Qeios

Peer Review

Review of: "Notification and Recordkeeping of Occupational Mesothelioma in India"

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This article raises an important issue in the domain of OHS and occupational cancers. The mode with which this is data collection, i.e., RTI, may bring out facts that are not very obvious. This article will definitely add information and perspective.

Here are some suggestions for the improvement of the draft.

It can be added at the start why mesothelioma is important to discuss when we are talking about OHS diseases. The cause is almost always asbestos exposure. It reflects the working conditions of the past but also indicates the efficacy of regulatory mechanisms for exposure prevention. Hence, studying it from OHS and Public Health system (PHS) angles offers an advantage.

In the introduction, some more factual/epidemiological details, like the incidence/prevalence of mesothelioma globally and in India, can be helpful. Some details, like the five-year survival rate and HRQOL, can make readers aware of the severity of this disease.

Some part in the intro should be in the results/discussion section as they are based on data analysis or opinions of the authors. It is not clear how the numbers of cases, etc., were acquired at this time.

In the methodology: What data was required, what was planned for capturing data points, how relevant agencies were identified for each data point and then approached, which parameters were asked, and information on which parameters were successfully captured—these are some points that could have been covered here.

In Results, some age/sex/geography-related information/analysis would have been more interesting. The cases-related data may have this information. Usually, this cancer occurs in old age with a long latency period. And from a policy, cause attribution, and compensation angle, this is very important.

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Also, some insights into the occupation/exposure history of these cases numerically would have been interesting to know.

In the discussion, there are two important questions that can shape the discussion a little better. The first is “So what?”—meaning there is a lack of report of one of the occupational cancers; so what? What will happen if this reporting is better? Readers can be told more comprehensively that this reporting will lead to many things: establishing asbestos exposure, indicating a policy gap, highlighting the conditions of workers and OHS in India, the status of compensation, etc. The second question is “what then?”—meaning what will happen if reporting is increased. Will it improve working conditions, disease outcomes, compensation, penalization of corporates? How will this reporting improve the situation of OHS/workers?

Authors can indicate what their take is on why there is a lack of reporting. Is it a deliberate act by corporates, the government, or bureaucracy, or is it just a by-product of apathy/neglect of workers' rights?

Also, one important gap is the disconnect between OH regulators and PH actors. Identifying health risks and occupational diseases is primarily the responsibility of OHS actors like factory inspectors/DGFASLI, etc., and treatment and rehab is the responsibility of the usual PHS. How do they communicate and work together? Do they?

In recommendations: For a research article, recommendations should be based on the authors' data analysis when primary or secondary data is collected. They should not venture into anything else where data analysis is not leading to. Or else, it will be an opinion piece.

Penalization for doctors who are diagnosing and treating these patients but not for people who are making policies leading to asbestos exposure, running factories and mines with bad OHS and high exposures, regulating these entities, and importantly using asbestos products? Who is the real culprit? This should also be discussed.

Declarations

Potential competing interests: No potential competing interests to declare.