JAPAN P&I CLUB

P&I Loss Prevention Bulletin

The Japan Ship Owners' Mutual Protection & Indemnity Association Claims Administration Group, Claims Department

OVERVIEW AND PREVENTION OF CREW ILLNESS

INTRODUCTION

The Philippines is proud to be one of the largest suppliers of seafarers in the world. Due to the Filipino seafarers' competence and good command of the English language, ship owners usually favor the employment of Filipinos to work on board their vessels.

As Filipinos are highly regarded as competent seafarers, ship owners waste no time in engaging their services.

However, the employment of Filipino seafarers likewise exposes ship owners to various problems.

One of such problems is the ever increasing claims relating to illness being filed by numerous Filipino seafarers in the Philippine labor courts, otherwise known as the National Labor Relations Commission (NLRC).

In order to prevent or at least minimize such claims, especially baseless ones, ship owners should focus on the root of the problem. Ship owners should identify the illnesses commonly afflicting seafarers and at the same time, understand how such illnesses could be prevented and consequently stop them from developing into disabilities.

Two (2) company doctors, namely:

Dr. Nicomedes Cruz of Medical Center Manila and Dr. Pedro De Guzman of the Maritime Medical and Laboratory Clinic shared their views on the common conditions which usually affect Filipino seafarers, the risk factors or the causes of such illnesses and the manner by which these illnesses may be prevented.

MAJOR ILLNESSES

Dr. Nicomedes Cruz conducted a descriptive study of the most common illnesses involving 5,315 seafarers who were repatriated from 1 January 1998 up to 31 December 2002.

During this period, 3,395 out of 5,315 seafarers were repatriated as a result of illnesses. The study exposed the ten (10) leading causes of repatriation due to illnesses and the number of seafarers who suffered such illnesses which are as follows:

- 1. Appendicitis (239 seafarers);
- 2. Urinary Tract Stones (205 seafarers);
- 3. Hypertension (194 seafarers);
- 4. Gastritis (138 seafarers);
- 5. Inguinal Hernia (123 seafarers);
- 6. Cardiovascular Disease (100 seafarers);
- 7. Gall Stones (95 seafarers);
- 8. Hemmorhoids (89 seafarers);
- 9. Diabetes Mllitus (84 seafarers); and
- 10. Cerebrovascular Disease (79 seafarers).

This study is helpful to ship owners who desire to employ Filipino seafarers in the face of increasing medical claims in the NLRC. Ship owners are given all the opportunities to provide ways by which these illnesses could be prevented and/or avoided. They could devise ways and means to protect their crew from being infected with ailments. They could employ measures on board their vessels to prevent their seafarers from contracting these diseases.

As earlier stated, prevention of these illnesses is the key for ship owners to enjoy and continue to reap the benefits of employing Filipino seafarers.

COMMON ILLNESSES

I. APPENDICITIS

Appendicitis is the inflammation of the appendix caused by the obstruction of the "lumen" usually from a "fecalith".

There are no known risk factors. However, its clinical manifestations include:

- 1. Abdominal Pain;
- 2. Vomiting;
- 3. Fever.

Dr. Nicomedes Cruz opined that there is no way by which appendicitis may be prevented but it can be managed by immediate appendectomy to prevent progression of rupture.

Complications include the ruptured appendix leading to life-threatening peritonitis and septicemia.

II. URINARY TRACT STONES

Stones in the urinary tracts are hard stone-like masses which form anywhere in the urinary tract that cause urinary syptoms. This illness could be diagnosed by urinalysis (dysuria or pus in the urine and hematuria or blood in th urine), KUB-IVP and ultrasound of kidney, ureter and bladder. Adequate medical attention is needed considering that certain complications might eventually develop such as:

- 1. Hydronephrosis;
- 2. Urinary tract infections; and
- 3. Renal failure.

Urinary tract stones could be prevented and/or managed by:

- 1. Increased oral fluid intake (8 to 10 glasses of water a day). This should become a habit on board especially during and after every watch /duty.
- 2. Dietary modification depending on composition of stones (calcium, uric acid, oxalates or struvite);
- 3. Extracorporeal shock wave lithotripsy (ESWL),
- 4. Cystoscopic stone extraction; and
- 5. Nephrolithotomy.

III. HYPERTENSION

Hypertension is defined as the systolic blood pressure of 140mmHg or greater and diastolic blood pressure of 90mmHg or greater or taking of hypertensive medications.

Controlling or preventing hypertension would most likely help ship owners minimize their exposure to such medical claims considering that hypertension, in itself may cause



disability and may develop into a number of complications which could lead to serious ailments like heart failure, congestive heart failure, cardiac hypertrophy, heart attack, coronary artery disease, ischemic heart disease, kidney damage, retinopathy or eye damage, stroke and aneurysm.

The risk factors or possible causes of hypertension are as follows:

- 1. Smoking;
- 2. Dyslipedemia;
- 3. Diabetes Mellitus;
- 4. Age older than 60 years;
- 5. Sex (men and postmenopausal women);
- 6. Family history (Genetics) or cardiovascular disease (women under age 65 or men under age 55)
- 7. Obesity;
- 8. Sedentary Lifestyle;
- 9. Stressful Lifestyle as people who cannot handle stress very well or those constantly exposed to stress are prone to develop hypertension;
- 10. Excessive alcohol and salt intake;
- 11. High cholesterol diet; and
- 12. Kidney Disease.

As discussed above, it is necessary to determine ways to prevent the seafarers from being afflicted with hypertension. As such, the doctors suggest a number of measures to prevent and/or manage this "killer" disease, to wit:

1. Maintain a balanced diet which is low in cholesterol and high in fiber. Reduce sodium intake to no more than 100 mmol. Reduce intake of dietary saturated fat and cholesterol for overall cardiovascular health.

- 2. Avoid or stop smoking.
- 3. Avoid excessive drinking of alcoholic beverages. Limit alcohol intake to no more than 1 oz (30ml) ethanol per day (e.g. 720ml of beer, 300ml of wine or 60ml of 100 proof whiskey) or 15 ethanol per day for women and/or lighter weight people. This preventive tip is difficult to follow considering the "pakikisama" (meaning, "peer oriented") mentality of Filipinos.

Filipino culture finds it difficult to resist any invitation to drink. This may be particularly true given the seafarer's nature of the employment and environment on board.

Perhaps, the master and officers can encourage the seafarers to indulge in other group activities that will in fact promote their well-being such as sports or even dancing and singing.

- 4. Exercise regularly or increase physical activity (30 to 45 minutes most days of the week). "Sedentary lifestyle" should be a thing of the past.
- 5. Maintain ideal body weight. Lose weight if over the normal weight as obese persons have a higher chance of developing hypertension and other related diseases.
- 6. Check blood pressure regularly. Suitable instrument should be made available on board and manned by a trained crew.
- 7. Find time to relax.

IV. GASTRITIS

Gastritis is a diffuse inflammation of the stomach lining. Gastritis may develop into bleeding but it can be diagnosed by gastroscopy.

Its risk factors or causes are as follows:

1. Use of non-steroidal anti-inflammatory drugs (NSAID) or pain relievers;

- 2. Stress;
- 3. Excessive use of alcohol;
- 4. Roundworm infestation (eosinophilic gastritis);
- 5. Prolonged illness or impaired immune system (viral or fungal gastritis)
- 6. Intake of corrosive agents.

Prevention of gastritis includes:

- 1. Avoidance of inappropriate drug or NSAID intake;
- 2. Avoidance of excessive alcohol intake;
- 3. Treatment of roundworm infestation: and
- 4. Release of stress by exercise and relaxation activities.

V. INGUINAL HERNIA

Hernia is the protrusion of a viscus through an opening in the wall of the cavity in which it is contained. The groin is one of the natural weak areas in the abdominal wall and it is the most common site for abdominal herniation.

Hernia may be treated by Herniorrhaphy.

One of the complications caused by such illness is Incarceration - if the bowel loops become trapped in the opening of the abdominal wall.

Hernia's risk factors or likely causes are:

- 1. Heavy weight lifting. Seafarers whose position requires lifting of heavy objects/equipments must be adequately equipped with supporting apparel.
- 2. Chronic cough.

VI. CARDIOVASCULAR DISEASE

Cardiovascular disease or coronary artery

disease is the partial occlusion or obstruction of blood flow in a coronary artery causing symptoms of chest pain.

This illness could be detected or diagnosed by the following procedures:

- 1. ECG;
- 2. Stress test:
- 3. Echocardiogram;
- 4. 24 hour Holter monitoring;
- 5. Coronary angiogram; and
- 6. Myocardial imaging (thallium, technetium) Complications include sudden death and congestive heart failure.

Its causes or risk factors include:

- 1. Positive family history. Since heart disease is hereditary, affected seafarers should be advised to be more cautious.
- 2. Smoking;
- 3. Hypertension;
- 4. Stressful lifestyle;
- 5. Diabetes Mellitus:
- 6. Hyperlipidemia;
- 7. Overweight/Obesity; and
- 8. Sedentary lifestyle.

VII. GALL BLADDER STONE

Gallstone or cholelithiasis is the formation of stones in the gallbladder. It can be diagnosed by ultrasound of liver, biliary tree and pancreas.

Its causes or risk factors include:

- 1. Old age;
- 2. Obesity;
- 3. Western diet: Intake of food which are high



on cholesterol should be decreased to prevent this kind of illness. Normally, those persons who are fat have a high risk of acquiring this illness; and

4. Genetic predisposition.

It can be managed by Cholecystectomy.

Complications include:

- 1. Cholangitis;
- 2. Pacreatitis;
- 3. Acute cholecystitis

VIII. HEMORRHOIDS

Hemorrhoids are swollen tissues which contain veins and which are located in the wall of the rectum and anus.

Its causes or risk factors include:

- 1. Constipation;
- 2. Heavy weight lifting; and
- 3. Liver disease.

Hemorrhoids could be prevented by:

- 1. Increased oral fluid intake;
- 2. High fiber diet, which include fruits and vegetables.
- 3. Meals served on board may be a strong contributory factor to the development of hemorrhoids. The Chief Cook should be well-oriented in respect of food provided to seafarers. As mentioned, diet rich in fiber is highly recommended by the doctors.

Complications include:

- 1. Bleeding;
- 2. Thrombus formation.

IX. DIABETES

Diabetes is likewise one of the more common illnesses afflicting seafarers. It is a chronic disease wherein a hormone called insulin is not produced in sufficient amounts to the body.

The causes or risk factors are as follows:

- 1. Positive Family History of diabetes mellitus as it is a hereditary condition;
- 2. Obesity as even persons with no hereditary risks may develop what is called "acquired" diabetes when they are obese and/or inactive individuals; and
- 3. Frequent Infection.

Persons afflicted with diabetes most likely would develop into some complications, as follows:

- 1. Arteriopathy (poor wound healing, stroke, gangrene);
- 2. Nephropathy (renal failure);
- 3. Neuropathy (tingling sensations on hands and feet):
- 4. Retinopathy (blindnss or blurred vision);
- 5. Autonomic nervous system (swings in blood pressure);
- 6. Skin (sores, deep infection or diabetic ulcer);
- 7. Hypertension; and
- 8. Coronary Artery Disease.

Here are a number of ways by which diabetes may be prevented or at least maintained /controlled:

- 1. Avoid sweets especially persons with hereditary conditions.
- 2. Learn to handle stress as it causes blood sugar levels to rise.
- 3. Regularly check blood sugar levels.

X. CEREBROVASCULAR DISEASE

A number of seafarers suffer strokes while on board vessels. A stroke is the acute onset of neurological deficit due to cerebrovascular disease.

Its causes or risk factors include:

- 1. Hypertension;
- 2. Diabetes;
- 3. Hyperlipidemia;
- 4. Cigarette smoking; 5. Cardiac disease (valvular heart disease, atrial fibrillation);
- 6. AIDS:
- 7. Drug abuse (cocaine and amphetamine);
- 8. Heavy alcohol consumption; and
- 9. Atherosclerosis.

Cerebrovascular diseases may be prevented by:

- 1. Control of hypertension and diabetes mellitus;
- 2. Stopping smoking;
- 3. Diagnosing and treating cardiac arrhythmia such as atrial fibrillation;
- 4. Avoiding drug abuse (use of cocaine and amphetamine can cause narrowing of blood vessels in the brain);
- 5. Avoid heavy alcohol consumptions. Ship owners may have to review their Drug and Alcohol filing on board.
- 6. Avoid high cholesterol diet.

ADDITIONAL ILLNESSES

XI. INFECTIONS

Infections could be prevented in various ways, to wit:

- 1. Observe personal hygiene like washing hands before eating, proper food handling and preparation, cleanliness of eating utensils and cleanliness of areas where people eat. These should also be directed to food handlers on board.
- 2. Consult a physician when one has ill-feeling; and
- 3. Isolate persons suspected to be suffering from infectious diseases.

XII. SEXUALLY TRANSMITTED DISEASES

Sexally transmitted diseases could be prevented by using protection or contraceptives like condoms (make sure that they are not expired) when engaging in sexual activity and by getting to know your sexual partner very well. Needless to stay, abstinence is the ultimate prevention.

XIII. DISEASES OF THE EYES AND EARS

Diseases associated with the eyes and ears could be prevented by wearing protective gears.

EYES

Wearing sunshades or protective goggles are advisable for seafarers doing welding work. Prolonged exposure to dust and wind could irritate the eyes and produce pterygia, which usually encroaches upon the eye progressively and eventually affects vision.



EARS

Protective earmuffs must be worn during exposures to constant noise to prevent hearing loss.

RECOMMENDATIONS/SUGGESTIONS

In order to prevent these common illnesses, ship owners should first recognize the need to prioritize measures which would ensure that Filipino seafarers' health are well-protected from factors that cause such illnesses.

It is quite obvious that most of the abovedescribed illnesses are caused by lifestyle related patterns. Thus, it is submitted that lifestyle modification to include healthy diet, regular exercise, weight reduction, adequate relaxation and moderation in alcohol intake and smoking, is the key to disease prevention.

Perhaps, the Master or Chief Mate can lead a daily 10 to 15 minutes calisthenics or other forms of exercise regimen (preferably in the morning) which incidentally will enhance seafarers' preformance level at work.

Aside from the specific preventive measures enumerated above, ship owners should ensure that their vessels are clean. They should post various signs in different places on board their vessels to remind the seafarers to observe proper hygiene and maintain cleanliness in their quarters. Food handlers should ensure that they maintain sanitation and serve fresh food rich in fiber and low in cholesterol and sodium. Filipinos are known to love food and are used to at least 5 meals a day mostly on staple of rice and animal meat. Thus they should be reminded

to eat in moderation and minimize intake of food which are considered bad for the health. Enlighten the seafarers regarding various ways by which illnesses could be avoided. The sad reality is that they only observe these strict diet right before submitting to pre-employment medical examination. Ship owners should conduct seminars and invite doctors on board the vessels and offshore to lecture on such illnesses to provide the seafarers with the knowledge and awareness to personally counteract such illnesses. Pamphlets should be distributed essaying the various illnesses.

Ship owners, if possible should equip all their vessels with first aid materials (medicine and gadgets) in order to prevent any illness from getting worse. Ship owners should make available ship doctors or emergency experts to attend to their seafarers when illnesses are suffered while on board vessels. Ship owners should ensure that periodic medical check-ups are conducted while the vessels are sailing to ensure that the seafarers are not ill.

In the event that a seafarer is found to be ill, ship owners should provide rooms for quarantine purposes in order to stop any viruses from spreading.

Moreover, ship owners should provide vaccination and prophylaxis against illnesses when visiting or passing through areas endemic for particular diseases such as malaria, yellow fever, typhoid, cholera, tuberculosis, etc.

Ship owners should consider investing in a good nutritionist. Avoid or minimize intake of instant noodle meals or preserved foods,

which are suspected to be probable causes of urinary calcilu, as these are mostly just eggs, flour and seasonings that provide very little nutritive value anyway. Nutrition experts suggest that to promote a balanced diet, the Chief Cook should serve healthy meals consisting of 60% carbohydrates, 25% fat and 15% protein.

protective clothing/wear Wearing necessary, such as when there is a risk of being exposed to the elements or to chemical, fumes, gases or other substances that may be encountered while working. Filipino seafarers should be reminded to bring sweaters and jackets especially when their vessels ply the routes of countries known for their cold weather. They should also be provided proper attires or working clothes if they work in the engine rooms.

It may well be considered very difficult to totally avoid the onslaught of illnesses on seafarers but man has its way of coping with every situation in order to adapt to the prevailing circumstances. Although unquantifiable, prevention of crew illnesses truly forms a major part of a sound loss prevention as well as crew management policy. Half of the battle could be won if only the identified measures are effectively implemented and cooperation from the seafarers themselves is secured. After all, "an ounce of prevention is a pound of cure".

With collaboration from Medical Center Manila, Maritime Medical and Laboratory Clinic and Del Rosario & Del Rosario



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