



PEDAL PUSHERS: Nearly 4,200 bike riders and walkers from all across the United States took part in the 2008 Prouty, which benefits Dartmouth's Norris Cotton Cancer Center—this year raising more than \$2 million for cancer research and care.

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the Fall 1991 issue of this magazine:

“Dr. Lyman Spalding, a pupil of and early assistant to [DMS founder] Nathan Smith, was the author of the first American pharmacopoeia. The book was published in 1820 and contained a list of 217 drugs. . . . Spalding's *Pharmacopoeia* established uniformity of nomenclature and standards of purity for all medicinal substances then known [and] was a standard reference well into the 20th century.”



2008

Year DMS's Dr. David Nierenberg chaired a national panel on how best to teach pharmacology to U.S. medical students

3,000+

Number of drugs listed in the 2008 edition of the *Physicians' Desk Reference*

Shining a light on OSHA record-keeping practices

Dr. Robert McLellan didn't expect to be taking on the Occupational Safety and Health Administration (OSHA) when he was elected president of the American College of Occupational and Environmental Medicine last year. But when dozens of physicians complained to McLellan, who is the chief of occupational and environmental medicine at DHMC, that they were being pressured to under-treat workplace injuries, he decided to take action.

His term as president ended in May, but he's continuing to address the issue and testified before Congress in June.

Log: Employers are required to report work-related injuries and illnesses on an OSHA log. The data is compiled into national surveys to help the government assess workplace safety, allocate occupational health and safety resources, and develop interventions for high-risk industries. But if the log is inaccurate or incomplete, then the picture of work-related injuries and illnesses is distorted.

Most employers try to do the right thing, McLellan says. But some insist that doctors treat injuries in ways that don't have to be reported on the OSHA log—like applying a bandage to a cut instead of stitching it up, using a Q-tip instead of the appropriate tool to remove a foreign object from an eye, or even treating a fracture as a sprain. He guesses only 10% of employers try to ma-

nipulate the system. But others may make reporting errors because they don't have the resources to deal with OSHA's complicated rules.

Also, some employers provide incentives—such as offering bonuses to employees for maintaining an injury-free workplace or awarding contracts to companies with low injury rates—that may discourage reporting of workplace injuries.

But underreporting is only part of the problem, McLellan continues. The OSHA log excludes from workplace safety statistics nearly a third of the American workforce—so-called contingent workers, or self-employed contractors. OSHA statistics suggest that the nation's safety record has been improving. But recent studies, done with databases that capture a broader array of work-related injuries and illnesses than OSHA does, have shown that the federal logs are incomplete and include less than half of actual injuries.

“The OSHA log was never designed to serve as a single, comprehensive metric of occupational health and safety at either the national or employ-

er level,” said McLellan in his testimony before the House Education and Labor Committee. It “has grown to serve many purposes beyond that for which it was designed.”

Audit: He reminded Congress that physicians have an ethical obligation to provide the best care for patients. And he recommended that OSHA update its record-keeping standards and enforcement efforts, increase the number of medical records it includes in its audit, and broaden its list of occupational-health indicators. The goal, he said, is to improve the quality of the data used to prevent work-related injuries and illnesses.

“No single party is to blame for underreporting,” McLellan told the committee. “It is not our intention to point fingers, but... to seek solutions that are based on doing what's right for the patient and that are grounded in good science and best practices.”

Laura Stephenson Carter



McLellan, right, just ended his term as president of a national society but is still speaking out on workplace health.

MARK WASHBURN