

# Strategies, means, and models of health care in the Polish maritime industry from 1945 to 2007

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### ABSTRACT

**Aim.** To define, characterize, and explain the main goals and tools used for the functioning of health care in the Polish maritime industry.

**Background.** The Polish merchant and fishing fleet grew significantly after 1945, and the number of the national seamen and deep-sea fishermen reached about 50 000 in the 1970s.

But in the last two decades the number of Polish merchant ships and fishing boats has gradually decreased, and fewer crewmembers are employed on them.

The analysis of the occupational health policy in the maritime industry in Poland points at the different strategies used and the means and models applied throughout the years for the organization of health care for seafarers.

**Materials and methods.** Analysis included: collection of data on morbidity and mortality among seamen, fishermen, and other maritime workers; health care systems for seafarers onboard ships and on land; prevention of diseases and accidents among crewmembers; pre-employment and periodic medical examinations and health standards for seafarers; and legal regulations. The main principles governing the model of health care for workers in this branch of industry in Poland in the years 1945-2007 were presented.

**Results.** Three different strategies, means, and models of health care in the Polish maritime industry were employed during this period of time.

**Key words:** health care, maritime industry, medical strategies and means

In the years 1945-1964, the main goal for the health care policy was the expression: healthy worker. It was pursued through periodic, prophylactic examinations, which were applied whilst taking into account a long and strict list of physical and psychological contraindications to em-

ployment at a maritime work-site; in reality this meant negative selection.

Health care ashore for these workers was organized and delivered by the out-patient departments and maritime occupational health clinics in ports.

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On most of the national ocean-going merchant ships and fishing trawlers/factory ships, medical doctors were employed. The ships were relatively old and not ergonomic, creating risks for health and safety at the work-site. At that time, the main work-related health risks at sea were accidents and traumas, the sinking of ships and the loss of crew members, and infectious diseases. The beginnings of the sea search and rescue service were in place, and the first Polish medical guide for ships had been published.

In the years 1965–1985, the system of health care for seafarers was based on the expression: a healthy maritime work-site. This was characterized by a significant effort to reveal, define, and reduce the main physical, chemical, biological, and psycho-social factors of risk for health in the maritime work environment. The system of health requirements for employees was nearly the same as before, with a strict list of contraindications for employment at sea, and people being treated as the static part of the man/environment system.

With the beginning of the economic crisis in Poland in the 1980s, which also affected the maritime industry, the employment of ship's doctors was discontinued, and the maritime branch of health care for seafarers ashore partially collapsed or became unfeasible. A new medical guide for ships was elaborated and edited.

Among the main risks for health and life at sea, such as accidents, traumas and drowning, new groups of diseases appeared and dominated the statistics: cardiovascular diseases, malignancies, addictions, and other diseases, all of which contributed to many fatalities among seafarers.

In the period 1986–2007, the national merchant and fishing fleet further decreased, and the majority of national seafarers found employment abroad. Contact with them and, consequently, regular health care became more difficult. This forced a new strategy to be formed based on the expression: health promotion at sea-worksites.

The system of health care onboard (self-assistance, tele-medicine) and ashore was reconstructed, and the list of contraindications to employment at sea was liberalized. Among risk factors, psycho-social phenomena, such as stress at work, fatigue, addictions, and other stress-related diseases began to play the most important role.

The new principle was to pass the responsibility of a worker's health onto him/herself by motivating him/her towards healthy lifestyle, avoiding risky behaviour. The stress was put on better education, information, and the training of seafarers. The role of the international maritime conventions (the Maritime Labour Convention 2006, ILO Geneva) and trade unions increased significantly in health care implementation and management.

## CONCLUSIONS

The strategies, means and, models of health care in the maritime industry are not permanently binding; they reflect the variable socio-political and economic demands and possibilities in each country.

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