

Modern occupational health on historical roots

50 years Akademie für Arbeitsmedizin Berlin

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2012, May 14th: On invitation by the German federal ministry of labour more than 150 occupational physicians meet to discuss the topic: Mental health at the workplace. Six groups work intensively and discuss their results more than two hours with the federal secretary of labour, Mrs. van der Leyen. This is an important step for a highly specialized professional guild to the centre of society.

This is as well a good reason for the Berlin chamber of physicians to look with a certain pride at the “Akademie für Arbeitsmedizin” (academy of occupational medicine) which had been founded fifty years ago, in 1962, as the first European organisation of that kind.

The city of Berlin has a remarkable tradition of occupational medicine.

Hazardous effects of work are known since thousands of years; the first observation of silicosis was probably when the pyramids were built.

Long before the beginning of the 20th century, physicians as Agricola, Ramazzotti, Pott and others published about diseases of workers.

In former centuries occupational diseases had been regarded to as fateful and they were treated according to the knowledge at that time.

Not before the so called Weimar Republic occupational medicine began to focus on the social-political and social-economical dimensions of occupational diseases.

It was in this first German democracy after the First World War that an awareness formed that government and economy had a common responsibility for the welfare of the working class. The promotion of people's health became a target of governmental activities.

In 1925 the first regulation on occupational diseases was released, and in a hospital in Berlin-Lichtenberg the first clinical department for occupational diseases was founded.

Why did this happen in Lichtenberg, an industrial suburb of Berlin?

20 years before a school, a church and a hospital had been built in the centre of a workers living quarter. It was a donation of empress Auguste Victoria.

Very close by was a factory called “Knorr Bremse”, Europe's biggest producer of hydraulic brakes for trains and lorries.

Not far from there was an industrial area with several chemical plants and factories for accumulator batteries made of lead.

Hundreds of workers suffering from lead-intoxication had to be treated in the hospital within short time, and there was no doubt that these intoxications had been caused by working with lead in the accumulator plant.

Chief physician of the hospital was Ernst Wilhelm Baader. He used the newly arisen public interest in the welfare of the working class to found a ward for occupational diseases.

The foundation edict deals about creating an institute for research and treatment of occupational diseases, similar to the clinic for occupational diseases in Milano, which was the first institute of that kind in the world.

Baader established an outpatients department for work-related diseases and organized courses of instruction on occupational medicine for physicians. These courses were highly frequented.

Within a few years Baader's institute became very popular and attracted visitors from all over Europe. Over his entire life Baader was busy organizing scientific exchange inside and outside of Europe; today he would surely be an active member of EASOM, I suppose.

In 1930 the University of Berlin created a chair in occupational diseases and it was Baader to hold it. So occupational medicine had become an academic discipline.

Besides scientific aspects Baader placed emphasis also on social-political aspects of occupational medicine. In Germany, in 1885 an accident-insurance had been founded by law. Every employer was forced to join and insure his employees against industrial injuries.

Baader tried to convince the public view that occupational diseases, which were often associated with a long and chronic suffering and the loss of many years of life, had to be considered as and compensated like accidents at work.

In 1936 this accident-insurance was extended from accidents at work to occupational diseases.

Nevertheless Baader's role during the Third Reich has to be seen critical and it has been discussed much about in the last years.

Baader went on researching and publishing and seemed not to expose himself much politically except entering the Nazi party.

In 1933 his institute moved from Lichtenberg into a big hospital in Berlin-Neukölln. Several high positions for physicians were vacant as the former holders were Jewish, and Jewish physicians were not allowed to work any longer.

Like many other non-Jewish physicians Baader took his chance to advance in his career.

A commission of German historians outlines that Baader was no anti-Nazi resistance-fighter. However it would not be justified to classify him an exposed precursor of Nazi ideology.

Let us return to the foundation of the Akademie für Arbeitsmedizin in 1962.

It was not only tradition that this took place in Berlin. We have to consider the political situation of that time as well.

After the end of World War II, Germany, ore more precisely what remained of pre-war Germany, was divided into four occupation zones.

Each was controlled by one of the four occupying Allied powers: the United States, the United Kingdom, France and the Soviet Union. The capital of Berlin, being the seat of the Allied Control Council, was divided as well into four sectors despite the fact that Berlin was located fully within the Soviet zone.

Due to political differences between the allied powers, in 1949 two different states emerged: the three western zones formed the FRG, the Federal Republic of Germany; the soviet zone formed the German Democratic Republic, GDR.

The frontiers between these states were closed and strictly controlled. Within Berlin, however, it was nearly impossible to control people passing the sectors.

In the following years more than 3.5 millions people from eastern Germany escaped to the West, many of them via Berlin.

On August 13th 1961, a Sunday, the border between East and West Berlin was closed. East German troops and workers began to tear up streets running alongside the border to make it impossible for vehicles to pass. They installed 200 kilometres of fences and barbed wire entanglements around the three western sectors, about 40 kilometres of them between West and East Berlin.

Later, this barrier was replaced by a solid wall.

During the construction of the Wall, soldiers stood in front of it. They had order to shoot anyone who attempted to escape.

Alongside the border to West Germany, chain fences, walls, minefields and other obstacles were installed. A huge no man's land was cleared to provide a clear line of fire at people trying to escape.

It was evident that the city would stay separated for an unpredictable time. The inhabitants of the western sectors were afraid of the future. Many of them left this unsafe city which seemed located directly at the front of Cold War and went towards western Germany.

The German government and the western allies made great efforts to stabilize the situation: Berlin enterprises and employees working in Berlin received extra money by the government, political groups and west German school-classes got financial support for visits to Berlin.

In 1962 the government decided to develop West-Berlin into a "place of literacy, science and arts". Shortly after, the foundation of an academy for occupational medicine was enacted.

But there was not only a political desire to present a scientific showpiece, there was equally an urgent professional need for such an institution.

During medical study there was only one obligatory lecture on occupational medicine, which was not enough to give sufficient qualification to work as company medical officer. So that at that time self-teaching was the common method to get more or less qualified in occupational medicine.

By the end of 1962 the first training course for company doctors was organized. At that time attendance was free of charge. For participants being politically at risk, for example if they had left East Germany illegally, expenses for travelling by plane were repaid.

The professional aims of the academy shifted across the years:

In the first years scientific basics were provided for company doctors and other interested people.

Physicians, especially those working in public authority, social insurances or public health could broaden their competencies by means of introductory workshops. Special courses over topics such as radiation protection or harmful dusts were offered.

In the following years curricula had to be developed and courses had to be organized for physicians who wished to acquire a specialty in occupational medicine.

Nowadays every occupational physician has to attend a 360 hours course of occupational medicine in an institution like the Berlin Akademie für Arbeitsmedizin. Currently there are seven institutes of that kind in Germany.

A special challenge was posed to the academy in 1990. In that year the German Democratic Republic joined the Federal Republic of Germany and Berlin reunited into a single city. Two different systems of politics and law had to merge; in fact the western system was adopted by the East.

Unlike for example surgeons or internal specialists, occupational health physicians had different tasks and functions in the Eastern and Western health system before reunification.

In Western Germany the main task is prevention. An Occupational Health Physician has to provide advice to employer and employees, he has to examine employees and he has to inspect workplaces regularly. The aim of these inspections and examinations is only to give advice; it is not to control and not to provide any therapy.

In Eastern Germany, the former German Democratic Republic, the situation was different: Public health was organized by the state; large enterprises had polyclinics of their own with a broad range of facilities.

The Occupational Health Physician was in charge of prophylaxis, diagnosis, therapy and rehabilitation. About 50 % of the working-time of an Occupational Health Physician in an enterprise was spent on therapy. Often the Occupational Health Physician had the role of a family doctor.

The reunification of Germany forced many Occupational Health Physician to reorientate themselves completely.

Many enterprises broke down, several medical examinations for workers which had been obligatory in GDR were no longer obligatory in FRG. So less Occupational Health Physicians were needed.

Eastern Occupational Health Physicians, formerly acting preventively and curatively as well had to decide how to continue.

Many of them preferred to take care of patients in their own doctor's office.

Those who dared to stay Occupational Health Physicians had to face a change of role: Formerly they had been specialists, they were paid by the state and had a clearly defined and independent role in the enterprise, they were not only adviser but equally controller. Now they became an advisor to the employer, (sometimes not really estimated, as the employer was forced by law to hire and pay a company doctor), and they had to compete against other Occupational Health Physician on a free market for service-providers.

In this crucial phase of re-orientation the academy took over an important function: Special adaptation-courses were organized for ex GDR Occupational Health Physicians to teach them their tasks and role in the new legal system.

But less dramatic changes in society had to be reacted to as well:

A changing working environment needs another type of Occupational Health Physician:

There is a shift of role from sitting in white overall waiting for patients to come, to pro-actively providing advice to the employer.

This claims specific skills. Good knowledge of occupational medicine is necessary but not sufficient.

So the academy offers courses like: "Self-management, communication and dealing with conflicts" or "Viewing organisations systemically" or "Basic knowledge about business-management for Occupational Health Physicians" to increase professionalism and options of activity.

The academy is examining carefully its own quality of teaching as well. Besides classical methods of transferring knowledge like lecturing and workshops new paths have been looked for, for example problem based learning.

Problem based learning is due to the observation that learning has a much better result if by means of appropriate cases a personal interest about the problem can be raised.

To achieve standardization and quality management on an European level as well, the Akademie für Arbeitsmedizin participated in founding EASOM. The foundation conference took place in Berlin in 1993, Barbara Nemitz, the last director of the academy was actively involved.

Barbara died much too early in 2009, her position as director has not been replaced. Today the Akademie für Arbeitsmedizin is part of the department of qualification of the chamber of physicians.

To avoid a fracture in the professional continuity, the direction of the academy was split and shared by six experienced occupational health physicians. Each of them is responsible for one of the six parts of the basic occupational medicine trainings course. The changeover succeeded, and since five years our courses can be held in constant and good quality.

This system of shared responsibility needs a lot of adjustment and communication, but it makes things easier as well.

The preparation of this summer-school was a common effort of the six co-directors, supported by many other people.

Some of them you will see in the days to come, some not. I want to express my gratitude to all of them. We did hard work together, but we did enjoy it. I hope by the end of this summer school you will take home the feeling it was worth while.

Thank you for your attendance.