

Ethics in occupational health practice

Correspondence: Ms Claudina Nogueira, c/o SAIOH, PO Box 50772, Randjesfontein 1683, South Africa.
e-mail: claudinanogueira@hotmail.com

C Nogueira

Claudina Nogueira is a Board member of the International Commission on Occupational Health (ICOH), an ExCo member of SASOM, and a Council member of SAIOH.

ABSTRACT

Good occupational health practice requires adherence to ethical guidelines which have been developed over time and have originated from various sources. In the process of addressing and rectifying the issue of occupational risks, the moral aspects cannot be avoided.

Ethics pertaining to the broad field of occupational health remains an ongoing interaction between many partners, and a subject with no clear boundaries and many dilemmas, requiring multi-disciplinary cooperation, consultation and participation.

In the context of the ever-changing world of work, this paper provides an overview of the definition and interpretation of ethics; the basic principles of biomedical ethics; the role played by codes of ethics, with special emphasis on the International Code of Ethics of the International Commission on Occupational Health; ethics with particular reference to occupational health practice; and the emerging issues, globally and in regional settings, that continue to present ethical challenges to occupational health professionals.

Keywords: ethics, codes, occupational health, professional conduct, ethical dilemmas

INTRODUCTION

The ever-changing world of work, particularly in terms of economic, social, environmental and health aspects, has given rise to many new challenges for workers and their representatives, employers, managers, health service providers, government authorities, professional associations and social partners alike. This scenario has called for a clear view on, and a continual assessment of, the ethics of occupational health professionals/practitioners (OHPs) and standards in their professional conduct. Particularly in a regional context, the protection and promotion of the health and safety of working populations across multiple sectors in Africa requires a much more prominent role to be played by ethics as it relates to the disciplines and professions that comprise occupational health (OH) practice.

There are many definitions of "ethics", for example:

- a system of moral principles
- the rules of conduct recognised in respect to a particular class of human actions or a particular group, culture, profession or individual, e.g. medical ethics
- the branch of knowledge dealing with moral principles
- the branch of philosophy dealing with values relating to human conduct, with respect to the rightness and wrongness of certain actions, and to the "goodness" and "badness" of the motives and ends of such actions
- the moral fitness of a decision or course of action

Although ethics is closely related to law and incorporated into law in various countries, ethics and law are not alike or interchangeable. In the South African context, aspects of ethics of health have been included in some legislation,

e.g. in the National Health Act (Act 61 of 2003)¹ and in the Bill of Rights of the Constitution of 1996;² in many respects, ethics imposes higher standards than legislation.³ Law and ethics have common characteristics but are not identical. Some behaviours that are legal may be unethical; nearly all behaviours that are illegal are unethical.

There are four basic principles of medical ethics, which have been provided as a framework for addressing ethics issues and resolving dilemmas. These four principles, attributed to Beauchamp and Childress,⁴ are accepted as being the most influential in the field of medical ethics, although there are other approaches to professional ethics (not considered in this paper). Each of the aforementioned principles addresses a value that arises in interactions between service providers and patients. These principles are to be judged and weighed against each other, with attention given to the scope of their application. They address the issues of fairness, honesty and respect for fellow human beings.

- *Respect for Autonomy*: Respecting the decision-making capacities of autonomous persons; enabling individuals to make reasoned informed choices. This principle is the basis of informed consent and respect for confidentiality
- *Beneficence (doing good)*: The healthcare professional should act in a way that benefits the patient. This includes the balancing of benefits of treatment against the risks and costs, and acting in the best interest of the patient
- *Non-maleficence (preventing harm)*: "First, do no harm" is the foundation of medical ethics. Avoiding the causation of harm; the healthcare professional should not harm the patient. All treatment involves some harm, even if minimal,

but the harm should not be disproportionate to the benefits of treatment

- **Justice:** Distributing benefits, risks and costs fairly; the notion that patients in similar positions should be treated in a similar manner (fairness and equality). The actions and ethical choices of the healthcare providers must be rational in every situation

Other values that are part and parcel of the aforementioned principles are:

- Respect for persons – the patient, and the person treating the patient, have the right to be treated with dignity
- Truthfulness and honesty – these values should form the basis of trust in the professional relationship between patients and practitioners. The concept of informed consent has increased in importance and become absolutely essential since the historical events of the Nuremberg trials⁵ and the Tuskegee syphilis experiment⁶ (during the Second World War, and in Alabama from 1932 to 1972, respectively), where doctors and scientists conducted cruel research and atrocious tests on human subjects without their knowledge or informed consent

Respect for persons and truthfulness are positive values when assessing and resolving conflicts. It is very common for OHPs to encounter ethical dilemmas in their daily tasks as these issues arise in many of their work scenarios, such as medical surveillance and monitoring, entrance medical examinations, worker rehabilitation, risk assessment, and health hazard evaluation and communication.⁷

CODES OF ETHICS

Ethical codes in healthcare provide norms to standardise the interactions between patients and their practitioners, and between fellow practitioners, thereby providing a framework and guidelines for morality in healthcare and health practice.³

Codes of ethics are means for attaining moral awareness and high ethical standards in practice, and competence in making value-based decisions. Codes act as forerunners of quality and professional standards, promotional instruments for participant organisations, and tools in training programmes. Codes provide a “common ground for developing professional excellence in a changing world”.⁸ However, codes of ethics are “commonly aspirational and well intentioned, but most often not enforceable by law, and the focus in most codes is set on individual health professional conduct, and less on the conduct of organisations”.⁷

Historically, Western medical ethics can be traced to guidelines on the duty of physicians in antiquity, such as the Hippocratic Oath. The first code of medical ethics, *Formula Comitis Archiatrorum*, was published in the 5th century.⁹ In the medieval and early modern period, valuable contributions were found in the Catholic, Islamic and Jewish intellectual traditions and teachings. The first modern code of medical ethics is attributed to Thomas Percival, an English

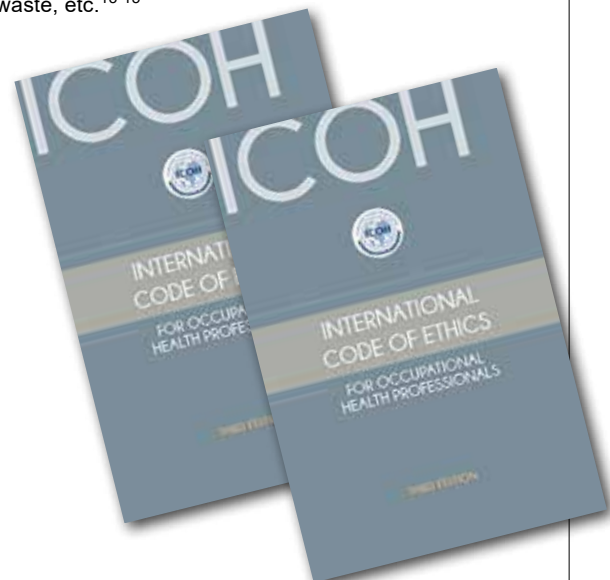
“An essential foundation in good OH practice is professional ethical awareness . . .”

physician and author who formulated the code in 1794, and wrote an expanded version in 1803 in which he coined the expressions “medical ethics” and “medical jurisprudence”.¹⁰

The World Medical Association (WMA) is the official professional body tasked with ensuring that the moral and ethical values protected in the Hippocratic Oath and its modern day version, the Declaration of Geneva, are put into practice in medicine. Although the codes and guidelines from the WMA are specific for medical practice, the scope is broad enough to be applicable to the various categories and disciplines of health practice.³ To establish and promote the highest possible standards of ethical behaviour and care by physicians, the WMA has adopted numerous policies that are recognised internationally as the global ethical standard for the topics they address.¹¹

Since the 1970s, the growing authority of ethics in contemporary medicine can be seen in the increasing use of Institutional Review Boards and Research Ethics Committees to evaluate experiments on human subjects, the establishment of hospital ethics committees, the expansion of the role of clinician ethicists, and the integration of ethics into many medical school curricula.¹²

The Health Professionals Council of South Africa (HPCSA) is a statutory body that has published ethical codes and guidelines for the healthcare professionals. These guidelines form an integral part of the standards of professional conduct against which a complaint of professional misconduct will be evaluated. The guidelines, obtainable from the HPCSA website, are available in a number of booklets, covering a range of ethics topics, including good practice, patient rights, ethical guidelines for health researchers, informed consent, patient records, reproductive health, good practice with regard to HIV, management of healthcare waste, etc.¹³⁻¹⁵



ETHICS AND OCCUPATIONAL HEALTH PRACTICE

The main concern of OHPs is the protection and improvement of the health of working populations. The main objectives of the OH disciplines are to:

- protect and promote the health at work of all people, by encouraging the adaptation of work to people, and of each person to his/her work (fitness for work)
- promote work systems and environments that minimise risks to the health and safety of the working population
- encourage work cultures which enhance health and wellbeing in the broadest sense, both individually and collectively

An essential foundation in good OH practice is professional ethical awareness and conduct in relation to customers, consumers, OHPs and other stakeholders in providing services, and in relation to professional responsibilities and work tasks.¹⁶

A wide range of disciplines is concerned with OH since it is at an interface between technology and health, involving technical, medical, social and legal aspects. OHPs include OH physicians and nurses; labour inspectors; occupational hygienists; occupational psychologists; and specialists involved in ergonomics, rehabilitation therapy, accident prevention and the improvement of the working environment, as well as in OH and safety research. The competence of these OHPs should be mobilised within the framework of a multi-disciplinary team approach.

“Some behaviours that are legal may be unethical; nearly all behaviours that are illegal are unethical”

Many other professionals from a variety of disciplines, such as chemistry, toxicology, engineering, radiation health, epidemiology, environmental health and protection, applied sociology, health and social insurance, and health education, may also be involved in OH practice.

The Code of Ethics of the American College of Occupational and Environmental Medicine (ACOEM) applies to health professionals who are engaged in the practice of occupational or environmental medicine, and addresses distinctive ethical issues that are characteristic and recurring in the practice of occupational and environmental medicine.¹⁷

The latest edition of Guidance on Ethics from the UK Faculty of Occupational Medicine (FOM)¹⁸ was published in December 2012. The edition is titled ‘Ethics guidance for occupational health practice’ as opposed to ‘Ethics guidance for occupational physicians’ which was the title of previous editions. This reflects the fact that, in the UK and many other countries, including South Africa, OH is practiced, in the main, by a multi-disciplinary team rather than a physician working independently, and it is expected that non-medical members of this team should be bound by the same ethical codes and guidelines.

The South African Society of Occupational Medicine (SASOM) has developed an ethics guideline for OHPs, which is available from the SASOM office.¹⁹

The objective of the Code of Ethics of the Southern African Institute for Occupational Hygiene (SAIOH), for the professional practice of occupational hygiene, is to set standards of professional and ethical conduct for certified members of SAIOH to enable them to act professionally and with integrity, at all times, for the benefit of workers, the public, employers, clients and the environment.²⁰ SAIOH’s Code of Ethics has been adapted from the Code of Ethics of the International Occupational Hygiene Association (IOHA) which is intended to cover all occupational/industrial hygiene associations that are members of IOHA.²¹

ICOH INTERNATIONAL CODE OF ETHICS FOR OCCUPATIONAL HEALTH PROFESSIONALS

One of the most widely accepted and used codes, which is distinct from the codes of ethics for medical practitioners, is the International Code of Ethics for Occupational Health Professionals, of the International Commission on Occupational Health (ICOH).²² Being the oldest scientific association in the field of OH, founded in 1906, and with more than 2000 members in 93 countries, ICOH is an NGO recognised by the United Nations, which has a close working relationship with the International Labour Organization and the World Health Organization.

The main reasons for the development of the Code by ICOH are:

- An increased recognition of the complex responsibilities of OH and safety professionals towards workers, employers, general society, public health, labour, social security, and judicial authorities
- A global increase in the numbers of OH and safety professionals brought about by the establishment of OH services (mandatory and voluntary)
- The broad field of OH requires a multi-disciplinary approach for successful implementation, incorporating various professionals from many different fields²²

The Code applies to OHPs and OH services across sectors (acting in their individual capacities and as part of organisations providing services to clients and customers) tasked with responsibilities in enterprises, and in the public and private sectors, in terms of safety, hygiene, health, medicine and the environment, in relation to the workplace.

Since its inception, the Code has been adopted and implemented across the globe by various bodies and organisations, e.g. the governments of Argentina and Italy, in UN organisational statements, and in the private sector.

The objectives of the most recent review of the Code (third edition, 2014) were primarily to strengthen the existing guidelines and the practical application of the Code; to provide clarity on its interpretation; to expand applicability to OH research; to increase the relevance for the different

types of working populations across various sectors; and to ensure the Code would be a valuable training tool for OHPs. As part of the update of the Code, an African Working Group (AWG) was affiliated to the ICOH Code Review Group in 2010. Some of the key issues identified by AWG during the review process, in terms of impacts on ethical OH practice in the African context, were diversity, language, stigma and power in the workplace, the place of autonomy in negotiating consent in settings in the developing world, consequence of globalisation, and the weak distinction between workplace and domestic exposures in many African communities. In addition, many workers are engaged in the informal sector which falls outside of any formal regulations.^{23, 24}

The Code is a living document and continues to be widely referred to in OH and related fields, including the development of national and organisational codes, as well as for educational purposes. Although the principles which were laid down in the first edition of the Code remain valid today, these require ongoing updating and rephrasing to reinforce their relevance in the changing environment where OH is practiced.

The following basic principles underpin the Code:

- The purpose of OH is to serve the protection and the promotion of the physical and mental health and social wellbeing of workers (individually and collectively)
- OH practice must be performed according to the highest professional standards and ethical principles
- OHPs must contribute to environmental and community health
- The duties of OHPs include protecting the lives and health of workers, respecting human dignity, and promoting the highest ethical principles in OH policies and programmes
- These duties must include integrity in professional conduct, impartiality, and the protection of the confidentiality of health data and of the privacy of workers
- OHPs are experts who must be afforded full professional independence in the execution of their functions
- OHPs are expected to acquire and maintain the necessary competence for their duties
- OHPs require conditions that will allow them to carry out their tasks according to good practice and professional ethics

The Code is intended to serve as a guide, and to set a reference level for the assessment of performance of OHPs; be used in conjunction with other codes; to promote teamwork, cooperation and multi-disciplinary approaches in OH; and to provide a framework for documenting and justifying departures from accepted practice. The Code is not intended to cover all implementation areas or aspects of conduct between OHPs and their working partners, nor to replace other codes and infringe on professional ethics that might be specific to certain professions (e.g. medicine).

Some examples of the duties and obligations of OHPs

are described below; more examples and extensive information are available in the Code:²²

- *Knowledge and expertise* – OHPs must strive to be familiar with the work processes and the working environment, to visit workplaces, and to consult workers and management. OHPs need to remain well informed in the scientific and technical aspects of occupational hazards and the minimising of the relevant risks
- *Information, communication and training* – OHPs must contribute objectively and intelligibly to the information for workers and management on the hazards to which they might be exposed. In communicating about the risks, OHPs are required to address issues such as language barriers and cross-cultural differences
- *Health surveillance* – The OH objectives, methods and procedures of health surveillance must be clearly defined, and the surveillance carried out with informed consent from workers. The relevance and validity of these methods and procedures should be consistent with available scientific evidence and relevant good practice
- *Biological monitoring and investigations* – Preference must always be given to non-invasive methods and examinations that do not involve any danger to the health of the workers concerned. Biological tests must be chosen for their validity and relevance for the protection of the health of the workers concerned, with due regard to their sensitivity, specificity and predictive value
- *Protection of community and environment* – With a view to contributing to environmental and public health, OHPs must initiate and participate in identifying, assessing and advising for the purpose of prevention in terms of occupational and environmental hazards which might result from operations or processes in the workplace
- *Contribution to scientific knowledge* – OHPs must report objectively to the scientific community and to the public health and labour authorities on new or suspected occupational hazards, and on the associated new and relevant preventive methods. OHPs have a duty to make their research results publically available. They are accountable for the accuracy of their reports, and must conduct their research work on a sound scientific basis and by strictly following the ethical principles relevant to health and medical research

Similarly, some of the conditions of execution of the functions of OHPs are described below; more information is available in the Code:²²

- *Competence, integrity and impartiality* – OHPs must always act primarily in the interest of the health and safety of workers, based on scientific knowledge and technical competence. OHPs must refrain from any advice, judgement or activity which might endanger the trust in their integrity and impartiality
- *Professional independence* – OHPs must, under no circumstances, allow their judgement and statements to be influenced by any conflict of interest, particularly when

“Codes of ethics are means for attaining moral awareness and high ethical standards in practice and competence in making value-based decisions”

advising the employer, the workers or their representatives in the undertakings on occupational hazards and situations which present evidence of danger to health and safety

- *Equity and non-discrimination* – All workers should be treated in an equitable manner without any form of discrimination in terms of their condition, gender, social aspects, or convictions. OHPs must build a relationship of trust, confidence and equity with the parties to whom they provide occupational health services
- *Medical confidentiality* – Individual medical data and the results of investigations must be recorded in confidential medical files that are to be kept secured under the responsibility of the OH physician or the OH nurse; the information in the medical files can only be used for OH purposes. Access to medical files and their transmission and release are governed by national laws and regulations on medical data, and relevant national codes of ethics for health professionals and medical practitioners
- *Promoting ethics and professional conduct* – OHPs must seek the support and cooperation of employers, workers and their organisations, as well as of the competent authorities, professional and scientific associations, for implementing the highest standards of ethics in OH practice. OHPs must undergo a professional audit of their activities, to ensure continuous improvement of professional performance

Professional codes of ethics aim at guiding and regulating professional conduct. General challenges in using these codes are related to interpretation, multiplicity of codes, problems of their legalisation, and the drawbacks caused by their inability to resolve ethical dilemmas.⁸

Many areas continue to be critical in terms of ethical dilemmas faced by OHPs, such as confidentiality and disclosure of information, genetic screening and hazard communication.²⁴

In certain instances, dual loyalties present particular challenges to maintaining conventional adherence to confidentiality. This happens when confidentiality may not apply (e.g. when data are used for audit and quality control purposes), or when confidentiality may be broken (e.g. at the patient's request and with informed consent, or in the patient's best interest). Sometimes, whistle-blowing is necessary, e.g. when there is a need to correct unethical behaviour, or when OH physicians cannot conceal information which is necessary to protect the health and safety of workers.²⁴ In the case of genetic screening, many questions arise related to need, relevance, accuracy, acceptability and consequence.^{25,26} In terms of hazard communication, various ethics codes speak to the issue of the OHP disseminating information to affected employees, e.g.

the ICOH Code calls for “engagement with workers and their representatives in providing unbiased information on hazards and risk”.²² However, there is very limited guidance on what level of detail should be provided, what information should be included, and how it should be presented and interpreted.²⁴

In the face of these dilemmas, ethical codes alone do not suffice. They need to be supplemented by other processes, such as peer review and audit, quality assurance, and appropriate continuing medical education.²⁴

ETHICS IN OCCUPATIONAL HEALTH RESEARCH

OH research, by its very nature, i.e. research on workers as a vulnerable group, should strive to be as ethical as possible. The research needs to meet international norms and practices, and also local requirements. For OH research, the four basic principles of medical ethics have a special significance because workers are often vulnerable or potentially coercible populations. In addition, researcher and scientific integrity are further considerations to ensuring ethical research practices.²⁷ The ethics of medical research come into question most obviously where investigations entail risks or disadvantages to individual participants that are not clearly outweighed by associated personal benefits.²⁸ “In order to support health research in developing countries that is both relevant and meaningful, the focus must be on developing health research that promotes equity and on developing local capacity in bioethics.”²⁹

CONCLUSION

Ethical issues, when responded to appropriately, can lead to an enhancement of professional reputation, personal credibility and patient service. When responded to inappropriately, they may lead to a disciplinary inquiry into the conduct of the OHP. There are many learnings about ethics and the advantages of ethical programmes. Many OHPs face ethical dilemmas in the execution of their daily duties, and need the experience and insight to address these, with fair and moral outcomes for all concerned. The benefits of ethical practice and decision-making are available not only to OHPs and the allied professionals, but also to employers, practitioners, managers and workers involved in OH and safety practice.³⁰

Many new complexities have arisen, brought about by legislation in relation to ethical duties to incapacitated or disabled employees, or medical boarding, for example. Practical frameworks for ethical decision-making can be used as aids in recognising these ethical dilemmas and for responding appropriately.^{31,32}

Quite often, the practical aspects of OH place OHPs in difficult positions in terms of conflicts of interest.³³ The ethics guidelines available to OHPs today tend to not address the issue of dual loyalties; hence, human rights standards have served as starting points for developing recommendations for individual professional conduct, in combination with parallel accepted methods, to deal with the contention of dual obligations.³⁴

"Within the occupational environment, the employer/employee relationship, by its very nature an unequal, power-biased one, impacts all activities. Unless the professionals responsible for delivering OH services to workers take due care, respect for the autonomy of their patients is at risk. Patient autonomy in occupational medicine is relative rather than absolute but ought to be afforded due respect."³⁵

A moral standard should be that the practice of OH be more reliant on a firm culture of prevention. The best case scenario would be for codes of ethics to integrate and harmonise the needs of individuals and communities in stipulating ethics guidelines. "There is a need to consider an African Charter on Bioethics as a complementary and strengthening addition to existing codes for the region."³⁶

DECLARATION

Claudina Nogueira is a member of the ICOH Task Group on Ethics and Transparency, and Editorial Group of the third edition of the ICOH Code of Ethics; she declares no conflict of interest.

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LESSONS LEARNED

Ethics in Occupational Health:

- Is an interaction with many partners, in an inclusive manner
- Is a subject with no clear boundaries, and many dilemmas
- Involves more than ethical guidelines and codes, for good practice
- Is a dynamic process involving the OH community and organisations concerned with safety, health and the environment, as well as worker and employer organisations
- Requires multi-disciplinary cooperation, consultation and participation
- Calls for ongoing updating and rephrasing
- Remains relevant in the changing OH environment (in line with changes in working conditions, social demand, societal political and social developments, globalisation, technical advances, etc.)

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