

DEVELOPMENT OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE IN SWEDEN

L. RINDER

Division of Health Protection and Epidemiology, National Board of Health and Welfare, Stockholm, Sweden

This paper summarizes recent trends in the development, policy and organization of occupational and environmental medicine in Sweden.

THE PAST AND PRESENT SITUATION

Since several decades organization of health services in Sweden has been characterized by a considerable orientation towards the hospitals. Clinical services in hospitals have a very strong position and a long tradition in Sweden. There are about 16 beds in hospitals per 1 000 of the inhabitants, a figure which places Sweden on the top of the list in Europe.

Also a major part of out-patient and emergency services is provided in hospitals. About 90% of the financial resources given to the health services is allocated to in-patient hospital services, and only about 10% to other types of health services. Most of the 20 000 Swedish doctors work in hospitals and receive their specialist training there. There are very few full-time private general practitioners and comparatively few district physicians engaged in primary health care outside hospitals.

During the past few decades health services in Sweden have expanded dramatically. In 1960 they comprised about 3% of the GNP. Nowadays they make more than 10% of the GNP. There was a general belief that more hospitals and more curative care should solve health problems in Sweden and meet the needs and demands of the Swedish population. But during the 70s there was a debate in Sweden, influenced by the international debate and WHO initiatives in connection with its programme »Health for all by the year 2 000«, whether a further expansion of hospital services will really solve the health problems of the Swedish — or any — population.

A NEW LEGISLATION

A governmental commission studied this issue and its proposals have now passed the Parliament which has decided upon a new Act on Health Services. The former act was mainly a set of detailed rules how to organize hospital services. The new act gives the responsibility to our 26 County Councils to plan, organize and operate not only hospital and clinical services outside hospitals but also to organize services for health promotion and disease prevention — preventive services — and to take every opportunity to promote health and welfare among its regional population.

However, traditional preventive services such as child and maternal health care, comprehensive vaccination programmes, health examinations for early detection of cervical and breast cancer etc have been part of health services for many years in Sweden like in other countries. Their effectiveness is reflected in very low figures for perinatal mortality and other indices of mortality and morbidity. But so far this responsibility for the County Councils has not been regulated by a law. The new Act on Health Services strongly emphasizes that preventive measures may be as important as traditional clinical and curative services. This means that primary health care — executed by district doctors and district nurses and others — will expand in the future and that a still greater emphasis must be put on the development of preventive activities and on cooperation with the sectors outside the health services which are important in controlling health hazards.

REGIONAL UNITS FOR ENVIRONMENTAL MEDICINE

To support this expanded responsibility for preventive activities it is expected that the County Councils will start and operate special units for environmental and community medicine at the regional level. The main duties of these units will be to support and stimulate the local primary health care units in developing various preventive activities, collecting health statistics, performing local epidemiological studies, developing health education activities and in collaborating with other regional authorities in strengthening the control of health hazards in the environment. So far only a few County Councils have organized such units, but most of them are planning to.

OCCUPATIONAL HEALTH SERVICES

The major part of health services in Sweden is organized and operated by the public through the County Councils. Still, however, local occupational health services are not a responsibility of the County

Councils. These services, which employ about 800 doctors and an even greater number of nurses, engineers, physiotherapists and sometimes also social workers and psychologists, are based on formal agreements between the Confederation of trade unions and the Confederation of employers. Occupational health service is thus a matter for the parties of the labour market and not for the Parliament and Government. However, a governmental commission is considering whether the right to organize occupational health service and their actual organization should be regulated by a law.

Occupational health service is well developed in larger industries, but several smaller private industries and enterprises still lack a well organized occupational health service. This is considered to be a problem which could be solved by legislation. However, many trade unions, employers and doctors working in occupational health services believe that there is no need for legislation on occupational health services and that the County Councils should not have that responsibility beyond a very limited extent.

However, some County Councils have organized clinics or other special units for occupational medicine in the hospitals. Presently there are ten such units and every university hospital has such a unit. Occupational medicine, as a formal and officially recognized medical specialty, is a young discipline in Sweden and so far there are only about 25 fully trained specialists available, but the number is rapidly increasing. Doctors employed in occupational health services usually are not formal specialists in occupational medicine but are trained as general practitioners with some extra months of training in occupational medicine.

Proposals have been made that every County Council (26) should have at least one clinic for occupational medicine which could offer, among other things specialist advice to local occupational health services and to the public primary health care units. My personal belief is that the present units for occupational medicine will constitute the core of the forthcoming units for environmental medicine mentioned above, to create a regional unit for preventive services with good scientific qualities. Occupational medicine in Sweden has developed a high scientific standard and general quality with a strong orientation towards preventive activities and epidemiology. Maybe also traditional social medicine can merge into this organization.

PREVENTION — A PRIORITY AREA

The priorities set down by the Parliament for the future development of health services in Sweden are preventive services, primary health care, long-term care and decentralized psychiatric care. This means

that environmental medicine in general and traditional occupational medicine have good opportunities to expand, although health services at large cannot expect to have increasing resources at its disposal in present times of economic recession in Sweden and in many other countries.

The Parliament has recently decided that environmental medicine (including occupational medicine), particularly epidemiological studies, shall have a top priority when funding research activities. This reflects a great interest of the public and the politicians in the activities aiming to identify health hazards and etiological factors in the environment as a basis for primary and secondary preventive measures, which are considered to be a very important part of the general welfare policy in Sweden.

To conclude, the health policy in Sweden, as expressed in our new legislation on health services states quite clearly that preventive activities — environmental and occupational medicine — shall be priority areas in future development of health services and health research in Sweden. Full practical implementation of this policy may be expected to occur and to be reflected in practical organization of health services during the 80s.

Sažetak

RAZVOJ MEDICINE RADA U ŠVEDSKOJ

Iznose se organizacijski aspekti medicine rada u Švedskoj i uspoređuje se ranije i sadašnje stanje u ovoj zdravstvenoj djelatnosti. Ističe se da je u prošlosti velik naglasak dan na razvoj bolničke službe u što je trošeno do 90% financijskih sredstava, dok je za izvanbolničku službu odjeljivano samo 10%. U novim zakonskim dokumentima daje se mnogo veće značenje preventivnim mjerama u čemu posebnu ulogu mora igrati primarna zdravstvena zaštita. Služba medicine rada nije u nadležnosti općinskih organa kao druga zdravstvena služba, već je organizirana na principu sporazuma između industrije i sindikata. To nije prepreka da služba medicine rada, posebice u velikim industrijama, bude vrlo dobro organizirana i odgovarajuće funkcionira. Služba medicine rada u Švedskoj relativno je mlada disciplina i do sada ima svega 25 specijalista, čiji se broj, međutim brzo povećava. Osim medicine rada u Švedskoj se vrlo naglo razvija još jedna medicinska disciplina koja se bavi učinkom okoline na zdravlje (Environmental Medicine). U ovoj se struci posebice stimuliraju istraživačke aktivnosti o utjecaju faktora okoline na ljudsko zdravlje, u očekivanju da će se postignutim rezultatima poboljšati preventivne mjere.

*Odjel za zaštitu zdravlja i epidemiologiju,
Nacionalni komitet za zdravlje i socijalnu
skrb, Stockholm, Švedska*