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Asbestos-Exposed Should Be Informed of Hazards

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LOS ANGELES — The physician-patient relationship requires telling workers exposed to asbestos the complete truth as one acquires it and being totally supportive, Dr. Jean Spencer Felton said at a symposium on medical and legal aspects of asbestos-related disease.

Medical records were made available to employees and their private physicians when X-rays taken at the Long Beach Naval Shipyard showed a large number of positives consistent with inhalation of asbestos fibers, said Dr. Felton, of the University of Southern California School of Medicine.

Convincing the medical community about what was being done and found



Dr. Felton

was one of the most difficult problems that emerged from evaluating the 7,500 shipyard workers.

Individuals in that community, particularly radiologists, were reluctant to accept the significance, or even existence, of X-ray changes that were very subtle, he said.

The problem for family physicians was that patients were bringing information neither sought nor discovered by the physicians, making it relatively unacceptable. Dr. Felton began to visit hospital staffs, particularly at the large health maintenance organizations in the area.

Most of the workers were asymptomatic. Many who had felt fine until the X-rays were taken began to develop pain in their shoulders, backs, knees, and ribs.

A high level of worry and anxiety swept through the work force once word started getting out about asbestos-related disease, Dr. Felton said at the symposium presented by the University of Southern California School of Medicine.

The incidence of positive findings was 16% overall but rose directly with length of service and age of the employee.

The level of positivity was 37% among the oldest employees with the greatest length of service.

Information was imparted to workers on a one-to-one basis among the first 500. As the number of examinations increased, weekly meetings were held for groups of 60-100 employees, Dr. Felton said.

Workers were given a glossary of terms so they could understand the X-ray reports. Blackboard drawings helped to explain the types of changes that had occurred.

Diagnoses were phrased in laymen's and medical terms, so that a worker could take the report to his own physician and understand what was being discussed.

Workers were told about the dangers of cigarette smoking imposed on top of exposure to asbestos. Efforts were made to balance the rising levels of anxiety against understanding the importance of not smoking to prevent lung cancer. "We leaned on them" to quit smoking, he said.

A caveat for physicians, based on this very wide experience with asbestos-exposed employees is to keep extremely complete records. The occupational history needs to be lifelong, accurate, and detailed.

"Be sure to include what you told the patient, as well as the patient's response," Dr. Felton said.

Subjective reactions may indicate the need for more frequent follow-up and supportive care. The record should include a list of brochures and educational materials given out.

A signed roster of those attending the medical advisory meetings at the shipyards was maintained, Dr. Felton pointed out.

These rosters recently became part of the legal record in workers' civil suits, along with Dr. Felton's 6 days of deposition about the Long Beach experience, he said.