

PHYSICIAN OCCUPATIONAL DISEASE PRACTICE SURVEY

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Background: The literature demonstrates continuing disease in a significant proportion of workers with occupational skin and lung disease. While primary prevention is the ultimate goal, until this is achieved, the challenge is to mitigate the effects on those affected. Evidence suggests that there is a lengthy period between onset of symptoms and diagnosis, and that a longer duration of symptoms before diagnosis is associated with poorer outcomes. Physician practices may impact recognition and diagnosis. There is little specific information related to the knowledge, practices, needs and barriers of physicians with respect to occupational disease recognition and diagnosis.

Objective: The objective of this descriptive study was to understand the practice patterns, knowledge, barriers and needs for early diagnosis at the worker-physician interface including the primary care physician and specialist. The ultimate aim is to achieve earlier diagnosis and better treatment and management for workers with occupational disease.

Methods: The study design, involving primary care physicians, respirologists and dermatologists, included two phases, focus groups and a survey. The plan for the first phase was to have eight focus groups to confirm the findings in reported studies and also to elucidate other issues to be explored in the larger survey in the second phase of the study.

The first focus group with respirologists was conducted in March 2003. Immediately after this first focus group, SARS restrictions went into effect and we were unable to bring together physicians from different institutions. As the focus groups were to inform survey development, not the final product of the study, and because it was not known how long problems with SARS would continue, we opted to do individual interviews with family physicians and dermatologists. In total 2 family physicians, 4 respirologists and 7 dermatologists were interviewed. The common themes from the interviews were reviewed and a survey instrument developed.

The key question categories in the survey were demographics, number of patients with work-related occupational lung and skin disease seen, physician practice around history taking and diagnosis including referral and barriers to these activities, advice given to patients concerning workplace issues and a rating of their level of knowledge regarding specific occupational diseases and their interest in further education.

Results: The key themes from the interview included issues related to the patient and concerns about them losing their job, lack of detailed knowledge about exposures, the time involved in seeing a patient with possible work-related disease, issues about the WSIB and lack of training in occupational health.

The survey response rate for each group were 57% dermatologist, 49% respirologist and 26% family physician. We are in the process of analysing the data and will have initial descriptive statistics to include in the poster presentation for the RAC meeting.

Conclusions: We will draw some initial conclusions from the descriptive data that is currently being analysed.