

Brussels, December 1963
P-49/63

INFORMATION MEMO

Action on the Commission's recommendation regarding adoption of a European list of occupational diseases

The EEC Commission recently called a meeting at Luxembourg of representatives of the Governments of the six Member States and of employers' and workers' organizations in order to study the action taken in the six countries in pursuance of the Commission's recommendation of July 23, 1962 on the above subject (+).

This recommendation comprises three main points:

Additions to the national lists of occupational diseases in order to bring them into line with the European list proposed by the Commission;

Adoption of the "combined" system which, under certain conditions, would also permit compensation of workers suffering from diseases not on the national lists;

Exchange of information between Member States, in order to facilitate recognition of new occupational diseases and to develop measures for preventing them.

There are about fifty occupational diseases. Up to 1962, each country in the Community had recognized thirty to forty but, strange to say, only about ten of them were common to the six national lists.

It would be anomalous that a worker moving from one Member State to another, and following the same occupation, should cease to be covered for a disease which is for him an occupational hazard. Accordingly, helped by experts on industrial medicine and industrial chemistry, the Commission had drawn up a complete list applicable to the six countries of the EEC, and, after consulting representatives of the Governments and of employers and workers, had proposed it for adoption by the Member States, to ensure unity in the systems of compensation for occupational diseases as well as to promote preventive measures.

(+) See Spokesman's Information Memo No. P/9233 of July 1962.

The "combined" system recommended by the Commission lies between the "comprehensive" and "list" systems.

This combined system consists in basing legislation mainly on a list of occupational diseases, but in recognizing also that proof of the occupational origin of a disease can be adduced in cases which are not provided for in the list, and for which the presumption of origin cannot therefore be invoked.

A Member State which proposes to recognize a new occupational disease will be able to approach the EEC Commission, which will make inquiries among the other Member States, and will pool the information thus obtained, in order to enable the State in which the disease has just appeared to profit by it, in respect of both prevention and compensation.

During the meeting mentioned, three Member States, Germany, France and Italy, expressed a desire for information as to the health hazards of ten or so new products.

As regards legislation concerning industrial diseases in connection with the recommendation mentioned, the situation in each of the member countries is as follows:

The German list is the closest to the European list, for the last order supplementing this national list was drafted while preliminary work was being done on the European list. Moreover, the law of May 9, 1963 introduced the "combined" system into German legislation, since it provided that the insurance institutions concerned with industrial injuries and diseases should regard as an occupational disease one which has not been named by regulation, or for which the conditions laid down by the latter have not been fulfilled, when proof is given of the occupational origin of that disease.

In Belgium a bill is under discussion; since the list of occupational diseases has to be established by Royal Decree, the existing list will for that occasion be completed on the basis of the European list. However, the bill already provides that in future silicosis will be recognized as an occupational disease of miners, which is not the case at present.

In Italy, clauses relating to the prevention of occupational diseases, for example a clause dealing with the use of benzol, have been introduced into national legislation on the basis of the European recommendation.

Moreover, studies are in progress of data from clinical and medico-legal observations regarding diseases which, although not yet officially recognized as occupational - and, in consequence, not included in the present national list - nevertheless present signs of a causal connection with specific occupations.

It should also be noted that, in the Italian system, certain diseases appearing as occupational diseases in the European list are compensated as industrial injuries.

Since the recommendation was made, the French list ("tableaux", in French terminology) has been completed by the addition of occupational deafness and ulcerations caused by formic aldehydes. Four other "tableaux" have been revised and amplified, and studies of another series of injurious agents are under way.

Furthermore, the European list, including the list attached, has been proposed to the Committee for Industrial Hygiene for consideration as a list of compulsorily notifiable diseases, with a view to extending the French list of occupational diseases and to preventing them.

In the Netherlands, a special problem arises from the fact that a bill is under discussion which provides for the elimination of all distinction between incapacity for work caused by industrial accident or disease and that occurring in private life. As regards compensation of workers, the concept of occupational disease would therefore disappear. However, the European list would be taken as basis for preventive measures.

In Luxembourg, the Committee for Occupational Diseases is studying the list as a whole, together with the desirability of introducing the combined system into national legislation, which is at present under review.