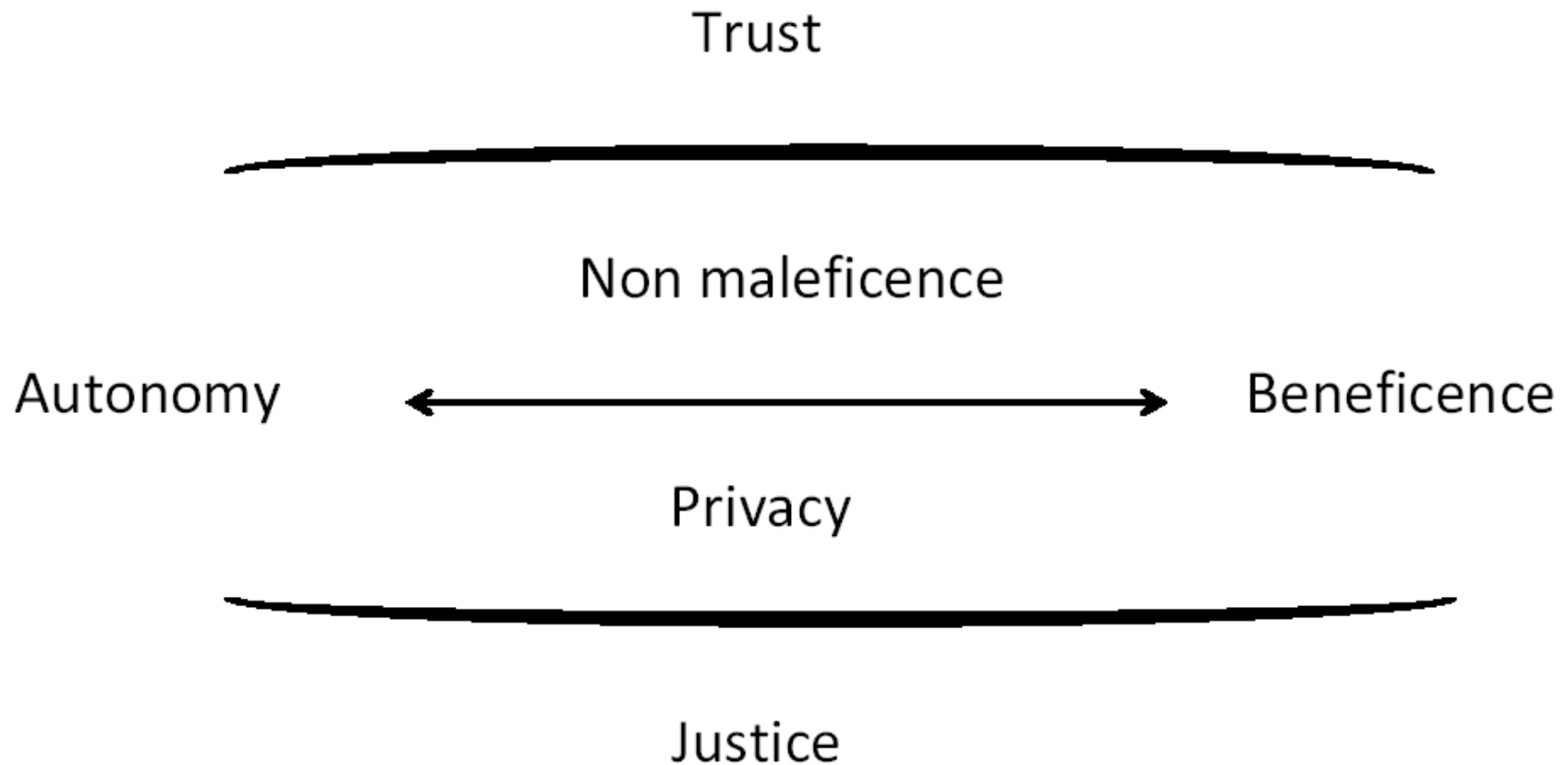
(Beauchamp T. & Childress J.; Principles Biomedical Ethics, Oxford University Press, 5th Ed. 2001)

- ▶ **Respect for autonomy:** respecting the decision-making capacities of autonomous persons; enabling individuals to make reasoned informed choices.
- ▶ **Beneficence:** this considers the balancing of benefits of treatment against the risks and costs; the healthcare professional should act in a way that benefits the patient

Methods

- ▶ **Non maleficence:** avoiding the causation of harm; the healthcare professional should not harm the patient. All treatment involves some harm, even if minimal, but the harm should not be disproportionate to the benefits of treatment.
- ▶ **Justice:** distributing benefits, risks and costs fairly; the notion that patients in similar positions should be treated in a similar manner.

Area of tension - different views



Area of tension – different views

- *Murder NO, Suicide YES*

Alcohol (ab)use at work



- *In a company, concern was felt about a decrease in production. For several days the production in a particular department showed a spectacular decline during the afternoon hours. The foreman noted that some of the workers were under the influence of alcohol. A little research by the staff manager learned that these workers used their lunch break to drink in a nearby café several beers in no time. Since this situation affected not only productivity but also implied potential dangers for these workers and colleagues, the issue was discussed at the Health and Safety Committee. All those who attended the meeting, quickly agreed that urgent action was needed and they decided that a worker upon discovery of drunkenness should be banned immediately from work and had to be sent home. The representatives of both management and union felt that drunkenness should be objectively confirmed. Who was best placed to do the job? Of course: the occupational physician of the company!*

Alcohol (ab)use at work

- **Discussion**
 - ▶ How would you react?
 - ▶ And Why? Reasons?
 - ▶ Pros & cons

- *To the surprise (if not indignation) of the other members of the Committee, the occupational physician refused the order because he felt that this practice was in contradiction with his professional ethics. However, if a drunken worker, would consult him, he was willing to examine this person. In conclusion of this health examination he would declare the worker fit or unfit for the job, but without giving a diagnosis.
The company came up with a different solution: the Human Resource Department was equipped with the necessary material to confirm drunkenness (Alcohol breath testers). Some confirmed cases of drunkenness and some penalties were enough to solve the alcohol problem in that particular department.*

Alcohol (ab)use at work

■ *Before 2010*

- ▶ Act of Welfare 1996 : well-being = general rule, not specific
- ▶ Allowance of drinks with < 6% alcohol volume = regular beer/ pint
- ▶ Royal Decree on the protection of personal data & private life
8/12/1992
- ▶ Annual report of the commission for the protection of private life,
2004
 - Principle of finality
 - Principle of proportionality
 - Informed consent
- ▶ Code of Medical Deontology
- ▶ Advice of the Belgian National Order of Physicians

- *At a return to work health examination, the OH physician examines an alcohol dependent employee who holds a safety position*
 - ▶ Is it ethical and legally permitted to determine CRT (Carbohydrate deficient transferrine)?
 - ▶ Can you impose the CDT test on the worker involved?
 - ▶ In case of the worker's refusal, do you have the possibility to declare the worker unfit for his job?

Advice of the National Order of Physicians




 Orde van geneesheren

[News](#)
[Contact](#)
[Links](#)
[Sitemap](#)
NL | FR

Geavanceerd zoeken

[Home](#)
[De Orde](#)
[Nationale Raad](#)
[Provinciale Raden](#)
[Raden van Beroep](#)
[Adviezen](#)
[Code](#)
[Internationaal](#)

Home » Adviezen » Advies Print 

Alcohol- en/of drugtesten bij werknemers

Doc: a110006
Tijdschrift: 110 p. 8
Datum: 01/10/2005
Origine: NR

Thema's:

- Alcoholisme
- Beroepsgeheim
- Consent (Fully Informed-)
- Geneeskunde (Arbeids-)
- Toxicomanie

<< Terug

Alcohol- en/of drugtesten bij werknemers

De voorzitter van de Commissie Medisch Toezicht van een vzw legt aan de Nationale Raad de vraag voor of de preventieadviseur-arbeidsgeneesheer gemachtigd is alcohol- en/of drugtesten uit te voeren bij werknemers en, zo ja, onder welke voorwaarden.

Advies van de Nationale Raad :

De Raad legt de nadruk op het onderscheid tussen onder invloed zijn, dronkenschap en alcohol- en/of druggebruik. Dronkenschap wordt door het Hof van Cassatie (13.02.2002) gedefinieerd als "de toestand van een persoon die zijn daden niet meer blijvend beheerst, zonder noodzakelijkerwijs het besef ervan te hebben verloren." Deze toestand maakt de werknemer ongeschikt en moet de voorlopige verwijdering van zijn werkpost rechtvaardigen. In dit kader volstaan de gegevens van het klinisch onderzoek doorgaans om de preventieadviseur-arbeidsgeneesheer toe te laten zijn beslissing te nemen. Het vaststellen van de oorzaak van de staat van dronkenschap valt niet onder zijn opdracht, tenzij ze te wijten kan zijn aan de arbeidsomstandigheden - bijvoorbeeld blootstelling aan bepaalde chemische bestanddelen.

In verband met de vaststelling van een verslaving dient te worden opgemerkt dat artikel 3 van het koninklijk besluit van 28 mei 2003 betreffende het gezondheidstoezicht op de werknemer het volgende bepaalt :

f : "... te vermijden dat personen tot het werk worden toegelaten die getroffen zijn door ernstige besmettelijke aandoeningen of die een gevaar voor de veiligheid betekenen van de andere

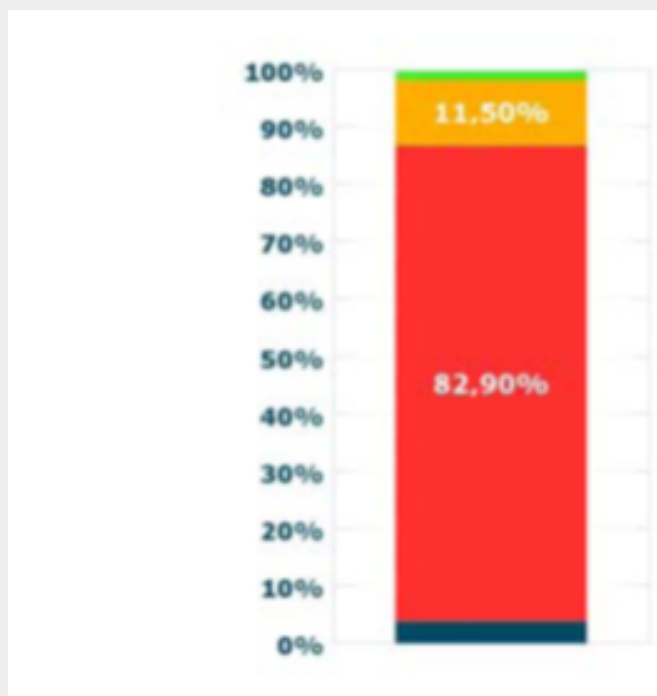
Advices of the National Order of Physicians

- ***Job with a safety aspect & vigilance***
 - ▶ Behavior at work and clinical tests
 - ▶ In case of inconclusive clinical tests the OH physician can perform an alcohol test
 - stated in the employment contract,
 - informed consent,
 - certified lab,
 - second appraisal
 - ▶ Fit or unfit for the job, no medical diagnosis
- ***CDT***

- *A 50-year-old clerk who hitherto functioned to the satisfaction of his superiors had performed for several weeks below standard. Moreover, he was at some occasions found drunk at work. At a certain moment the staff manager was fed up with this situation and decided to sack the clerk. Given the tradition of consultation and mutual agreement, the issue was discussed with the unions. A union representative opposed to the dismissal, arguing that the employee could not be fired because alcoholism was not a serious fault but should be regarded as an illness. The following compromise was reached, the employee could remain in service on the condition that he would be treated medically. The procedure would be that this person would present himself to the occupational physician of the company, who would inform the employee and refer him for treatment and further follow-up.
No sooner said than done!*

Alcohol (ab)use at work

■ *Data on alcohol use at work in Belgium (2007)*



- 1.5% harmful use & 11.5% at risk
- 70% of the problem drinkers have a job
- A problem drinker performs at 75% of his normal capacity
- A problem drinker is 2 to 6 times more absent

Alcohol (ab)use at work

- ***Need for legislation***
 - ▶ Safety, Health & Well-being
 - ▶ Economical aspects

- ***Collective Agreement no 100 (CAO 100) Alcohol & Drugs Policy***
 - ▶ Legal obligation
 - ▶ 1/4/2010
 - ▶ Private sector

CAO no 100 - Alcohol & Drugs Policy

- *General framework : no “one size” fits*
- *Applicable : managers, employees, clients, visitors,...*
- *Focus on prevention*
- *Focus on dysfunction*
- *Policy based on 4 pillars*
 - ▶ Information & training
 - ▶ Rules
 - ▶ Procedures in cases of acute & chronic abuse
 - ▶ Aid/assistance

CAO no 100 - Alcohol & Drugs Policy

■ *Two phases*

- ▶ PHASE 1: Intention statement with basic principles and objectives (Compulsory)
 - Alert & make the (ab)use discussible
 - Prevention of dysfunction caused by (ab)use
 - Rules
 - Early recognition of problem situations
- ▶ Most companies have now such a statement in their Workers' Regulations

CAO no 100 - Alcohol & Drugs Policy

■ *Two phases*

- ▶ PHASE 2: Elaboration of principles and objectives (Facultative)
 - Alcohol & drugs tests : no blood or urine tests
 - Who will be tested, when, by whom, consequences of a positive test,...

- ▶ Very few companies have worked out this phase

CAO no 100 - Alcohol & Drugs Policy

■ *Role of the OH physician*

- ▶ Inform the workers about the effects and consequences of alcohol & drugs (ab)use and the possibilities for assistance
- ▶ Eventually the OH physician self can make the first contact with external assistance (with the workers' agreement)
- ▶ Act as contact person for the company in case of a treatment of the worker involved
- ▶ Be of assistance for re-integration and keep contact with colleagues and manager

Conclusions

- Using real life cases, ethical values and codes are made more comprehensible for students
- After discussion, different decisions are still defensible and valid within the same case
- The role of the OH physician is preventive and supporting.
- Informed consent