

# HIDDEN KILLER

## INVESTIGATING MESOTHELIOMA IN HEALTHCARE WORKERS

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**M**alignant mesothelioma (MM) is an aggressive, rare cancer caused by exposure to and inhalation of asbestos; the UK has the highest rate in the world.<sup>1,2</sup> According to the Office for National Statistics (ONS), deaths from MM occur most amongst men working in certain industries, particularly construction.

By contrast, between 2002-15 the ONS recorded only 177 mesothelioma deaths of health and social welfare professionals and its analysis concluded that “there is little or no evidence of increased risk in non-industrial workplaces such as [...] hospitals...”<sup>[p.44].2</sup>

However, the experience of those who work with people with mesothelioma, such as the charity Mesothelioma UK, nurse specialists and legal professionals, raises questions regarding the true number. They report a higher proportion of their patients/clients being from health and social welfare professions. In addition, it is known that almost all NHS hospitals contain asbestos.<sup>4</sup>

This led Mesothelioma UK to undertake a project with researchers at the University of Sheffield. The Mesothelioma Asbestos Guidance Study (MAGS) aimed to gather up-to-date figures on the level of mesothelioma amongst healthcare staff

and find out about their experiences of presentation, diagnosis and treatment. MAGS was conducted in memory of Dr Mags Portman, a pioneering doctor in the treatment of HIV who died of mesothelioma at the age of 44. This article presents selected findings; the full report is available on the Mesothelioma UK website [Link below].

### Numbers of cases

To get a better picture of the number of cases than that provided from ONS mortality data, the MAGS project researchers made a Freedom of Information (FOI) request to NHS Resolution, the body which deals with NHS legal claims. We asked how many current or former NHS employees had sued the NHS because they had developed mesothelioma and believed their condition was due to negligent exposure to asbestos at work.

NHS Resolution’s response showed that between 2004-17, 961 claims had been made against the NHS. All of these claimants had developed mesothelioma and most will have died from it. In addition, the legal advisors to the project say that some former healthcare workers do not take a negligence case against the NHS, indeed we spoke to two in our interviews. As such, it is certain that

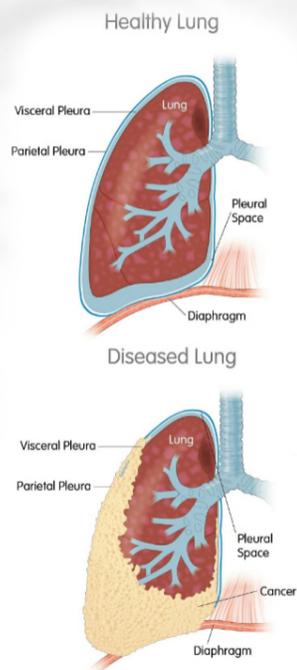
there were more than 961 cases in the period covered.

What explains the huge disparity between the official statistics and the information revealed by the FOI request? Our report gives several possible reasons, including the following.

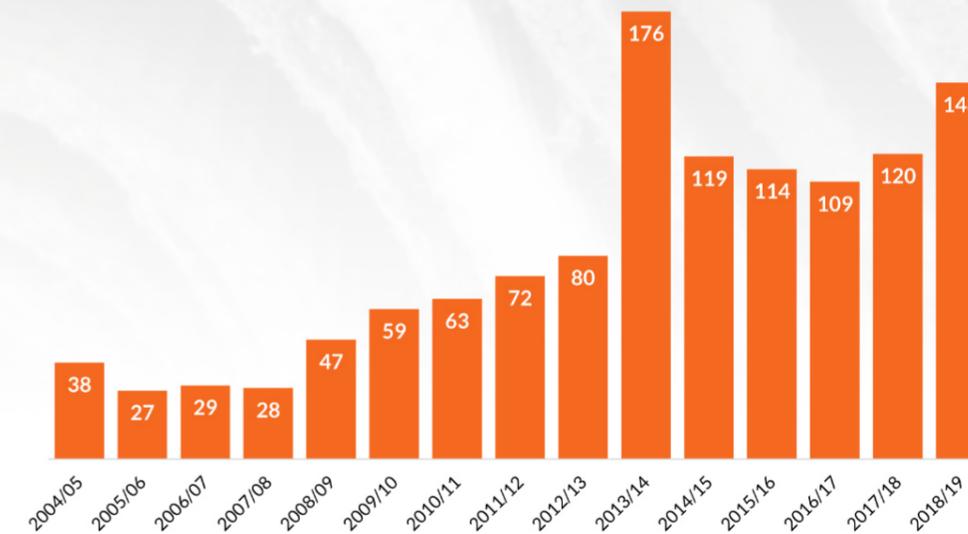
1. Some of those who died of mesothelioma did so after the age of 75, which is the age at which the ONS no longer records former employment.

2. It is often unclear in ONS data whether someone worked in a healthcare environment, particularly if they worked in ancillary areas such as portering, cleaning or laundries.

As well as the high number of cases, the FOI data shows that the number of women is higher than men (52/48%), a pattern not usually seen in relation to asbestos-related illness. NHS Resolution have not yet provided information on the breakdown of cases by job type; this is something we are still pursuing. >



**NUMBER OF CLAIMS PER YEAR**



Source: NHS Resolution: Freedom of Information Request #3992.

At present the figures are rising, with an additional 268 claims made in the period 2017-19. There is no sign of the dramatic fall in rates of MM that had once been predicted.<sup>5</sup>

## Experiences of Mesothelioma

For the experiences of healthcare workers with mesothelioma we analysed information already published in papers and on the internet and interviewed seven former healthcare workers who had developed MM, or their partners.

Although we tried to contact non health professionals, such as porters and laundry staff, we were unable to do so. This is an important limitation as we found no published reports from this group even though legal advisors on the project report that many of their cases come from them. Our interviewees were all either nurses or doctors; and the material we reviewed was overwhelmingly from doctors.

They reported many physical symptoms that were similar to those of other mesothelioma patients, such as pain, nausea and breathlessness. There were also strong emotional reactions; for some this was exacerbated by knowledge of the condition and its poor prognosis.

There were differences for healthcare workers. Some of those treating the healthcare workers with mesothelioma would act as though they were with colleagues rather than patients. Two examples illustrate this. One was the giving of the diagnosis, which was sometimes overly direct and brutal from the patients' viewpoint. The second relates to assumptions concerning pre-existing knowledge and the need for reassurance and care; one interviewee reported that when his partner turned up to A&E, with symptoms that required reassurance as much as care, he was told he should know it was not the right place to come. In addition, many healthcare workers expressed disappointment or anger that the NHS had not protected them, sometimes viewing it as ironic that they had picked up the disease in hospital.

## Recommendations

The report makes a number of

recommendations. These relate to monitoring, management and care.

**Monitoring:** official reports based on ONS death statistics hugely underestimate the danger asbestos presents to those who work in health care. The FOI route taken in our report gives a better idea of the extent of MM but even this is an underestimate. We recommend that the FOI route is maintained until better methods are developed.

**Management:** the NHS should establish better asbestos management processes and systems based on a) regular testing using new techniques that can detect low levels of asbestos<sup>5</sup> b) improved tracking and management of asbestos, including its removal and c) education of management and staff, for example, as part of mandatory update training.

**Care:** treat staff and former staff who have MM as patients, not colleagues. Follow guidelines such as those on communication set out in another project from Mesothelioma UK and the University of Sheffield .6

You can read the full report and appendices on the Mesothelioma UK website <https://www.mesothelioma.uk.com/about-us/mesothelioma-uk/>. ■

## References

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