Qeios

Peer Review

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

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The article sheds light on a critical issue—India's inadequate reporting and tracking of mesothelioma and other asbestos-related diseases in the mining and factory sectors. It effectively points out the gaps in current systems, from underreporting and misdiagnosis to poor data collection mechanisms. While it makes a compelling case for systemic change, it could benefit from a deeper exploration of the causes behind underreporting and a greater focus on improving health record-keeping and data collection methods. Strengthening these areas would help India better manage and eventually mitigate the future burden of asbestos-related diseases.

Critical Analysis:

Strengths:

Data Collection and Transparency: The study utilizes the Right to Information Act, which ensures transparency and public access to data. The findings clearly show the gaps in data collection and the underreporting of occupational diseases, particularly mesothelioma. This approach provides valuable insight into the effectiveness of existing regulatory bodies.

Legal and Regulatory Context: The article comprehensively outlines the jurisdictional divide between the Mines Act and the Factories Act, which complicates disease reporting. The legal framework is well-documented, highlighting the role of both central and state governments in occupational health regulation. This analysis is crucial for understanding the regulatory challenges India faces in tracking occupational diseases.

Recognition of Asbestos Use and Health Risks: The article highlights India's ongoing asbestos use despite its known carcinogenic properties. It underscores the international consensus on the risks of

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asbestos and India's slow regulatory response, especially in light of the Supreme Court rulings and international bans on asbestos. The economic implications of asbestos-related diseases are also addressed, emphasizing the long-term costs to public health and the workforce.

Weaknesses:

Limited Data Scope: The study primarily relies on data provided by DGMS and DGFASLI, which does not fully capture the complete picture of mesothelioma cases across India. There is a lack of direct data from state-level chief inspectors, which would have provided a more comprehensive understanding of occupational diseases. Furthermore, the analysis relies on annual reports that only started compiling occupational disease data in 2016, leaving a significant gap in earlier years' data.

Underreporting and Misdiagnosis: While the article correctly identifies that mesothelioma is underreported, it fails to fully explore why this underreporting occurs beyond the lack of a mechanism for reporting. Factors such as misdiagnosis, lack of awareness among medical professionals, and the absence of compulsory reporting mechanisms for non-industrial occupational diseases are not thoroughly addressed. These factors contribute to the systemic issue of unreported cases.

Limited Focus on Workers' Health Records: The paper points out that DGFASLI's 2019 study on asbestos product industries did not investigate mesothelioma or include retired workers, missing critical data on long-latency diseases. However, the article could have further critiqued the health record-keeping practices in industries and how such records could be used to track occupational diseases over the long term. The study's exclusion of these workers could result in a skewed understanding of the true burden of asbestos-related diseases.

Declarations

Potential competing interests: No potential competing interests to declare.