LETTER TO THE EDITOR

Re: Payne JI, Pichora E. Filing for workers' compensation among Ontario cases of mesothelioma. *Can Respir J* 2009;16:148-52.

To the Editor:

We read with interest Payne and Pichora's paper (1), and your editorial (2) regarding workers' compensation and mesothelioma. As you suspected, physicians in Lambton County (Ontario) are generally more aware of mesothelioma because of the prevalence of the disease in this region. Between the 1950s and the early 1980s, there was heavy use of asbestos – a useful but insidiously dangerous material – in the Sarnia-Lambton petrochemical complex, as well as in a foundry and asbestos insulation production facility. This resulted in scores of insulators, pipefitters, welders, boilermakers, carpenters, electricians, labourers and operators being exposed to asbestos, both directly and indirectly (ie, 'bystanders'), without protection. They also took the dust home with them, leaving a legacy of domestic bystanders with mesothelioma and other asbestos-related diseases.

In the late 1990s, the Windsor (Ontario) office of the Occupational Health Clinics for Ontario Workers (OHCOW) began seeing unusual numbers of individuals with asbestos-related diseases from this region. A temporary Sarnia-Lambton OHCOW clinic was established and through considerable community pressure, it became permanent in 2004.

The community outcry over the devastation asbestos has wrought here, and the presence of the clinic, have created much of the awareness that you identify. In 2005, OHCOW began a partnership with Princess Margaret Hospital (Toronto, Ontario) to study the use of low-dose computed tomography

scans of the chest for the early detection of asbestos-related lung cancer and mesothelioma. To date, approximately one-half of the 1400 workers with asbestos-related diseases registered at this clinic have enrolled in the study. This has also helped raise the level of awareness of asbestos-related disease in both the medical and broader community.

We echo the sentiments expressed by you and the authors of the paper regarding workers' compensation and mesothelioma. Occupational diseases are vastly under-recognized in medicine. There are precious few diseases similar to mesothelioma that are essentially pathognomonic of a particular exposure, and it is disturbing when those who fall victim are not at least recognized and counted. Although the maximum compensation (in Ontario) for death from an occupational disease such as mesothelioma is a rather modest \$34,000 plus survivor's benefits, it still provides some support to a surviving spouse. Without physicians recognizing that mesothelioma is almost certainly an occupational disease, they receive nothing.

We appreciate the efforts of both you, and Payne and Pichora, to bring light to the all-too-often silent plight of those who get sick and die because of their jobs. Hopefully, more physicians will realize that the simple act of reporting mesothelioma can be an important intervention.

Warren Teel MD,
Abraham Reinhartz MD,
*Occupational Health Clinics for Ontario Workers, Sarnia-Lambton,
Point Edward, Ontario*

REFERENCES

1. Payne JI, Pichora E. Filing for workers' compensation among Ontario cases of mesothelioma. *Can Respir J* 2009;16:148-52.
2. Anthonisen NR. Workers' compensation and mesothelioma. *Can Respir J* 2009;16:146-7.