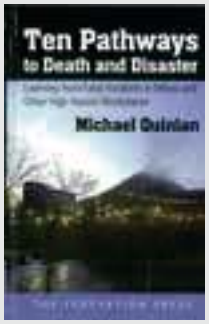
LESSONS FOR ALL



TEN PATHWAYS TO DEATH AND DISASTER

BY MICHAEL QUINLAN
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Veteran Australian academic Michael Quinlan – a frequent visitor to this side of the Tasman – has pulled off quite a trick here. He has written a well researched scholarly book which is nevertheless easily digested and oriented around ten broad causal factors which any health and safety practitioner could usefully reflect upon.

In doing so he places popular management trends – behavioural safety, safety culture – in a politico-historic context which gracefully exposes the agenda of their proponents and the lack of a strong evidence base to support them.

His focus is on major mining disasters since the 1970s in New Zealand, Australia, Canada, the United Kingdom and the USA. But his remit extends beyond mining to look at major incidents in other sectors such as aviation and chemical processing, and also to consider whether the causes of multi-fatality incidents are in some way different from the causes of the much more common single-fatality incidents.

Quinlan also considers the regulatory framework and the wider political context in each country. "As this book will show," he writes, "regulation does matter. It has helped make workplaces safer more clearly than other currently fashionable interventions, like cultural change – even ignoring the point that regulation can reshape culture."

He goes on to develop ten 'pattern causes' – the pathways of the title – and helpfully groups his discussion under each one. The causes include failures in risk assessment, economic pressures, ignoring of prior warnings, and so on.

Pike River – "an especially disturbing case" – features extensively. The Royal Commission receives praise for being unusually wide ranging in scope and thorough in its use of historical context and comparative assessment of other mine safety regimes. Quinlan even suggests it could serve as a model for future investigations into significant incidents.

He provides compelling evidence that the ten pathways he identifies also apply to industries outside mining, and that the causes of single-fatality incidents are largely the same. In other words, just because your organisation doesn't use processes liable to catastrophic energy release doesn't mean this book isn't for you.

The work serves as a useful companion to Rebecca Macfie's book on Pike River. While Macfie constructed a compelling narrative arc, Quinlan places Pike River's failures in a wider context and is able to compare and contrast Pike's multiple failings with those of other multi-fatality incidents.

The author is keen to set out the book's practical credentials: to provide – if nothing else – a checklist of a number of types of failure of particular use to organisations trying to prevent low frequency but high impact events. He has succeeded.

Reviewed by Peter Bateman

LETTER TO THE EDITOR

In the March/April edition Dr David Black provided a fascinating review of the history of occupational medicine in New Zealand, and highlighted opportunities for change. The raison d'etre for our medical specialty must be to improve the health of workers, so I agree that we need to re-engage with employers. The investment required to do this through the public health system may be a bridge too far for the Ministry of Health, but there may well be a hybrid which would work.

A substantial part of the delivery of occupational health in New Zealand is provided by GPs with an interest in occ health, though without access to specialist advice and support. Indeed, there are no clear lines of communication between GPs and Occupational Physicians (OPs). Medical certification issues often cause tensions between GPs and local employers, and again poor communication exists. Increasingly, governments are recognising that the workplace is a venue to influence the health of a captive audience, particularly the male workforce aged 50+ who are poor at health-seeking behaviours. The ageing workforce is a growing problem for employers, and the diabetes/obesity/cardiovascular disease epidemic is a national issue.

The international evidence is clear – investing in the health of workers improves productivity in the workplace. The new Health and Safety at Work Act, with enforcement by WorkSafe NZ, will be a significant driver for implementation of occupational health by employers, with a focus on occupational disease prevention or early identification and management that in recent years has taken second place to safety.

The GP's patient is the same person as the employer's worker. They have a mutual interest in that person's health. There is scope for joint public and employer funding of healthcare services for workers, with support and leadership provided by Occupational Physicians. OPs are in the unique position of being doctors who understand both the health requirements and the employer's needs. Our role could be to facilitate communication, and provide case management and specialist support to GPs with an interest (and a specialist training programme for those who want to progress further).

It's time to look at innovations in practice, and broaden the definition of occupational health to include influencing the health of the working age population. This would be a win-win for employers, GPs, OPs, government, workers and their families and communities.

Dr David Beaumont, president of the Australasian Faculty of Occupational and Environmental Medicine, RACP.