



Fourth Medical Congress hosted by Namibia Medical Society: 5-7 October 2017

Employee and employer health: our concern

What a privilege it was to be a part of the fourth Medical Congress in Windhoek, Namibia, where the opening and prayer by Dr Ruth Amunjela reminded us all that our service to our patients must be rendered and seen in the same spirit as being servants of the Lord. The Minister of Health, Dr Bernard Haufiku, addressed the audience on the first day, and highlighted the role of occupational health in the workplace. Occupational health seems to be growing in Namibia and this conference was dedicated to encouraging and educating the Medical Society members on what occupational health is, and the role that occupational health can play in improving the health of Namibian people.

Dr Matthias Rohr (Senior Lecturer, Department of Surgery, University of Namibia School of Medicine), Dr Albertina litana (Managing Director of Northern Pathology Services in Ondangwa) and Dr Shitaleni Herman (Ministry of Health and Social Services) spoke on the different aspects of thyroid-related diseases (thyroid cancer, and histological and cytopathological aspects of thyroid diseases), emphasising the importance of medical reports in the management of these conditions, especially when referring patients to multidisciplinary teams. There was a focus on thorough history-taking and clinical examination to ensure the correct diagnoses, referrals and treatments. Medical practitioners were reminded that the referral letter should contain all the relevant patient information to ensure appropriate and cost-effective treatment.

On the second day, the roles and functions of the Namibian Association of Medical Aid Funds (NAMAFA) were discussed by Mr Stephen Tjiuro, the CEO of NAMAFA. The operations are very similar to the Board of Healthcare Funders of Southern Africa (BHF). The role players include the Ministry of Health and Social Services for Inspections and Certification, the Health Professional Council of Namibia for licensing and regulatory functions, and the NAMAFA for practice code numbers and statistical analysis of the industry data. Dr Barry Kistnasamy, Compensation Commissioner, Department of Health, South Africa discussed a possible occupational health system for Namibia. The core functions, models and challenges experienced in South Africa were also discussed. He suggested that a public health approach should be taken instead of the traditional occupational health service. The importance of occupational health and safety statistics and the analysis thereof was discussed with referral to the Occupational Health and Safety Information System (OHASIS). If surveillance cannot be measured, one cannot manage occupational health. Ergonomics, and how it has changed over the last couple of years, was described by Dr Moresheee Govender, a public health medicine specialist. Today we are focusing on machinery that needs to adapt to man and not man to machinery, as in the past.

Ms Kathie Jansen, Assistant Director for Healthcare Waste

Management, Gauteng Department of Health, covered the topic of management of health care risk waste. The waste hierarchy should be applied to reduce the risk: avoid, recycle, reduce, reuse/recover and minimise. Relevant legislation, SANS/SABS codes, policies and guidelines were discussed. Gauteng province generates approximately 376 092 kg of waste per annum.

Dr Sophia Kisting, Executive Director of the National Institute for Occupational Health (NIOH), spoke on occupational lung diseases, including occupational asthma, asbestosis, coal workers pneumoconiosis, silicosis, silica-induced lung cancer, and occupational tuberculosis (TB), with reference to workplaces in Namibia. Again, the public health approach is seen as the way forward. Dr Jan Lapere, an occupational medicine practitioner, deliberated on the legal aspects of sick leave and fraudulent sick leave. A major point of discussion was printing of information on stationary and what constitutes a legal sick certificate. If the correct information is not printed on a sick certificate, it does not constitute a legal document. It would be wise for health professionals to revisit their documents to determine legal compliance. Mr Isaac Chimedza, an occupational therapist, gave an insightful presentation on physical impairment assessment and return to work. He distinguished between impairment, disability, handicap and the necessity of functional capacity evaluations, as well as what the occupational therapist focuses on when assessing a patient. Functional capacity evaluations should be done to reduce occupational injuries and to reduce the number of workers' compensation cases. The objectivity of the tests limits cases of fraud and malingering. The results are objective and therefore legally defensible, medically sound and analytically based.

Dr Tladi Ledibane, senior lecturer and public health medicine specialist at Sefako Makgatho Health Sciences University, provided a South African perspective on the Occupational Diseases in Mines and Works Act (ODMWA) and the Compensation for Occupational Injuries and Diseases Act (COIDA). The need to address issues of poor management and administration of occupational injury and diseases claims was emphasised. Dr Ledibane proposed the way forward as being to rewrite the ODMWA and/or migrate to COIDA, to decentralise the ODMWA, and to embrace technological advancement and establish a proper surveillance system. The COIDA is currently decentralised for improved access to the electronic claim process for occupational injuries and diseases. Gaps in legislation and policy lead to the exclusion of workers in the informal economy, as well as domestic workers. According to Dr Ledibane, the compensation systems are poorly administered as evident in the backlogs and bureaucratic red tape. Another concern is that occupational health is not prominent in the National Health Insurance White Paper.

Dr Jan Lapere closed the day, speaking about the practical issues



Presenters at the Namibian Medical Congress on Occupational Health – 7 October 2017, University of Namibia

Photograph: Jonas Amunyela for Francis Photo Studios

in medical ethics for occupational practitioners, and advised to always try and 'keep it simple'. Medical record-keeping is a contentious issue between employers and occupational health service providers. Medical records can only be shared without patient consent under certain circumstances: 1) to other healthcare professionals to whom the patient is referred; 2) to occupational healthcare staff on a need-to-know basis; 3) in response to a court order, 4) as a statutory obligation, as information on death certificates, and where non-disclosure is considered a serious threat to public health.

We had the opportunity to listen to Mr Peter Strassheim, Attorney of the High Court of South Africa, on the last day of the conference. He spoke on 'Disability, the law and reasonable accommodation with regard to Namibian laws'. Namibian legislation promotes equality and equity, and thus enables medical practitioners and health professionals to care for patients with disabling impairments. He asked the questions: "Do you know the Constitution of your country?" and "Can you advocate for your patients with a disability?" Maybe it is time that we all familiarise ourselves with the relevant laws of our respective countries.

Prof. Lucille Blumberg, a Deputy Director of the National Institute for Communicable Diseases of the National Health Laboratory Service (NHLS), gave an informative presentation on infectious diseases and their prevalence in Africa. The Ebola outbreak in west Africa from 2013 to 2016 led to the infection of 865 health workers. As recommended by the World Health Organization (WHO), the following vaccines should be administered to healthcare workers: hepatitis B, polio, diphtheria, measles, rubella, meningococcal and influenza. A healthcare worker is defined as anyone who might encounter the occupational hazards, from administrative personnel to cleaners. Dr Chanel Rossouw, general practitioner and TB activist, testified about her personal journey after contracting tuberculosis in the workplace, and her role as an activist at #UnmaskStigma. One of the current challenges is that students from Namibia, working in

South Africa while studying, are not covered by the COIDA, which makes them vulnerable while working in healthcare settings. Those employees who are covered by the Act do not necessarily know the process for claiming from the Compensation Fund if they contract TB in the workplace.

Sr Lea Hangula, occupational health practitioner from the Social Security Commission (SSC), presented the objectives and benefits of employee compensation when an injury or disease occurs in Namibia. The SSC administers the following funds: Maternity Leave, Sick Leave and Death Benefit Fund, Accident Pension Fund, Development Fund for bursaries, study loans and grants, and the Accident Fund in terms of the Employees Compensation Act of 1941. The legislation is similar to the South African legislation and the SSC experiences the same challenges with regard to the reporting of injuries and diseases, and the collection of data for statistical analysis.

Sr Lindie Jansen van Rensburg discussed occupational health challenges experienced in South Africa. The roles of the occupational health practitioner were discussed with emphasis on our independent roles working in a multidisciplinary team to meet the objectives of occupational health for all. By rendering a range of services, from health risk assessment to counselling, the occupational health nurse practitioner plays an important role in creating a safe and healthy workplace. Ongoing improvements include, but are not limited to, continuous professional development, research, and management support.

Time flew in Namibia, and the Congress was closed with a tour of the University of Namibia's (UNAM) medical campus. Thank you to everybody at the Namibia Medical Society.

Report by:

*Sr Lindie Jansen van Rensburg
Occupational Health Practitioner in private practice
e-mail: lindie@emmica.co.za*