

Fatal Accidents

Sir,

We have read the article published in “La Medicina del Lavoro” titled *Two Decades of Fatal Workplace Accidents in Milan and Monza, Italy: Trends, Work Sectors, and Causes from Autopsy Data*. It has raised some concerns for us.

The subject of workplace fatalities is of utmost importance for public health and safety, as acknowledged in the article itself, and it requires strong societal commitment to adopt the necessary measures to prevent them. However, these claims are not substantiated in the description of the work carried out.

The topic is approached solely from the perspective of the injury, which is merely the starting point for further investigations that lead to reconstructing the dynamics of the event, analyzing the risk factors that caused the chain of events, and ultimately assigning any responsibilities. All this knowledge cannot emerge solely from the autopsy and the “administrative” information provided.

In the case of fatal or serious workplace accidents, certain legal procedures are triggered: investigations begin with an immediate inspection of the accident site, collecting testimonies from any witnesses, followed by all necessary technical assessments. These actions require expertise and professionalism and are carried out under the delegation of the judiciary by PSAL (Workplace Health and Safety Services) staff, in collaboration with other bodies such as law enforcement, the labor inspectorate, and the fire department.

For several years now, the ASLs (Local Health Authorities) have contributed to a national surveillance system known as Infor.MO (<https://www.inail.it/nsol-informo/home.do?tipoEvento=1>), reconstructing the dynamics of the investigated accidents and the associated factors that caused them. Analyzing these factors, together with reconstructing

the incidents, allows for targeted prevention interventions to eliminate risk factors through specific prevention plans and research into solutions.

The article makes no mention of these essential activities, and they are not even cited in the bibliography, nor are international surveillance systems on fatal accidents, such as FACE (<https://www.cdc.gov/niosh/face/default.html>), managed by NIOSH.

Yet, prevention interventions can only be planned if we come to understand the risk factors (and not just the accident) that caused the event.

To better understand contextual aspects, particularly organizational ones, which increasingly feature among the causes of workplace accidents, a project has been launched by DORS in recent years in which accident investigations are transformed into “stories” narrated by the operators who conducted the investigations (<https://www.storiedinfortunio.dors.it/le-storie/>). Narrating the events is a tool for knowledge and training, particularly aimed at the public and especially workers.

Perhaps it would have been much more useful to reflect on other information that emerged from the autopsy exams. For example, the article states that alcohol consumption and a history of drug abuse had no influence on the occurrence of the accident. This is a statement that invites reflection, considering that the legislation on alcohol and drugs assumes that such habits are a cause of accidents: was the lack of influence due to the controls introduced by the legislation, or were the claims made in the past for the introduction of these regulations merely statements of principle without any objective evidence?

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Authors' Reply

Sir,

We appreciated the correspondence from Bodini et al., which shows interest in our work among specialists in the field. We all concur that it is urgent to investigate and critically assess the most effective tools for understanding the causes and preventive strategies to address the epidemic of fatal work accidents.

The “concerns” expressed by colleagues are fundamentally two: (i) our paper would lead one to assume that the inspection investigation is not essential; (ii) our investigation would lead to underestimating the impact of substance abuse on the occurrence of fatal work accidents.

In either case, however, Bodini et al. have quite overinterpreted our paper. Our intention was only to discuss whether the autopsy apparatus, with the information collected for its purpose (which, as we mention in our introduction—see page 2 of our paper—is always ordered by the judiciary in the context of a more complex investigation), is or is not a potentially helpful complementary tool (adding value) for describing the phenomenon of fatal workplace accidents.

In no portion of our work is it intended to present the autopsy act as the only valuable resource or, in some way, as a substitute for the in-depth analyses and investigations that “must ultimately assign any responsibilities” nor to forget “the expertise and professionalism required” for these in-depth analyses.

Secondly, the statement that “alcohol consumption and a history of drug abuse did not influence the occurrence of the accident” does not appear in the body of our publication since we are aware of the numerous epidemiological studies that

correlate unsafe behaviors with this occupational risk. We only reported statistical data that showed that (see results page 4) “concerning alcohol consumption and history of drug abuse, we didn't find any differences among fatal accident types”. We believe that the interpretation of this data is attributable to (as highlighted in the limitations of the discussion section of our paper) the probable lack of information in the autopsy report. Not everyone is subjected to toxicological testing, and data collected posthumously from relatives is frequently unreliable.

We sincerely appreciate your recommendation and citation of the INAIL Infor.MO repository (<https://www.inail.it/nsol-informo/home.do?tipoEvento=1>). It contains indications that are undoubtedly useful for understanding the phenomenon. Unfortunately, it is available only in Italian. Moreover, it does not give the user an overall view of the aggregate data or summary statistics INAIL produces in the periodic report.

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