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October 23, 1984

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Questions/Surveillance

Below I have listed some possible questions which I hope you will be willing to ask me in an attempt to record a discussion on Medical Surveillance Examinations on Friday afternoon, November 2. I have attached a revision of the original manuscript of my "paper" on Medical Surveillance Examinations. In our interview I will use this document but will not stick to it strictly. I shall try to keep my responses more informal.

I should also like to do a first recording of my interview with you on Medical Surveillance for Asbestos workers. In the second part of this memorandum I shall list some possible questions that I might ask you. Obviously, I shall need to know of any other questions you would like me to ask you. I do not expect you to prepare a manuscript for our interview. Let us just "wing it" and see what happens. We then can modify and improve our performance and make one or two future recordings until we get a satisfactory one.

As you recall, I promised the Council on Education of AOMA that I would do these two things. I feel strongly that occupational physicians interviewing one another or interviewing research experts can do a better job

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than a professional lay interviewer who is not familiar with the practice of occupational medicine.

Suggested Questions for Interview on Medical Surveillance

1. There are now a number of OSHA standards, for example, asbestos, ethylene oxide, acrylonitrile which mandate specific medical surveillance examinations for workers exposed above certain action levels to these and other substances. These standards don't go into great detail as to how these examinations should be performed or what their objectives should be. Many physicians appear to assume that these examinations are merely periodic health appraisals of exposed workers. Is there more to it than this?

2. I guess one might ask, "Why do medical surveillance examinations?" The principal concerns seem to be chronic effects, for example, chronic interstitial fibrosis or lung cancer in workers exposed to asbestos. Can one really hope to detect these changes early enough to prevent irreversible pathology? Why not just reduce employee exposures to safe levels and avoid the cost and potential liabilities of these examinations?

3. Are some workers more susceptible to the effects of exposure than others?

4. Drug interactions are of great importance in clinical medicine. Are they also important in medical surveillance examinations?

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5. You mentioned lifestyle factors. Are not many occupational diseases essentially identitical to diseases which occur in unexposed populations?

6. Why is knowing what the worker does so important? The physician is looking for pathology. It's either there or isn't. Why is knowledge of the workplace so important?

7. So far you have implied that it is up to the physician to detect the markers of developing occupational disease on the basis of a one-on-one doctor-patient relationship. Isn't that a little unrealistic? Aren't some of these early changes extremely subtle and detectable only when epidemiological studies are performed?

8. Is the medical surveillance examination sometimes used to collect body materials for bioassay?

9. Does one always need to perform a complete examination?

10. I imagine documentation of the results of the examination is important. What are some of the responsibilities of the examining physician in informing the worker or his or her management?

11. In order to pull this discussion together, could you please summarize the major points you have made about medical surveillance examinations?

Possible Questions for Interview on Medical Surveillance Examination for Asbestos Workers

1. Is asbestos a hazard to which a great many workers have been exposed? Are they still being exposed? There are actually relatively few asbestos workers, but there are millions of workers throughout all sections of industry who have been exposed in the past 30 or 40 years to varying concentrations of asbestos. The number of workers exposed at the present time is very small because of the introduction of stringent regulations mandating exposure standards and because of the elimination of asbestos use in many sectors of industry.

2. Because there are several kinds of asbestos, we need to know how they compare as far as hazard potential and the likelihood of exposure are concerned.

3. How does asbestos cause fibrosis?

4. What are pleural plaques?

5. After many years, do asbestos fibers migrate to the pleural surface? Are pleural plaques considered part of asbestosis?

6. What is the cancer hazard from asbestos exposure?

7. Is asbestos a mutagen? Does it have any reproductive effects?

8. Is there a good animal model for studying the effects of asbestos?

9. It would appear that the animal study of asbestos related diseases is not very satisfactory. How have we learned so much about this disease?

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10. I think we have seen that the main concern for asbestos workers is interstitial fibrosis in the lungs, mesothelioma and lung cancer. None of these seem particularly amenable to treatment. Why is it important to conduct medical surveillance? If a worker is found to have early interstitial fibrosis, will removal from exposure prevent progression of the disease?

11. How should medical surveillance of workers who have been exposed to asbestos be conducted? First, who should be included? Is it necessary to examine young workers who are now having exposure within the accepted limits as frequently as older workers who have had much heavier exposure many years ago?

12. What routine tests should be performed and how often?

13. What value are the workplace monitoring results if they are available? What should the physician learn from these levels?

14. Is the medical surveillance of asbestos workers you just outlined any different than what appears in the OSHA standard of July 1972? And, if so, what are the differences?

15. What about sputum cytology? Is this of any value and is this still done in many locations?

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16. What are the obligations for reporting the results of medical surveillance examinations to the individual being examined and to the company for which the worker is employed?

17. Could you please summarize the main points that you think are important for any physician attempting to perform medical surveillance examinations on workers exposed to asbestos.

Tom

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