

Study exposes failing workplace cancer compensation scheme

April 1 2015, by David Christie

Workers suffering occupational cancer and other potentially lethal workrelated diseases can forget about any Government compensation, according to a new report by University of Stirling health researchers.

The Stirling report finds the current compensation scheme excludes seven of the top ten entries on the official UK occupational <u>cancer</u> priorities ranking.

Diesel exhaust or painting-related lung or <u>bladder cancer</u> are not on the prescribed disease list, nor is welding-related lung cancer. Skin cancer caused by solar radiation exposure, a known problem in outdoor workers and pilots, is also missing.

Women almost entirely miss out, with <u>breast cancer</u> caused by shiftwork - estimated by the Health & Safety Executive (HSE) to affect around 2000 women each year - omitted from the list of 'prescribed' industrial diseases for which state compensation Industrial Injuries Disablement Benefit (IIDB) is payable.

Also missing is asbestos-related <u>ovarian cancer</u>, the most common gynaecological cancer in British women, despite having the top International Agency for Research on Cancer (IARC) cancer risk rating.

Professor Andrew Watterson, Head of the University's Occupational and Environmental Health Research Group, said: "The UK Government's workplace compensation scheme requires urgent reform. It is an unholy



mess with only a tiny proportion of those made sick by their work in with a sniff of any compensation.

"The Industrial Injuries Disablement Benefit (IIDB) scheme excludes many conditions and those that are covered tend to be subject to claimbarring disability thresholds, minimum exposure times and job restrictions."

HSE data conservatively indicates almost 13,600 new cases of occupational cancer each year, yet in 2012, IIDB compensated just 2,600 cases. Remove asbestos-related cancers and just 90 payouts were made, a 1% chance of compensation.

The report is strongly critical of the role played by the Industrial Injuries Advisory Council (IIAC), which recommends which conditions should be added to the prescribed disease list.

Report co-author, Professor Rory O'Neill said: "The IIAC approach hovers between incompetent and wrong. It imposes an arbitrary 'relative risk' prescription test, requiring the condition to be twice as common in the affected group than in the general population. Even uncontentious causes of occupational cancer won't surmount this.

"The government prescribed disease scheme might just be capable of spotting a catastrophe but does nothing to recognise, compensate or avert tens of thousands of personal, preventable and frequently fatal human tragedies."

The full report is published in Hazards, an online magazine providing guidance and advice for workplace unions.

Health research at Stirling is ranked No.1 in Scotland and in the top 25% in its field across the UK in the 2014 Research Excellence Framework.



Their findings follow a 2012 Stirling study of more than 2000 women in Canada which found a 42% increased risk of breast cancer for those exposed at work to high levels of certain chemicals.

More information: The full report is published in *Hazards*: <u>www.hazards.org/compensation/meantest</u>

Provided by University of Stirling

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