

Workshop

Promoting new measures for the protection of workers with oncological conditions

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Palazzo Reale

Sala delle Otto Colonne

Piazza Duomo, 12

Milan

Address by the Minister of Health, Labor, and Social Policy, Maurizio Sacconi

I would like to thank you for inviting me and for promoting this initiative. I also want to express my thanks to town councilor, Mascaretti, who is also a friend of mine, and to the municipality of Milan, whose efforts aimed at integrating people with oncological conditions into the labor market confirmed that this issue is taken into serious consideration. My thanks are also due to Adapt, here represented by my friend Prof. Servidori, the research centre working together with the University of Modena and Reggio Emilia, that was founded by Prof Marco Biagi, and is now run by Michele Tiraboschi, the professor who has been appointed to Biagi's chair and who was his closest collaborator at that time.

I also want to thank the Marco Biagi Foundation, whose creation was made possible by the determination of Marina Biagi, Marco's wife, after the tragic death of her husband. His principles were carried forward by the Italian government, which implemented a reform and funded the setting up of the Foundation, a centre of excellence promoting a series of related initiatives, such as the one we are discussing today.

My thanks are also due to Europa Donna, to my friend Patrizia Ravaioli, who is the representative of LILT, an important private and public body, and to all associations and bodies, more generally, that acted as intermediaries for the participation and the integration of workers with serious health problems into labor market.

I am here as a Ministry of Health, Labor, and Social Policy, and therefore I consider this issue from different perspectives. Unlike the past, nowadays there is a holistic approach to health care, because we tend to support the sick person at a general level, not only from a medical point of view. As emphasized in the Green Paper (which laid the foundations for a public consultation on the issue) we aim to develop a social model supporting individuals not only at the onset of the disease, but for lifetime, from their birth to natural death, according to their state of health and the improvement of their medical condition. Therefore, in order to provide older people with an active life, and a better way of living, and to protect them against any factors affecting their health and wellbeing, it is essential to implement this initiative, promoting meaningful prevention activities and primary care services. We believe (and this is also the key principle contained in the Green Paper) that we have to do everything possible to recognize the individuals' potential, at all stages of their life and under any circumstances, even the worst cases, in order to improve and extend their life.

Policy has a key role in dealing with labor law and health issues, and it has to provide effective measures in this connection, especially in terms of legal protection for people with oncological conditions. Despite having long life expectancy, there are many people, and I include myself in this category, who have faced health problems affecting their professional life. They might have difficulties in carrying out tasks requiring a considerable physical effort, but they are still able to perform other duties. In some cases, they might be forced to accept reduced working hours or reassignment to other duties, resulting from a prejudicial attitude at the workplace. Luckily, individuals with this condition are very likely to recover today, and their life expectancy is now as long as healthy people. In this connection, special thanks go to Dr. De Lorenzo, because he was the

person who proposed a very important provision while drafting Biagi Act and delegate decree. This provision refers to the opportunity for sick workers to change the employment contract from full-time to part-time, and at their request, to return to a full-time contract. This amendment was also extended to the Public Administration (originally, as part of the Biagi Reform, it only applied to the private sector). I wish to express my gratitude to him, because this provision raised public awareness about the issue, even though now we have to focus our attention on collective agreements.

Collective agreements represent the instrument used by the social partners to find the most suitable solution for workers in terms of employment relations. In this connection, the grace period is one of the main issues to be considered, because it should be extended on the basis of the individual's medical needs and state of health. Therefore, collective agreements, as a point of contact between the employer and the worker, should support sick people in participating in the labor market, helping them not to be excluded from it.

The principle laid down in the Green Paper is "Good life in an active society". We need to consider the real meaning of the active society. But if we consider birthrates, and data referring to employment, education, and social mobility, we soon realize that an active society offering many opportunities in terms of social inclusion lays the foundations for good life.

For this reason, I warmly welcome this initiative, and I am also aware of the importance of the provision included in the Biagi Act, which calls for a major commitment on the part of the social partners and the institutions, and on my part. This is the starting point of a project which will give people the opportunity to be more appreciated, and to make them feel useful, whatever their condition is. Thank you.

Journalist: Thank you, Minister. This is the last week of consultation on Green Paper. What are your impressions?

Minister Sacconi: That's right. This is the end of the consultation period, but there are also a number of initiatives which are still in progress. I was also invited to discuss the issue by other organizations, which are close to the Opposition, such as Foundation Italianieuropei, and AREL, a research centre founded by Beniamino Andreatta and now run by Enrico Letta. I am aware that many trade associations are preparing a number of comments on the Green Paper. For this reason, and although we are working hard, I think we will need a postponement. We thought we could make it in three months. We presented the document at the end of July, but we did not consider the fact that August everybody is on vacation.

We don't want to introduce a set of initiatives serving as a buffer between the old and the new social model. What we want to do is draft a White Paper with widespread support, because a social model (or at least the principles it is based on) belongs to the entire community, not only to the majority. It is important for it to be broadly supported by all categories. Afterwards, the social partners, the institutions, the State, the Regions, the majority and the Opposition can discuss the implementation of this model.

At the end of the consultation, we hope to draft the White Paper as soon as possible (before the end of the year). This new model will focus, for instance, on most of the issues we have discussed today, such as the importance of rehabilitation programs and palliative care service. It aims at restructuring the national health and social security system, which provides effective service in the North of Italy, but not in the South. I was born in an area where individuals with oncological conditions, even those who are terminally ill, are given significant legal protection, and efficient home assistance, allowing them to remain in their own homes. This is not, however, the case in general. In many areas, special assistance is often lacking, and local services do not provide adequate support, that should also include the contribution of family, volunteers, and pharmacists in the provision of palliative care.

This is a very practical proposal, that should help us to create a safer society. It might be a way to go beyond our sense of insecurity and to build awareness of real health needs, even though we are scared to do it. I feel this fear, for instance, when people do not realize that district general hospitals failing to provide basic medical assistance are useless. I believe it is time to close the hospitals like the one in the region of Calabria providing only twenty beds. It is really time to close them! People have to be aware of the fact these types of facilities do not offer effective service. In order to reform the public health sector, however, it is essential to offer a credible alternative. This alternative should also involve important measures such as the ones we have discussed today, that is rehabilitation programs for sick workers, their participation in the labor market and so on.

Thank you