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A Practical Approach to Occupational and Environmental Medicine

Edited by Robert J. McCunney

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Occupational medicine physicians play a key role in keeping workers healthy, workplaces safe, and companies productive. Occupation-related injuries can occur to candy strippers as well as to professional football players. Occupational illnesses range from asbestosis to zinc oxide-induced metal fume fever.

Problems caused by occupational exposures in the workplace can produce severe effects in the community. Nothing illustrates this more dramatically than the catastrophic event that occurred in Bhopal, India,¹ nearly twenty years ago.

The Indian subsidiary of an American company was producing fertilizer from highly toxic chemical intermediaries, phosgene and methyl isocyanate. Operations at the plant had diminished in intensity, and it is claimed that safety features had been scaled back, in order to improve productivity. Once, a single worker suffered a phosgene inhalation injury, succumbing to delayed onset pulmonary edema. Later, an accidental methyl isocyanate release occurred, although it did not result in fatalities, probably due to fortunate wind direction. Despite these events, proper safety measures were not augmented. Finally, in the ultimate industrial accident, the plant released a heavy cloud of toxic gas, resulting in the deaths of thousands in the surrounding community. Although the official count was 1,754, many more deaths were said to have occurred in surrounding slum districts. Consequently, the exact number likely will never be known and may exceed 8,000. The Indian Medi-

cal Research Council counted 521,262 casualties affected by this release. These numbers, by far, exceed the total number of victims at Chernobyl.

Obviously, then, events in the workplace can affect the safety and health not only of the workers, but of their families, and of our environment as a whole. While these kinds of events demand our attention and our acknowledgment, common, everyday events that occur in the workplace require our attention as well. Between the ages of 20 and 65, workers spend at least a quarter of their time at work. Hence, any medical condition has one chance in four to be first noted while a patient is in the workplace. Distinguishing between work-related and work-unrelated problems is challenging. Should a degenerative condition be aggravated at work, the line cannot easily be drawn. Think of the shoulder impingement in the carpenter with acromio-clavicular arthritis, reaching and hammering overhead.

Many disciplines address the specific problems of workers. The majority of work-related examinations may be carried out by family practitioners who provide both injury care and mandated examinations, as exemplified by fitness examinations for commercial drivers. Thus, many physicians, from dermatologists to orthopedic surgeons, may feel the need to familiarize themselves with the principles and practices of occupational health. Is the latest edition of the *Practical Approach to Occupational and Environmental Medicine* the answer? Perhaps not, but it provides ample direction.

McCunney's book features eighty-seven authors, most of them well known in the occupational community. The initial portion of the text covers the principles of occupational medical services, defining various niches within the discipline, such as health care administration, health promotion, travel medicine, drug testing, and independent medical examinations.

Mark Leone's comments on the physician working with the business community invoke a challenging partnership. He describes a changing occupational practice setting that includes free-standing clinics, hospital-based programs, and re-

gional or national clinic networks. However, when challenged, Leone admits that clinic networks do not "provide the physician with greater autonomy. There will always be a need for a highly specialized consultant."²

The chapter on health and productivity addresses absenteeism, pointing out that it may be iatrogenic. It also introduces the term "presenteeism," defined as the presence of an unproductive employee in the workplace. Overly enthusiastic occupational practitioners may inadvertently create presenteeism by sending workers back before they are ready. As an occupational physician, I believe that the art of disability management is to create neither absenteeism nor presenteeism and to strive to reduce both. Practical tools to accomplish this are available.³

In the occupational disease section, material related to asbestosis covers only half a page. There is no chapter on occupational renal disease. These omissions may be regarded as deficiencies.

There is a strong section devoted to hazards and work environment, dealing solidly with toxicology, epidemiology, and medical surveillance. A chapter on medical center occupational health is practical and comprehensive. The review of the culture and hazards of the construction industry provides valuable insights and makes great reading.

The section on environmental medicine is strong, covering indoor air quality, environmental

events, including terrorism, and an overview of risk assessment. Missing, but what would have been useful, is a practical chapter on communication and credibility.

As represented here, a philosophical approach to occupational and environmental medicine leaves a lot to be desired. This, unlike other valuable sources, was not designed to be a reference book,⁴ to be pulled off the shelf to refresh one's memory of a specific topic. It is certainly not as clinical or as practical as it could be. Nevertheless, it contains some worthwhile, if not inspiring, reading. It contains a strong section on environmental medicine, as well as an appendix of references to the literature and a CD ROM version of the *NIOSH Pocket Guide to Chemical Hazards*. These references and documents make up for some of the book's shortcomings. *NJM*

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