

# Review on the List of Occupational and Work-Related Diseases of Selected Countries, their Respective Purposes, and Inclusion of Emerging Exposures

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## **Abstract**

The Employees' Compensation and State Insurance Fund or PD 626, as amended, was created in 1974 to secure the workers and their dependents an adequate income benefit and medical or related benefits in the event the worker suffered a work-related disability or death. Thereafter, a List of Occupational and Work-Related Diseases was generated to serve as a reference to government evaluators on whether certain illnesses that manifested on workers can be compensated by the government or not, given other requirements. Several amendments had already been made since it was first crafted. The current list comprises of 32 occupational and work-related diseases including 54 specific diseases some assigned to the 32 listed. However, the *Amended Rules on Employees' Compensation* stipulated the increased risk theory which has somehow expanded the List of Occupational and Work-Related Diseases.

This study aimed to review published sources of information on compensable diseases in the Philippines and other countries towards updating of the Philippine List of Occupational and Work-Related Diseases. This was intended particularly to compare the Philippines' existing list to the lists of selected countries on its purpose, system of determining work-relatedness of the illness, and system of updating. This paper will also study how the emerging exposures of the selected countries were included in the list.

Comparison on the respective list of occupational and work-related diseases among selected countries, including the Philippines, were done and was found out that these are being used for compensation purposes. Other countries like United Kingdom and Singapore use their list for medical surveillance also. System of determining work-relatedness of diseases could either be open (invoking increased risk theory) similar to Sweden or through a list like France, Denmark, and New Zealand. Finland, United Kingdom, Singapore, and the Philippines employ both systems. Updating their respective lists were done through technical working groups involving experts (*i.e.*, France, Finland, and Singapore) and/or other stakeholders like insurance groups (*i.e.*, France) or through tripartism (*i.e.*, Denmark and Sweden). The Philippines updates its list through technical working group involving experts and through tripartism. United Kingdom and New Zealand, on the other hand, update their list through ministerial councils. Emerging exposures were identified through various strategies on reporting of occupational and work-related health issues like The Health and Occupational Reporting (THOR) network of United Kingdom and Ireland, and mandatory submission of reports from companies similar to Singapore and the Philippines. However, there must be a good evidence of causal relationship to exposures in the workplace for illnesses to be considered in the list.

Adapting the criteria set by international experts in coming up with an updated and validated list is recommended. This is notwithstanding to another recommendation for a possible partnership with stakeholders in coming up with

diagnostic criteria of occupational and work-related diseases which may be used both for compensation and in clinical practice of physicians.

Lastly, it is recommended to strengthen and improve the data collection system on occupational and work-related illnesses by looking at the possibility of making the companies report to the social insurance systems directly, furnished the government's enforcing agencies.