

# Occupational Medicine Expert Witness Cooperating with Lawyers in Launch of a Proposal of Law Amendment on Compulsory Health Insurance Based on the Hairdresser Allergic Dermatitis – Case Report

Hrvoje Lalić\* 

*Health Centre Rijeka, Medical Faculty Rijeka, Rijeka, Croatia*

## Abstract

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**\*Correspondence:** Hrvoje Lalić. Health Centre Rijeka, Medical Faculty Rijeka, Rijeka, Croatia. E-mail: [hlalic@inet.hr](mailto:hlalic@inet.hr)

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**BACKGROUND:** Hairdressers, barbers, beauticians, nail beauticians and cleaners are the most common occupations where work-related skin diseases occur. The aim of this paper is to present the role of an Occupational Medicine Specialist who was given the task of evaluating whether the hairdresser's illness is in a cause-and-effect relationship with the employer - the plaintiff, and whether the hairdresser has a predisposition to the onset of the disease.

**CASE PRESENTATION:** This paper presents the case of a 24-year-old hairdresser who developed allergic contact dermatitis. Her employer sued the Croatian Health Insurance Institute, holding that she has no financial obligations towards her employee, whom she had dismissed, because she was not to blame for the onset of her contact dermatitis. The specialist in occupational medicine confirmed the opinion of institutional expert bodies that this case is an occupational disease according to the Law on Compulsory Health Insurance. However, the employer is partially right, because she gave her the necessary protective equipment and supplied her with permitted chemicals, and it is not her fault that her employee developed allergic dermatitis due to her tendency to the said disease, and she believes that she should not be paid 100% compensation during sick leave. This is a rare case where everyone is right.

**CONCLUSION:** Therefore, to solve the case fairly, it is necessary to make an addition to the Law, to reject allergic occupational dermatitis as an occupational disease, in case it is an innate tendency of the organism with a late response to occupational allergens. The employer would be freed from the financial burden of payment, which obligation would be assumed by the HZZO, which would refer the patient to professional rehabilitation in the sense of retraining for another job.

## Introduction

Beauticians, workers in beauty salons, barbers, are professions with the highest risk of getting work-related skin diseases, especially occupational dermatitis [1]. Apart from hairdressers, the less mentioned nail beauticians are exposed to the frequent common allergen methacrylate [2]. Ammonia sulphate is used as bleach and phenylenediamines and toluene are used as dyes to which both hairdressers and people in salons are exposed [3], [4], [5].

Professional skin dermatitis is not rare among dentists [6], or among nurses [7], except that it usually has no major impact on their professional career, unlike cleaners [8]. In general, stress at work in all mentioned

professions can trigger or exacerbate occupational dermatoses [9]. This paper presents the case of a young hairdresser who lost her job due to the onset of allergic contact dermatitis, and her case ended up in court, demanding an expert opinion and solving the problem.

## Case report

A hairdresser aged 24, completed a four-year secondary vocational school. During her schooling, on several occasions she had compulsory practice working on clients in hairdressing salons and came into contact with bleaches and hair dyes. She states that she has never had allergic manifestations on the skin

of her hands. After finishing vocational school, she got one year contract in a hairdressing salon. Upon expiry, she got a contract for an indefinite period as she proved to be a good and responsible worker. However, a few days after signing the contract for an indefinite period, she developed severe allergic dermatitis on both hands with itching and pain, so much that she could not work and was forced to take sick leave.

The hairdresser was sent to Zagreb, to the IMI (Institute for Occupational Medicine and Medical Research), where she was given a battery of tests for professional allergens. The test came back positive for ammonia sulphate (which she used as hair bleach) and aminophenols (a hair dye). She was diagnosed with allergic contact dermatitis that was recognized as an occupational disease. The Croatian Institute for Health Insurance, regional office in Rijeka and the directorate in Zagreb have confirmed the recognition of an occupational disease - allergic contact dermatitis.

The hair salon owner served her employee - the hairdresser, with the termination of employment contract, (she had a total of 1 year and 4 months of service) stating that she does not recognize her occupational disease. She further stated that as an employer she was not responsible for her employees' tendency to develop allergies to chemicals and from her point as the employer, everything was regular, i.e. she provided the hairdresser with protective gloves and clothes, and she used permitted types of chemicals in the salon. She sued her employee in the Administrative Court, because she claims that she cannot pay her for the time spent on sick leave the 100% of her salary as if she had been working (which is normally given in the case of a recognized occupational disease) nor can she continue to pay her for any further education in the sense of changing her workplace, for she has nothing to offer.

## Discussion

This is a rare case where both sides are right – the patient (hairdresser) and the employer. Therefore, an Occupational Medicine expert witness was hired by the Administrative Court in order to solve the problem. It is true that the young hairdresser had a severe allergic reaction while working for her employer (the plaintiff in this case), but it is also true that the employer had no responsibility whatsoever for the occurrence of allergic contact dermatitis in the hairdresser. Repeated exposure to chemicals to which a person is allergic can pass without a reaction, but daily repetitions of exposure to the same allergens can cause a so-called late allergic reaction, as happened to the hairdresser. It has been known for a long time that the so-called "wet occupations" including hairdressing where there is frequent contact with dyes and bleaches and the hands are often in water, lead to work-related skin diseases (WRLSD), especially occupational skin diseases

(OSD). In 2017, the European Academy of Dermatology and Venerology proposed the adoption of standards for the prevention, diagnosis and treatment of WRLSD and OSD [10].

Since OSD in hairdressing is a big problem that affects professional performance at work, i.e. for the hairdressers is completely disabling, it is proposed that comprehensive tests for professional allergens be done before enrolling in vocational schools for such professions [11]. If an allergic person enrolls in the above-mentioned profession course, it is clear that later when they finish their education and start working, there will be an increase in absenteeism, but also an increase in presentism which again affects the results of work [12]. OSD is a big social problem and the University of Northern Norway came to the result that 54% of people with such a disease had to change their lifestyle [13]. Therefore, the joint action of networks of clinics, practitioners and social security authorities is necessary [14].

Undoubtedly, in the presented case, it is an occupational disease from the domain of the hairdressing profession caused by exposure to chemicals at work, and all according to the Law on Compulsory Health Insurance, Article 68 [15]. In case of occupational illness, the employer is due to pay 100% of the salary during the period of sickness. Also, the cost of further treatment and all additional processing is borne by the employer. The problem arises, especially with small private businesses, whether they are financially liquid to be able to bear these costs, especially if these employers did not in any way contribute to the occurrence of their employee's illness.

Therefore, it would be necessary to amend the Law (Article 68) on Compulsory Health Insurance (which simply requires a case from medical practice and which will not be the only one), Point 1: "A confirmed occupational disease from Article 68 is rejected as an occupational disease if an allergic or other predisposition of the health condition for the occurrence of an occupational disease has been proven, even with a late or delayed reaction". In this way, the employer, if it is not their fault, would be relieved of the financial burden. Since people in the status of employees are insured by the HZZO, this institution should bear the cost of the professional rehabilitation of the sick person.

A young person, in this case the 24-year-old hairdresser, can retrain and even be educated for another profession, as she has become professionally incapable of working, i.e. of performing work in her profession. Still young enough, in her there is remaining work capacity for another profession. The team of experts and experts from the Centre for Professional Rehabilitation should decide selectively, depending on the type of occupational disease but also on the affected person, whether the person will change occupation or will continue to work in the current

workplace with further education and additional training and protective equipment.

This problem could be solved in Croatia, by amending the Law, by inserting Point 1 under Article 68, to refuse the assignment of an occupational disease, which would protect employers. The workers would also not be deprived, because the HZZO would initiate professional rehabilitation as part of Compulsory Health Insurance, depending on the remaining capacity. The worker would be offered a change of workplace, full or partial stay at the workplace with contraindications and education, all depending on the type of occupational disease and remaining capacity for work.

Regardless of the respected experts who drafted the Law on Compulsory Health Insurance, in everyday practice sometimes cases arise that need to be resolved immediately, and sometimes this is not possible, because everyone must adhere to the letter of the Law. Therefore, the subsequent insertion of certain points, through competent bodies, can significantly improve the resolution of the problems in practice.

To avoid the above situations, it should be compulsory to introduce:

- testing of students before entering high school for hairdressing for bleaches and dyes,

- testing should be available at dermatology clinics in all major cities with hospital centres, preferably also at occupational medicine offices,

- testing should be cheap and available so that potential candidates for hairdressing would not be dissuaded from studying for the mentioned profession at the very beginning of their course,

- for already employed hairdressers and with the appearance of dermatitis, enable the diagnosis of work-related diseases, so that they can enter the system of professional orientation at the expense of the HZZO. The reason for that is the possibility that these people have a tendency to an allergic reaction that did not immediately manifest itself due to rare contacts with allergens during occasional school education in hairdressing salons ( permanent work in hairdressing salons where contacts with dyes and bleaches are daily is another matter),

When occupational diseases are concerned (at least for the transitional period until the hairdressers who are tested for dye and bleach allergens during the pre-training examination) the Law of the Republic of Croatia on Compulsory Health Insurance should be amended and a clause added which states that occupational dermatitis of hairdressers who have not been tested before training, is not an occupational disease but a work-related disease. The purpose of this is to have the HZZO pay for the treatment and retraining, because small employers who use permitted dyes and bleaches and supply workers with prescribed

protective gloves, can hardly survive on the market and have no money to pay for sick leave and retraining of workers who fell ill through no fault of their employers.

This work demonstrates that the level of fairness is in question, and it is necessary to revise the Act on Basic Health Insurance of the Republic of Croatia in terms of the articles concerning occupational diseases. Further, it appears to be necessary to amend the law so that the employers are free of costs which occur due to professional illnesses although they undertake all the necessary precautions and that HZZO should bear that cost. This paper presents the occupational skin disease of a hairdresser, a disease that manifested itself during her permanent employment with a private employer who is not responsible for the occurrence of the above disease of her employee.

## Conclusion

Therefore, it is recommended to introduce a clause in the present Law where such a disease is classed as work related, as the above-mentioned hairdresser was not tested for dyes and bleaches before employment, and she got sick from repeated daily exposure to bleach and hair dyes. The introduction of such a clause would cause additional costs for the state insurer, as they would have to pay for the employee's treatment and professional orientation and rehabilitation, instead of the employer.

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