Ethical guidelines for occupational health professionals: An Africa Working Group perspective

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ABSTRACT

The need for ethical guidelines in occupational health is widely recognised as key to good occupational health practice. Efforts by the International Commission on Occupational Health (ICOH) to update its Ethical Code led to the establishment of a Code Review Group (CRG) to which was affiliated an Africa Working Group to develop input to the ICOH Code revision process from an African perspective. The work of the group, over the past three years, has identified a number of key challenges for ethical occupational health practice in the region. This report summarises the trajectory of the groups' discussions and identifies areas for further action if occupational health practice in Africa is to deliver on its promise of protecting and promoting the health of working populations across the globe.

Keywords: ethics, professionalism, codes, Africa, global health

BACKGROUND

Attention to questions of professional ethics is increasing among occupational health professionals worldwide. The growth of national and international guidelines and standards aimed at maximising the ethical behaviour of health professionals generally has also extended to addressing the particular health challenges facing health professionals in the occupational health setting. In some nations, primarily in the South and Latin Americas, existing professional occupational health codes have been integrated into national legislations, thereby providing them a new and different context and formal legal status.

Additionally, it has been argued that there has been a changing moral landscape that has propelled many categories of occupational health professionals into engagement with ethical questions and to seek ways to build up ethical competence for tasks in the labour market.[1] Whereas globalisation has resulted in many serious threats to the health of working populations, it has also ushered in an unprecedented opportunity for harmonising ethical and human rights standards upwards to protect workers' health and the health of their communities.[2]

THE ICOH ETHICAL CODE

The International Commission on Occupational Health (ICOH) is an international non-governmental professional society that aims to foster the scientific progress, knowledge and development of occupational health and safety in all its aspects. Founded in 1906, it is regarded as the world's leading international scientific society in the field of occupational health with a membership of over 2000 professionals from 93 countries. The ICOH Ethical Code was first developed in 1992 and has since been reviewed once, leading to the adoption of a revised edition of the Code in

2002. The Code plays an important role in establishing a benchmark for ethical conduct of occupational health professionals, particularly in developing countries, where national regulations or legislative frameworks are weak or absent. It currently lacks a developed articulation with the main ethical codes in research, a weakness identified by the ICOH Board in considering a review of the Code.

In 2009, ICOH began its most recent iteration of reconsidering the Code with a view to updating the Code by commissioning the Working Committee on Ethics and Transparency of the Board, chaired by Peter Westerholm, to carry out the task. The Committee became designated as the ICOH Board "Code Review Group" (CRG) and was strengthened through co-option of other ICOH office-bearers and by establishing contacts with health professional networks in regions of South and Latin Americas, Africa and Asia. The aims of the review were to strengthen the character of ethical guidelines and the practical usability of the Code; to address problems of interpretation of the Code; to revisit the ethical values as presently in the Code (emphasising the concept of professional independence); to expand the Code's applicability to the occupational health research realm; to enhance the value of the Code for training of occupational health professionals; and to increase the relevance of the Code to working populations from the most vulnerable settings across the globe. A task group for region Africa was constituted in May 2010 and affiliated to the CRG to address ethical issues related to the social context on the African continent. The revision of the ICOH International Code of Ethics is envisaged to be finalised during 2014.

The Africa Working Group
As part of incorporating perspectives that normally would not find voice in a global organisation, the Africa Working Group adopted the following Terms of Reference: (i) examine the relevance of the ethical principles of Doing Good, Harm Avoidance, Autonomy and Justice in an African context; (ii) identify factors particular to the region pertinent to revising the Code; and (iii) produce a discussion document proposing revisions to the Code. The workgroup was characterised by diversity of membership in terms of disciplinary background (two occupational health specialists, a bioethicist, a legal academic, a psychologist and a molecular biologist), country distribution (South Africa, Cameroon, Zimbabwean in Botswana, Zimbabwe, Nigerian in the UK) and institutional bases (five universities in Africa and Europe and a research institution in Zimbabwe). The group met frequently by phone conference and used e-mail for reviews and discussions of drafts. The group identified issues of concern in an African context, and generated comments on the Code, providing input to the ongoing ICOH process. The group has been recognised by the ICOH Board as a most active body during the Code review process, generating and providing significant inputs of review material to the ICOH Board.

At the triennial ICOH Congress held in Cancun, Mexico, in March 2012, two presentations were given, arising from this work. The first was a keynote address by Professor Godfrey Tangwa on fundamental principles of bioethics – presenting a perspective based on experience and work in Africa; the second was a special symposium on the revision of the Code at which perspectives from Africa, Asia and Latin America were aired.

Some of the key ethical issues identified in the Africa Working Group discussions at that point related to the questions of diversity, language, stigma and power in the workplace, and the place of autonomy in negotiating consent in non-'Western' settings. Additionally, two factors were highlighted as impacting on ethical practice in occupational health in the African context: the consequences of globalisation for occupational health and the weak distinction between workplace and domestic exposures in many communities in Africa. In general, settings with weak regulatory infrastructure rely heavily on professional codes for guidance; hence, ensuring that the ICOH Ethical Code captures key concerns for the African context is paramount.

The Cancun symposium discussion was well received within ICOH and this led the Workgroup to convene a follow-up as a pre-conference workshop at the 12th International Conference on Neurobehavioural Methods and Effects in Occupational and Environmental Health held in Cape Town, on 23 March 2013. The objectives of this workshop were to share the work of the Africa Working Group and to deepen discussion about the key ethical complexities raised in the Working Group's preliminary engagement. More broadly, the raising of ethical issues at the neurobehavioral meeting aimed to promote a multidisciplinary perspective on ethical issues in occupational health and to raise general awareness about ethical complexities in occupational health practice.

Although only three of the six Africa Working Group participants were able to attend the workshop, this was supplemented by the participation of the organiser of the Workgroup inputs from the ICOH Board, Peter Westerholm, from Sweden. There were thus four formal presentations to the workshop (Peter Westerholm, Godfrey Tangwa, Reginald Matchaba-Hove and Leslie London). An additional six non-Working Group participants were present for the discussions.

The discussion amongst the participants raised a set of important challenges facing the development of occupational health ethics in Africa. Firstly, academic developments in Africa with respect to ethics teaching in occupational health have not kept pace with global developments in guidelines, codes and conventions, and wider understandings of the importance of ethics in practice. Secondly, when considering how best to change practitioner behaviours, acting from 'moral conviction' would be preferable to acting on the basis of fear of legal sanction. Approaches that are more respectful of autonomy are more likely to lead to sustainable behaviour change. Thirdly, although law may tend to be confined within country jurisdiction, it may be the case that laws apply beyond national boundaries indirectly – witness the way US law shapes research ethics practice in developing countries. Thus, in general, we should expect guidelines to precede law or regulation.

An empirical question also emerged which begs research – how effective are guidelines in the absence of law? If one compares the experience of Ghana and Sudan (where there are putatively effective guidelines) to that of Uganda and Malawi (where there are unsuccessful attempts to introduce ethical standards in law), this might generate a better understanding of the reach and limits of law in comparison to ethical guidelines. Lastly, the concept of an Africa Code of Ethics, analogous to the African Charter on Human and People's Rights, may be a unifying rubric under which to organise the discussion. Similarly, the concept of harmony/ubuntu may be a unifying conceptual theme and intellectual contribution to advancing understanding of ethics in occupational health in an African context.

The workshop ended with a number of calls for action. Besides providing input to the process of the ICOH Code amendment, there are many opportunities for occupational health professionals in Africa to take the initiative. The need for ethical issues to be placed on the occupational health agenda with colleagues in the ILO, the AU, SADC and WHO-Afro was highlighted. Our teaching institutions need to be urged to expand their ethics teaching in occupational health to include teaching cases of real-life ethical questions such as those developed in the course of a project. Professional associations also need to be open to taking on this responsibility. If occupational health practice in Africa is to deliver on its promise of protecting and promoting the health of working populations, ethics needs to play a more distinctive role in occupational health practice. At the same time, international institutions, such as the ICOH, have much to learn from the grassroots experiences of occupational health professionals in regions such as Africa, who are daily engaged in finding ways to address occupational health challenges in local and regional perspectives.

CONFLICT OF INTEREST
The authors declare they have no financial conflict of interest in the work published here. Three of the authors (LL, PW and RMH) are members of ICOH and PW is an ICOH office bearer.

AUTHORSHIP
All the authors contributed to the conceptualisation, drafting and editing of this manuscript and have approved its final text.

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