

PREFACE

Korea has expanded the range of occupational diseases (ODs) to include occupational cancers. Moreover the Enforcement Decree of the Industrial Accident Compensation Insurance Act (ED-IACIA) based on disease name and the Enforcement Decree of the Labor Standards Act (ED-LSA) based on risk factors, have been implemented since July 1, 2013.

Because of changes in industrial structure and working conditions, workers are exposed to various risk factors and potential diseases. Social concern is increasing, particularly about occupational cancer, liver disease, respiratory disease, and neuropsychiatric disease. Hence the desired scopes of ODs and the criteria for them are being actively discussed. The criteria provided by the ED-IACIA are behind the times and do not reflect current trends, and substantial supplementation is required. The purpose of this supplement issue was to provide the basic information for policy decision, by identifying the problems associated with the current criteria for ODs.

We reviewed the ILO list of ODs in detail, and examined the lists of ODs established by a number of countries. In addition we reviewed the specific recognition criteria for ODs set out in the ED-IACIA as well as the scope of ODs in the ED-LSA. To identify newly recognized risk factors and ODs, and the examples that are being recognized as work-related in Korea, official domestic exposure status, and the recent scientific literature were reviewed. Based on this analysis we describe the risk factors and provide information on the established causes of the ODs. This knowledge is required in order to revise the scope and recognition criteria regarding domestic exposure status, and to revise the foundations for the scope, criteria, and systematic structure of ODs in Korea.

In 2010, the ILO proposed a list of occupation-related diseases; this retained the structure of the 2002 list, which mixed causal and systematic disease categories. In addition, the connection between risk factors and diseases was not stated explicitly; instead cause and disease were listed separately. If a cause or disease is not listed in either classification system, it is covered by legislation of general. In this way, the ILO provides guidelines for listing ODs based on the connection between cause and disease, taking into account country-specific social security systems, social consensus, and laws and institutional circumstances.

After a literature review and discussion, the authors present a proposed revision of the occupational disease criteria taking into account the relation between the ED-LSA and ED-IACIA. In particular, workers and doctors adopt a Korean version of the ICD-10 based on a global classification system to facilitate understanding, and the authors suggest a general revision of those risk factors and diseases that do not reflect recent developments. The existing ED-LSA and ED-IACIA have been amended and modified to make them easier to apply. Also, the scope of the occupational cancers receiving public attention is expanded and their contents are specified, with chronic obstructive pulmonary disease (COPD) added. In addition, post-traumatic stress disorder (PTSD) is added to the list of psychiatric disorders and 'legislation of general' is specified for those risk factors or diseases that could not be placed on the list.

Despite continuous efforts for workers' compensation for ODs, challenges still remain in terms of promoting specific recognition criteria, establishing a permanent consultative body, financing the collection of basic empirical data on Koreans and Korean labor characteristics, provision of sickness benefits, and so on.

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