



# Occupational Diseases Compensation System of Korea, recent change

Apr 27, 2014

Eun-A Kim / Occupational Health Research Department

Occupational Safety & Health Research Institute  
Korea Occupational Safety and Health Agency

# Legal system and Social security

Legal system	Civil law, continental law	Common law, Anglo-American law
	Complexity Follow the process Generous on the result	General, comprehensive Autonomy in the process Responsibility at the result
<b>Workers' Compensation</b>	<b>Separate insurance</b>	<b>Integration in social security</b>
	Causal – relationship	Social agreement

- Korean system for OHS rely on detailed legal Statement, Specify every obligation of relevant subjects

# Workers' Compensation in Korea

## □ A nationwide mandatory system (IACI act)

- Contributed by employers (100%)
- Workplace where at least one paid-worker is employed
  - Some atypical workers (caddie, canvasser etc)
- Covers 16 million workers in 2013

## □ Benefits

- Medical Benefit (100%)
- Workday loss Benefit (70%)
- Disability Benefit (1-14 grade)
- Survivor's Benefit (1300 days wage)
- Nursing Benefit/Injury-Disease Compensation Annuity/ Funeral Expenses (120 days wage)

# Compensable Condition

## □ Injuries due to business

## □ Diseases due to business (業務上 疾病)

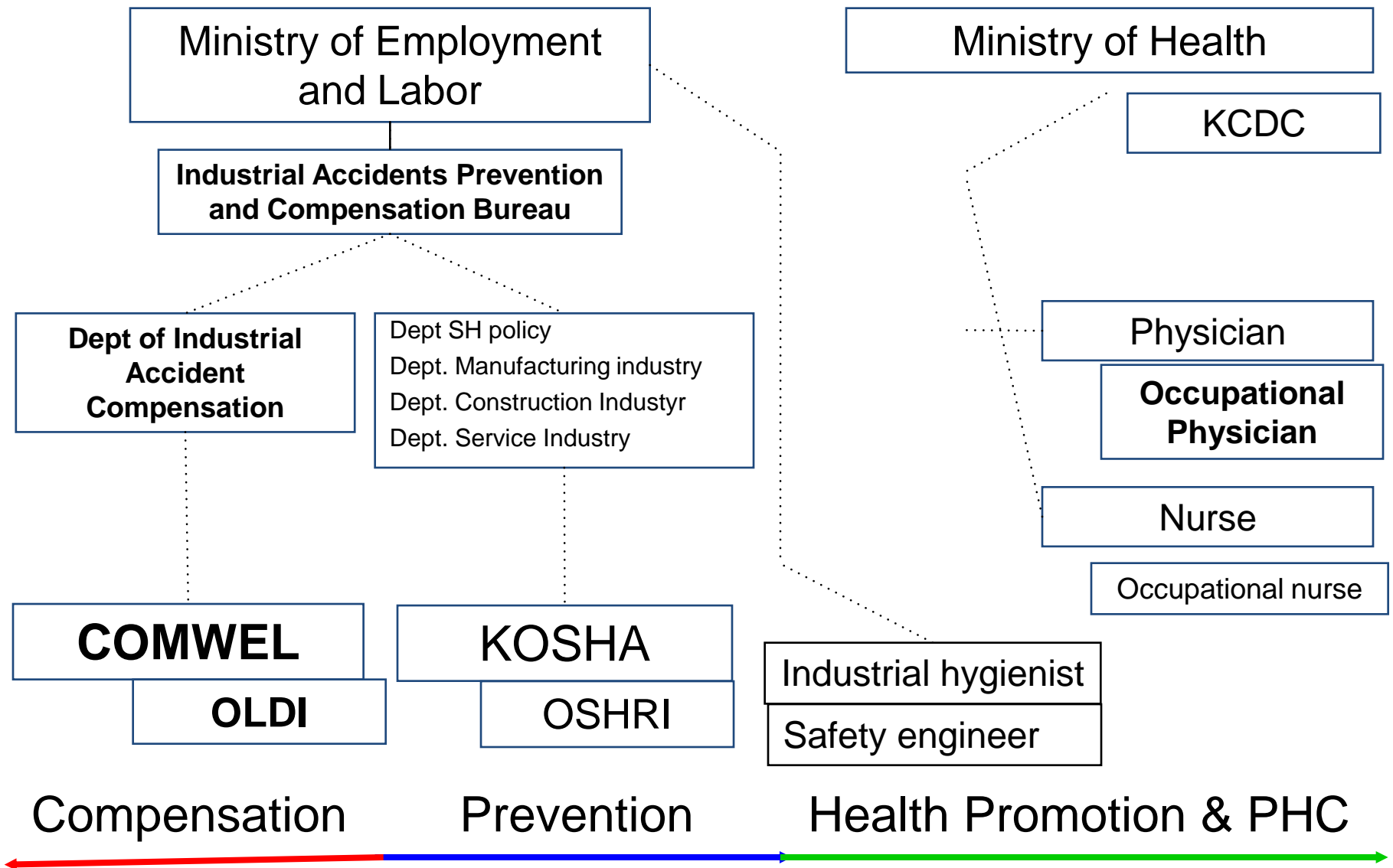
### ○ Occupational diseases (職業病)

- Caused only by occupational reason

### ○ Work-related diseases (作業關聯疾患)

- Can be aggravated, triggered or influenced by working conditions

# OHS Structure of Korea



What should we know if we want to  
know a certain system of other  
countries?

To understand the OD decision process,  
Think about the social security system,  
Before knowing the compensation process.

Legal system	Civil law	Common law
	Result oriented	Process management
<b>Compensation system</b>	<b>Separated system</b>	<b>Social welfare</b>
	Causality	Social consensus

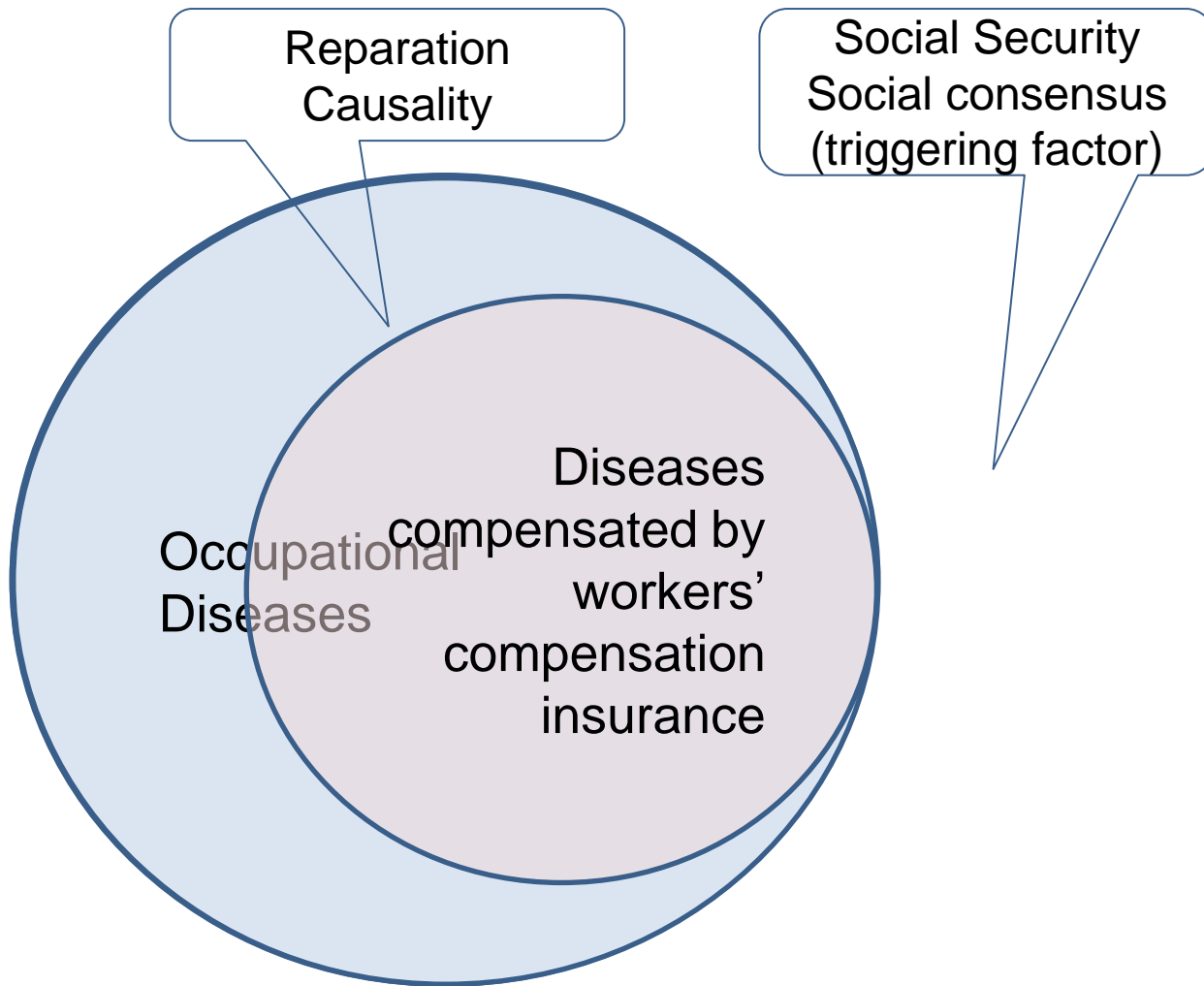
## □ Civil Law System

- Roman law, German law, Continental law
- The process is important (How they obey the regulations)
- Convenient, but too complex
- Most countries (70%), Germany, France, Japan, Korea, Taiwan

## □ Common Law System

- English law
- The result is important (What they have done)
- Autonomous, but no detailed direction
- UK, the British Commonwealth countries, US



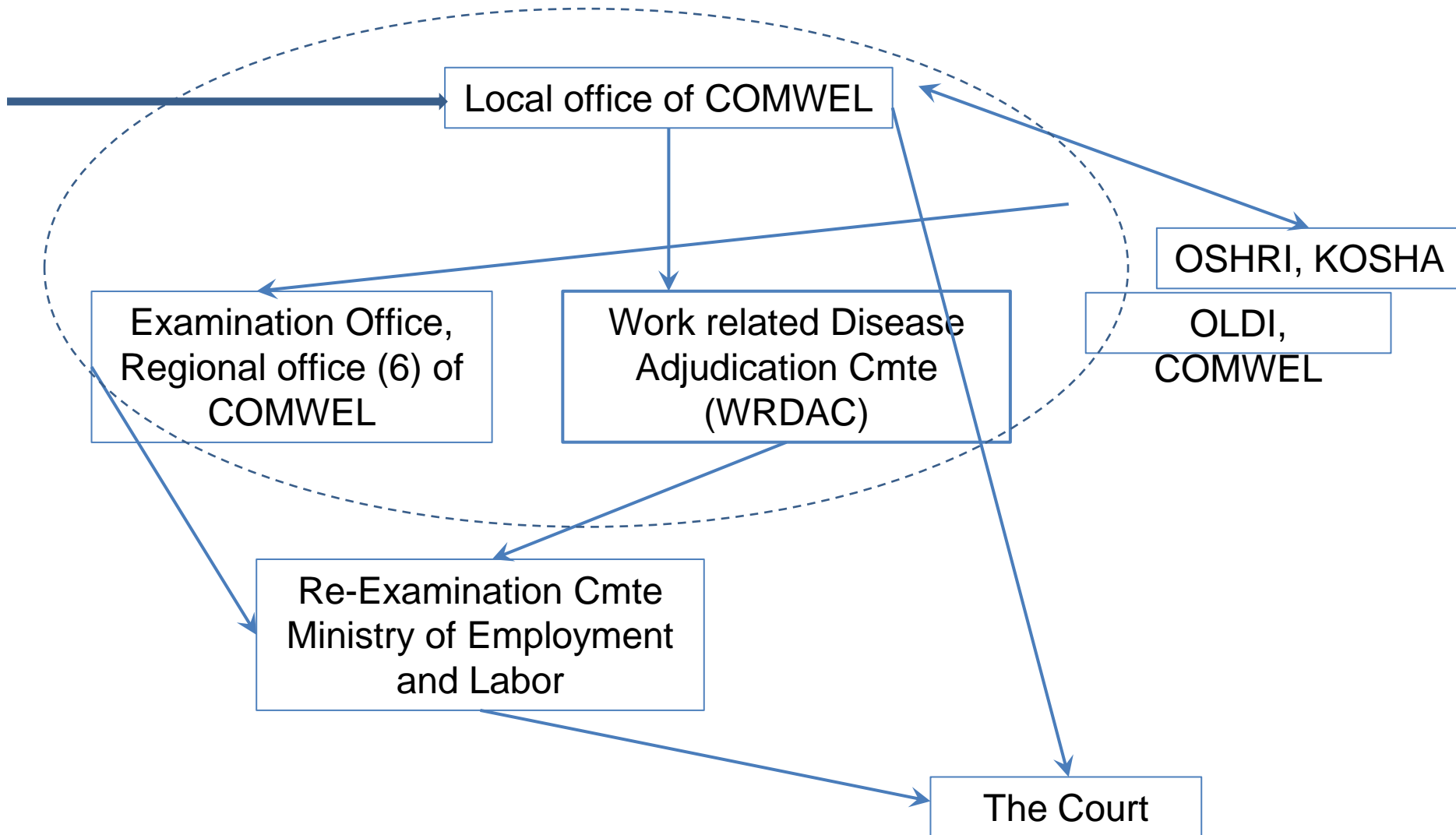


**The definition of occupational disease is same  
in most countries,**

**But the definition of ‘disease due to business’  
is different from country to country.**

# Current System


# Compensation Process



# Compensation of Occupational Disease

**Claim to the local office of COMWEL with a medical certificate from any doctor**

Type of Disease	Arbiter
<b>Pneumoconiosis, NIHL, CS<sub>2</sub> poisoning</b>	<b>Consulting Physician of Local Office</b>
<b>CVD, MSD</b>	<b>WRDAC</b>
<b>OD which needs for epidemiologic investigation</b>	<b>WRDAC with a reference of OSHRI, OLDI</b>



History & Major Structure  
for  
Decision on the causal  
relationship

# Development of Process

## □ Stage 1 ( ~ 1988)

- Advisory Doctors at the local office of MOL

## □ Stage 2(1988~2008)

- OD Deliberation Cmte (ODDC) in MOL(1988-1992), in KOSHA (1992~2005)
  - Also legally supported by OSHAct in 1999
- Epidemiologic Investigation Evaluation Cmte (EIEC) in KOSHA (2005~

## □ Stage 3(2008~ )

- WRD Adjudication Cmte (WRDAC) in COMWEL
- EIEC in KOSHA (reorganized into 3 sub-cmte in 2012)
- OLDI in COMWEL (2006~ )

~	1988	1992	2005	2006	2008	2012
Advisory doctor						
	ODDC					
		ODDC				
			EIEC			
						EIEC Sub cmte
					WRDAC	
				OLDI		



# WRD Adjudication Committee

## ❑ Since 2008, under COMWEL

## ❑ Composition

- 7 members among 60 members
- Doctors or dentists, professor in OH, lawyers, labor consultant and other experts

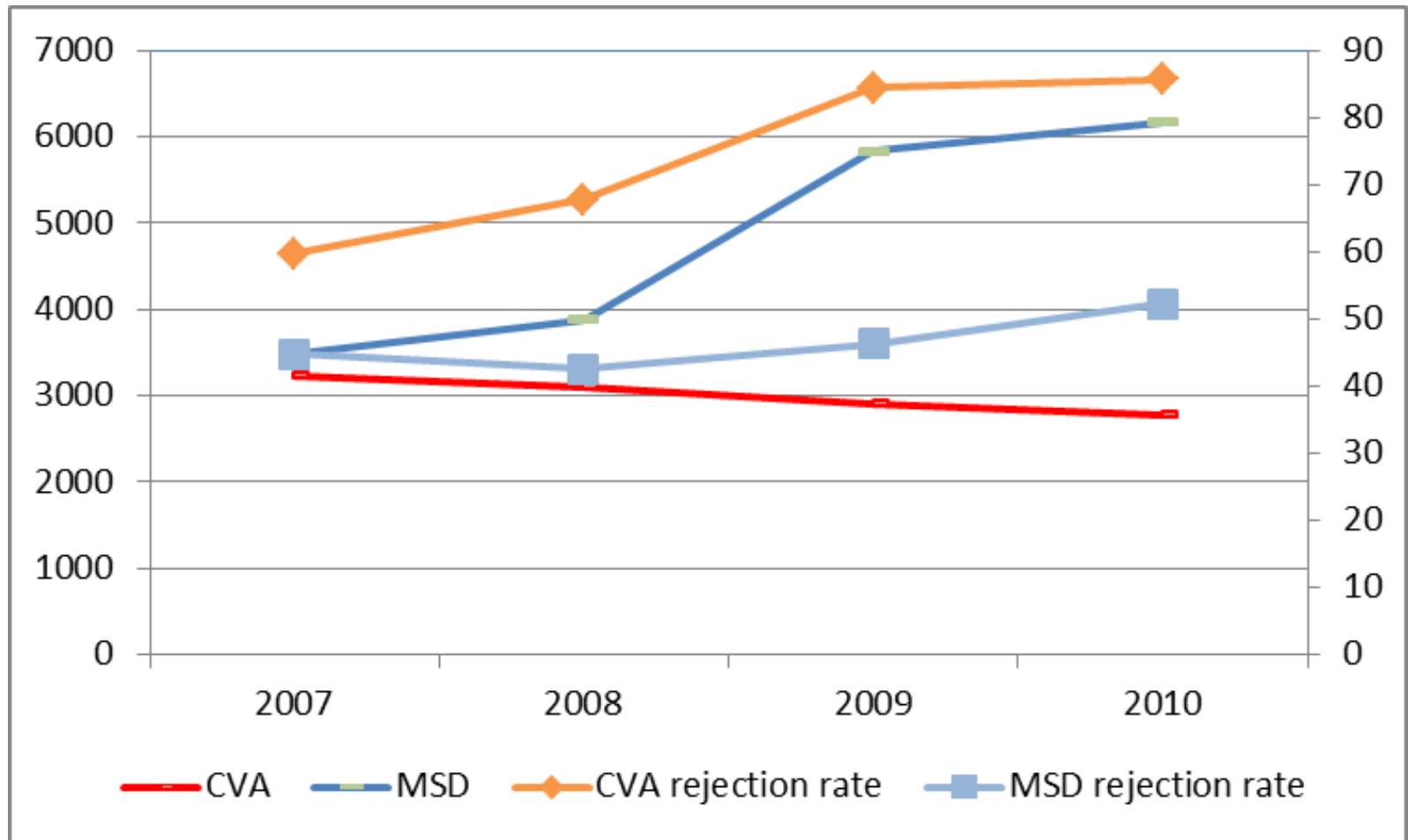
## ❑ Topics

- CVD, MSD, some OD – by diagnostic criteria
- Most OD – with a reference of epidemiologic evaluation by OSHRI, OLDI

## ❑ Decision

- Simple majority

# Number of Claims and rejection rates



Source:  
COMWEL

# OD Deliberation Committee of MOL

## ❑ 1988-1992, under MOL

### ❑ Composition

- Occupational Physician (MOL) (10-15)

### ❑ Topics

- Some occupational diseases if needed
- Meeting with existing data without further investigation

### ❑ Decision

- Recommendation to MOL

# OD Deliberation Committee in KOSHA

## ❑ 1992-2005, under KOSHA

## ❑ Composition (less than 16)

- Occupational Physician, Industrial hygienist(2-3), nurse(1)
- Recommended by academic societies and employers and employees' associations

## ❑ Topics

- Most occupational diseases  
Except pneumoconiosis, NIHL, most cases of CVD, MSD

## ❑ Decision

- Simple majority with description of minor opinions, based on investigation results by KOSHA

# Epidemiologic Investigation Evaluation Cmte

## ❑ Substage 1 (2005~2012), under KOSHA

### ❑ Composition (less than 16)

- In house staff(4), Occupational Physician(5-6), Industrial hygienist(3-4), nurse(1) appointed by the Chair with consultation to MOL ( ~ 2012)

### ❑ Topics

- Most occupational diseases

### ❑ Decision

- Simple majority with description of minor opinions
- Multiple description (2009 ~ )

# Epidemiologic Investigation Evaluation Cmte

## ❑ Substage 2 (2012 ~ )

## ❑ Composition (25)

- 3 sub cmte (Medical(14), Environment(13), Steering(10) appointed by MOL (2012~ )

## ❑ Topics

- Some Occupational Diseases excluding lung diseases

## ❑ Decision

- Simple majority

# ODDC in Occu Lung Disease Institute

❑ **Since 2006, under COMWEL**

❑ **Composition**

- 7 members (4 physicians, 3 hygienists)

❑ **Topics**

- Some occupational diseases
- All lung diseases since 2012

❑ **Decision**

- Simple majority

~	1988	1992	2005	2006	2008	2012
Advisory doctor						
	ODDC					
		ODDC				
			EIEC			
						EIEC Sub cmte
					WRDAC	
				OLDI		



- ❑ The civil suit is allowed to workers if the fault or violence of the employer is proven.**
- ❑ It is accepted in the definite cases of OD when the compensation does not cover the calculation of loss.**
- ❑ However, it doesn't work in the case of work-related diseases(CVA, MSD)**

## □ Two steps of judgment for compensation

- Scientific judgment
  - Based on the scientific evidence
  - Can be done by physicians, hygienists
  - May overlook the uncertainty of rare diseases
- Social judgment
  - Based on social consideration (welfare)
  - Should be done by multidisciplinary experts: lawyer, social welfare expert, administrators
  - May be distorted by social (union) pressure
  - Also have being done by the court

# Examples of social consideration

- ❑ **Most cases of cerebrovascular diseases in Korea**
- ❑ **Leukemia and breast cancer of workers in semiconductor industry in Korea**
- ❑ **Painter's syndrome of painters in Denmark in 1980s**
- ❑ **Breast cancers of shift workers in Denmark in 2000s**



Recent Change

2013. 7

# Social Issue on the reform of the Decision Criteria

Decreased acceptance rate of occupational diseases

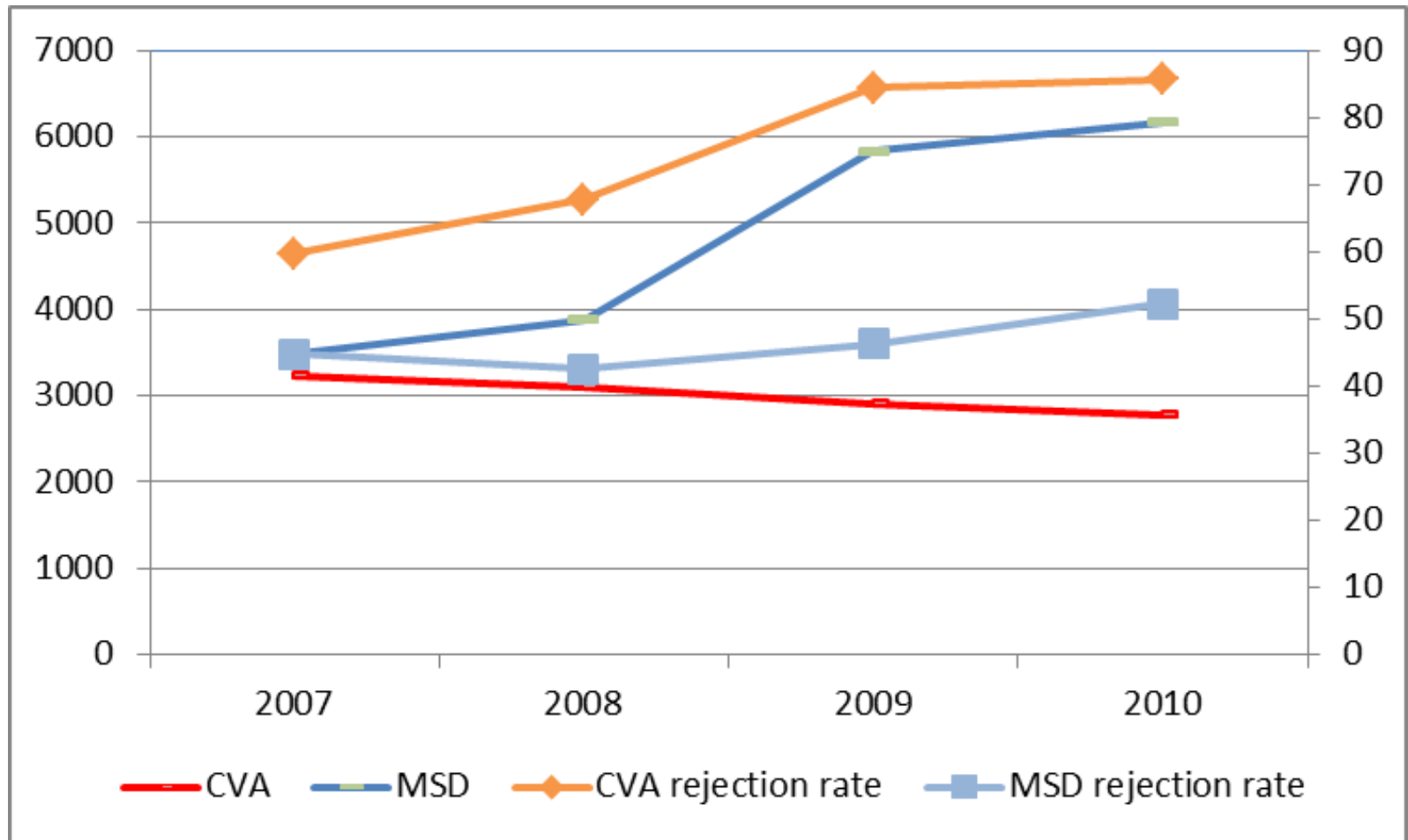
- MSD, CVD

Too small cases on occupational cancer cases

- compare to European countries

Psychiatric disease, Sucides, etc.

# Number of Claims and rejection rates



Source:  
COMWEL

# Approval rate of Occupational Cancer

**Table 2.** Approved cancers relative to the insured population

Year	Approved cases	Insured population	Approval per 100,000 people insured
2000	109	9,485,557	0.12
2001	99	10,581,186	0.12
2002	254	10,571,279	0.31
2003	236	10,599,345	0.41
2004	250	10,473,090	0.31
2005	244	11,059,193	0.27
2006	210	11,688,797	0.18
2007	217	12,528,879	0.16
2008	176	13,489,986	0.22
2009	138	13,884,927	0.14

	Occupational cancer	2000	2001	2002	2003	2004	2005	2006	2007	2008
<b>Korea</b>	<b>25.3</b>	<b>11</b>	<b>13</b>	<b>33</b>	<b>43</b>	<b>32</b>	<b>30</b>	<b>24</b>	<b>21</b>	<b>21</b>
Austria	57.7	28	29	47	41	53	70	84	76	91
Belgium	168	114	118	148	178	144	178	245	168	219
Czecho	40.3	50	55	49	45	26	39	38	37	24
Denmark	132.4	154	100	105	110	112	136	135	153	187
Finland	145.4	138	114	140	145	167	148	139	150	168
France	1,703.1	1,033	1,400	1,511	1,734	1,951	1,856	1,894	2,051	1,898
German	2,153.6					2,173	2,107	2,194	2,054	2,240
Italia	780.9	nd	625	750	755	783	876	911	853	694
Lux	9.8	2	6	5	5	10	16	13	15	16
Spain	14.6	6	4	14	7	6	13	4	15	62
Sweden	14.3						33	43	34	19
Swiss	84.3	55	56	62	69	89	99	128	116	-



# Occupational Cancer compensation cases / covered population

Country	Cancer Cases	Covered Pop	rate/ 100,000
Spain*	4	15,502,738	0.03
Korea	210	11,688,797	0.18
Czech Republic	38	4,497,033	0.85
Sweden	43	4,341,000	0.99
Austria	84	3,089,167	2.72
Switzerland	128	3,651,709	3.51
Luxembourg	13	279,810	4.65
Denmark	135	2,710,462 (in 2005)	4.98
Italy	911	17,686,835	5.15
Germany	2,194	33,382,080	6.07
Finland*	139	2,129,000	6.53
Belgium	245	2,483,948	9.86
France	1,894	18,146,434	10.44

# '08, Kinds of Occupational Cancer

	Total	Lung	Sinus	Bladder	Leukemia	Skin	Other
<b>Korea</b>	<b>21</b>	<b>16</b>	-	-	<b>3</b>	-	<b>2</b>
Austria	91	84	6	0	0	0	1
Belgium	219	195	19	2	1	0	2
Czecho	24	11	0	3	0	7	3
Denmark	187	112	6	9	1	13	46
Finland	168	160	2	2	1	0	3
France	1,898	1,681	82	48	39	9	39
German	2,240	1,907	38	106	89	31	69
Italia	694	556	33	72	0	5	28
Lux	16	12	3	0	0	0	1
Sweden	19	15	1	0	0	0	3

# Revision of Acceptance Criteria for Occupational Disease

Based on International Criteria

Related Schedule of ILO, EU

Cardio-Cerebro-Vascular Diseases

related with overworking (Job stress, long working)

Even if lesser than 60 hours, cases by cases considering

Musculoskeletal disease

Degenerative diseases may be compensable if the diseases course were speedup by working

# Revision of Acceptance Criteria for Occupational Disease

## Respiratory Disease

- Add 14 causes (Reactive dye, Nickel, Cobalt, flour, grain dust, formaldehyde, anhydride acid, epoxy resin, coal dust, Rock dust, Aluminium, Chloride, hydrochloric acid, etc)

## COPD (Chronic obstructive pulmonary diseases)

- mining industries

# Revision of Acceptance Criteria for Occupational Disease

## Neuropsychologic diseases

- Post Traumatic Stress Syn.

- \* Work-related Depression, Panic disorder, mal adaptation syndrome will be discussed soon after.

## Occupational Cancer

- Add 14 kinds of causes

- Add 12 kinds of Cancers

# Revision of Acceptance Criteria for Occupational Disease

## Occupational Carcinogens

Revised : Soot, Coltar, Coaltar pitch, unrefined mineral oil, vinyl chloride, 6 Chrome, Benzene, asbestos, B & C Hepatitis viruses,

X-ray or Gamma ray, arsenic, nickel, cadmium, beryllium, wood dust, benzidine, beta naphthylamine, free silica, formaldehyde, 1,3-butadiene, radon-222, spray painting, ethylene oxide

Previous : Soot, Tar, Pitch, asphalt, Mineral oil, paraffin, vinyl chloride, chrome, benzene, asbestos, hepatitis virus

# Revision of Acceptance Criteria for Occupational Disease

## Occupational Cancers

Revised : skin cancer, hemangiosarcoma of liver, lung cancer, laryngeal cancer, nasal, paranasal sinus cancer, leukemia, multiple myeloma, malignant mesothelioma, liver cancer

Ovarian Cancer, salivary gl. cancer, esophageal cancer, stomach cancer, colon cancer, bone, cancer, breast cancer, renal cancer, bladder cancer, thyroid cancer, CNS cancer, nasopharyngeal cancer

Previous : primary carcinoma (skin), lung cancer, nasal or paranasal sinus cancer, leukemia, multiple myeloma, malignant mesothelioma, liver hemangiosarcoma, liver cancer

# Revision of Acceptance Criteria for Occupational Disease

## Acute poisoning

Revised : Organic tin, carbon monoxide, methyl bromide, sulfate hydroxide, Cyan, phosphate, etc.

## Neurological

Revised : methyl n butyl ketone, arsenic, acrylamide, PTSD