

# Australian & New Zealand Society of Occupational Medicine

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Hugh Denehy oration

## Freedom of expression

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### Introduction

Hugh was the first full-time practitioner of occupational medicine that I met. He introduced me to ANZSOM.

After listening to Honor Magon, Farhan Shahzad at the history afternoon and later speaking with Harry Chow – three of the younger members of the Australasian Faculty of Occupational & Environmental Medicine (AFOEM) – I changed the topic of my presentation from *learning* into *Freedom of expression*.

This presentation is drawn from my years of activity in occupational medicine where I have valued greatly the freedom I've been given, and been saddened when I've perceived that freedom has been taken from others. I plan to use this opportunity to tell people younger than me – our future – about ways in which their freedom of expression can be at risk. I have no slides for this presentation.

### What I'll talk about

By freedom of expression I mean saying what we want to say, being who we want to be whether face to face or in written communication – the world that I know. So why is freedom of expression relevant to this conference?

During the last two days, I heard often said that the practice of occupational medicine is invisible to general practitioners and even to other specialties in the College of Physicians. Such obscurity affects the scope of our practice, particularly for new members. It's time to reverse this. For our youth, that task of articulating our strengths requires imagination and the ability to say what needs to happen and who you are – who you *really* are.

To come out, so to speak, requires that we recognise limitations to our freedom of expression. I shall refer to some of these and suggest ways to overcome them. But first, some words on freedom.

### Freedom

Freedom is never absolute; there are boundaries – our human form, our desire to get on with others, our choice of what we do with our skills and our time.

Our choices set boundaries. Yet freedom comes from what we *do and sustain* when we've made those choices.

Power, money and beauty can expand your limits but it's how you direct your energy within those limits that make you free. One Saturday in Johor Bahru, Malaysia, I saw two types of freedom side by side. On one side of the street was the long, high fence surrounding a palace with its wide garden – a community leader's free space to roam. On the other side was a crowded night market – full of hubbub and hilarity.

So, how do we restrict freedom of expression? First, I'll speak about three ways in which we impose restrictions on ourselves.

### Imposing restrictions on ourselves

#### 1 *Limiting what we want from our practice*

A narrow scope of practice limits our experience, so we have less that we can talk confidently about. Some of us spend our entire working day producing a product for someone else's consumption – assessment of fitness for work or medico-legal reports. It's a sort of 'battery hen' practice of occupational medicine. I've

done it myself. But wait, you say! For medico-legal reports in common law, I lay golden eggs. Their value supports my family.

Of course that's important. But is it all you want to do? If you are a registrar, don't you want the chance to see more? Ask yourself whether you will be better able to usefully engage your worker-patients if you've experienced the sight, sound, smell, physical atmosphere or busyness of a foundry, an abattoir, a paper manufacturer, a cargo wharf, a cold storage facility?

If you're a Fellow, ask yourself what truly excites you about your work? What are you curious about? What value are you lending to your community? If you find it hard to define the value to others of your professional life, then at some time in the future, someone like Bruce Watson, CEO WorkCover Queensland, our keynote speaker, will catch up with you and ask you how you are really helping the health of workers other than by facilitating the movement of money from one pocket to another. Of course, in injury management, where you're assisting a worker's progress – acting essentially as a general physician to workers, visiting workplace where indicated – you can more clearly show your value.

## 2 *Fear/anxiety – a second way that we place restrictions on ourselves.*

This can be fear of saying something stupid, e.g. about a measurement matter, or something else where you think there is a *right* answer.

Or fear of being perceived as foolish. Yet we are all foolish in some way. The person that says, "I don't suffer fools" is overlooking their own areas of foolishness.

Or fear of not fitting in – of being rejected.

Fear inhibits learning; it inhibits speaking out. Very often, the best learning comes from having a go at a task, messing it up a bit as most newcomers will, getting useful feedback, reflecting on it enough to gain insight, and, with this, giving it another go.

*So, how do we address our fears?*

- One way is to see fear as a gift not a weakness. Imagine some slowly-developing harm, e.g. silicosis. This can be addressed with preventive action. Taking this action, even to the extent of joining righteous activism, can displace fears.
- Another way is to be adventurous – like Zorba the Greek, take off your belt and look for trouble. Seek feedback. A few registrars offer their reports for review. That takes courage, but frank feedback can yield useful lasting change to the way you write.
- Humour – we can escape from a feeling of foolishness with humour. As Eddie Cantor, the late US comedian, said: "A comedian is someone in trouble".
- And regarding humour – a little incompetence goes a long way. But it must be a little – a condiment like pepper or Worcester sauce. Too much and it mocks your purpose; just enough will invite good-humoured banter. I learnt this in my Zumba classes.
- Another way is by using examination technique, even if you're *not* sitting an exam. I say this because exams are scary, pressured situations. Skilled candidates address fears of 'the enemy' by attempting to put themselves in the mind of their examiner – to seek to understand the important bits of the questions and respond well to them.
- Coping with being unpopular. Yesterday, Naomi Armitage spoke on the topic of the psychological cost of not speaking up. She suggested one way to gain ease with taking an unpopular stance, i.e. in regular meetings, to designate a different person each week to *ask difficult questions*.
- I facilitate supervisor professional development sessions for the RACP. One issue commonly expressed by the supervisors of registrars in cardiology, gastro-enterology, or whatever, is *fear of giving feedback* – of being abused, of being accused of bullying. The way around this is to create the expectation right from the start of a supervisor/trainee relationship that feedback will be given and how and when it will be given.

That brings us to the third way we restrict ourselves.

### 3 *Lacking relevant knowledge or 'street smarts'*

If we don't know enough to recognise an issue at a workplace for what it is, e.g. poor control of dust because of ill-designed ventilation, then our advice becomes confined to parroting the law, the industry code, the company policy. Do we then hide behind big words, abstract words, vague words, generalisations, indirect ways of speaking – all to relinquish our responsibility as experts to give a sincere and personal message tailored to the situation?

Lacking relevant knowledge saps our confidence. And it *does* take confidence to say:

- 'Amid this noise, few workers wore ear protection' *rather than* 'There appeared to be inadequate compliance with the hearing conservation program'.
- 'Show workers how to don a respirator' *rather than* 'Worker education is required in regard to protection from airborne hazards'.

Without a little bit of **you** in a message you give, the emotional impact is lost so the receiver of your message has no more than cold words. What you say may be perfectly logical but you lose any emotional driving force.

*So how do we address lack of knowledge, lack of confidence?*

- To see what is important in a confusing situation requires having a keen sense of the boundaries of normal behaviour of people and things. It's being aware of what is *not* so versus what is so. If you know what isn't, you're less scared of the unknown.
- This helps too with anticipation of trends. Such anticipation seemed lost with engineered stone bench tops. It's about having the presence of mind to see things coming – anticipation born of basic understanding of people and the world.
- Find ways to *simplify* by using rules of thumb – make some general rules about the properties of, say, substances, rays or micro-organisms.
- For AFOEM registrars, the AFOEM training curriculum guides what to know. Yet, it is 300 pages. So how will I ever know enough? My approach would be to learn what's likely to be relevant to modern day practice, but also to *have an approach* for dealing with the unknown. Dr Andrea James and I have made up a list of 80 questions relating to occupational health practice. I have asked that this go on the conference website. We'll have a parallel one for registrars shortly.
- 'Street smarts' is about recognising the hidden curriculum. This is the implicit social and cultural messages, unwritten rules, unspoken expectations, unofficial norms, behaviours and values in how things are commonly done in mainstream culture of occupational medicine.

Now I'll speak about letting others restrict **us**.

#### **How others impose restrictions on us**

I'll speak of three ways in which this can happen

##### *1 people using power to control*

Use of power is about limiting options with the possibility (although not always) of limiting freedom.

Using the power of rules to control others can be useful to maintain the integrity of a work-group, tribe, union, sports team or political party. However, rules imposed capriciously can extend to bullying.

Introducing health and safety at work seems to contain a lot of "Thou shalt not". Thus, OHS can seem so negative. A health adviser who loves to control may risk stifling a client's activities by calling up more rules than are needed to solve a problem or to set reasonable priorities. I recently saw a report on a factory process with 2½ pages of recommendations. That employer would struggle to know where to start.

Well-intentioned acts such as special considerations for a minority group can limit freedom of expression if it causes one to avoid awkward but necessary questions (e.g. in history-taking) or is used to block respectful debate.

Some providers provide more services than seem necessary for the situations they meet. This has an opportunity cost but, if they act within the rules and are accepted by the regulator, it can be difficult to offer critique or to get a review of their practices.

A person designated a *victim* seeks support and, if they remain a victim, they want to take less responsibility for delivering benefits to their own life. A victim can think of themselves as free because of not taking responsibility, but the limits of their self-expression is defined by their victimhood. Some victims use their pitiable situation to control others, particularly family members but also those in a healing role.

*So, what do we do about excessively controlling people*

- Recognise when you're being manipulated. However, confronting it can be very difficult when the controlling person has little insight or wants to assume the moral right. Be very clear in your communication and keep a record. It may be that continuing the relationship becomes untenable.
- Personally, I have greater problems with nice people's weird ideas – finding the right form of words to counter these, to confront nicely. I'm reasonably capable with words but I can struggle to find the words to counteract the view of a lovely, sincere person who with zeal is taking to extreme an idea that would be more useful in moderation.

## *2 Law or procedures that contain ambiguous directions or distorted definitions*

Changing definitions. If definitions used in law differ from or contradict evidenced-based medicine, particularly regarding work-relatedness, cause and effect, this inhibits one's attempt to reason – at least to reason with sincerity.

Distortion in definitions occurs with bracket creep – so look-alike conditions get included, e.g. with chronic syndrome complexes.

*So what can we do about ambiguous or distorted definitions?*

- Some would say “nothing” because it's the law, not doctors, that decide work-relatedness.
- However, be aware of the effect on yourself of whether truth matters or not. Seeking the truth sharpens the diagnostic blade. When there is no whetstone on which to hone your cognitive performance, you become intellectually blunt. Of course, some health practitioners are adept at generating convincing arguments and capable reports by a careful blending of the truth with the not-so-true in stoichiometric proportions. I'm in reluctant awe of their 'chemistry'!
- In the future we may see that a decision on work-relatedness is not the sole gateway to compensation for mental health conditions and age-related degeneration, but presently there is no appetite for that sort of change.

## *3 When we have too much of a good thing – preventive effort is taken too far*

- Very often, substantial lowering of dust, vapour or microbial levels in air can be achieved with moderate preventive effort. But some voices want total elimination, whatever the cost. That is stated in strong, moral tones. It happens particularly with celebrity hazards – those with reputations of infamy. Dose-related probability of harm becomes exchanged for the binary, good/bad or “better out than in”.

*What do we do when your ability to express is lost in extreme statements?*

- Creating needless anguish in workers should be opposed. Yet this is very difficult on the media where you are trying to make the case for a threshold of exposure to an agent and a media-savvy activist group wants it totally banned. A common desire of people is to feel secure, safe from any nasty influence, however attenuated. It is difficult to talk probability when people want absolutes. One way may be to narrow the boundaries of the situation at issue and to talk absolutes within that narrowed space, much as a spider is queen of her crevice.
- It would be useful to create some public review of the effects of very costly legal settlements – their effect on allocation of funds for prevention.

- Prevention is likely to be most effective when we know the causal agents and the extent of exposure required.

## **In conclusion**

I've talked of some of the things that limit freedom of expression:

- imposing restrictions on ourselves through limiting the realm of our practice, through fear, through lack of knowledge;
- allowing others to restrict us by controlling, distorting definitions, or by taking preventive effort too far.

We can also inadvertently restrict our patients' freedom of expression by not giving them enough time or by a failure to offer a timely prompt.

But, if you can avoid the things that limit you, what does freedom of expression 'look like'?

- You convey what you want to happen.
- You say why.
- You become more self-aware through others' reactions to you.
- This self-awareness gives others more confidence to approach you because they feel they are interacting with an insightful person, not a 'brand'.
- You draw people to you which helps you achieve worthwhile things.
- The ideas offered by others gives you contacts, and the teamwork shares the load.

However, it takes time to lead, so you'll likely be a little poorer in wealth but richer in mind and achievements.

I invite you to tread this path.