The origins of WorkSafeBC: What it means for you and your patients

Modern workers' compensation systems are complex, and physicians who treat injured workers often have questions on how to best help their patients. Being familiar with the history and mandate of WorkSafeBC, British Columbia's workers' compensation board, may further physicians' ability to help their patients with work-related injuries, diseases, and illnesses.

The pursuit of just compensation

Although there is evidence of compensation systems elsewhere in the world dating as far back as 2050 BC,[1] workers' compensation systems have existed in Canada only since the early 1900s. Before then, if a worker was injured on the job, they often received no compensation and risked permanent loss of their livelihood.

In 1910, the Ontario government commissioned Sir William Meredith to make recommendations on how to establish a workers' compensation system in Ontario. The Meredith Report subsequently formed the basis for workers' compensation systems in all provinces and territories in Canada. Sir Meredith noted the laws of the time were "entirely inadequate" to provide "just compensation" for injured workers.[2] If a worker was injured and wanted to be compensated, they had to sue their employer in court—a costly proposition for both workers and employers.

In what is referred to as the "historic compromise," a trade-off of rights, Sir Meredith proposed a no-fault compensation system in which workers would be compensated for a reduction in their earnings if they became ill or injured due to their work. In exchange, employers would be freed from legal liability and the costs of defending court cases. Employers would fund the system by paying insurance premiums.

You can make a difference by starting the conversation about clinical and vocational recovery early.

Some additional features were added when BC's Workmen's Compensation Act came into effect in 1917. (The name was later changed to the Workers Compensation Act.) In a document known as the Pineo Report, a committee that advised on the scope of the original Act noted, "Laws which provide for the taxing of industry to furnish compensation for the victims of industrial accidents irrespective of fault are commendable and desirable, but laws which will prevent the happening of such accidents are of more vital importance."[3] This is how WorkSafeBC became the occupational health and safety regulator, with a mandate to prevent work-related injury and illness, in addition to being a compensation board.

WorkSafeBC's mandate today

The Workers Compensation Act has been amended many times, most recently in 2022. Today, WorkSafeBC's mandate is to:

- Promote the prevention of workplace injury, illness, and disease.
- Rehabilitate those who are injured and provide timely return to work.
- Provide fair compensation to replace workers' loss of wages while recovering from injuries.
- Ensure sound financial management for a viable workers' compensation system.[4]

WorkSafeBC's mandate on rehabilitation and timely return to work allows us to provide substantive assistance to help your patients who are injured workers achieve those goals. As workers look to their physicians for medical expertise, we value physicians' role in helping these patients reach

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This article is the opinion of WorkSafeBC and has not been peer reviewed by the BCMJ *Editorial Board.*

4th Annual WorkSafeBC-NAOEM Joint Conference for Primary Care and Occupational Medicine Practitioners

Join us for the hybrid 4th annual WorkSafeBC–Northwest Association of Occupational and Environmental Medicine Joint Conference for Primary Care and Occupational Medicine Practitioners. It will be held on Saturday, 28 October, in Victoria, BC, and is accredited for 6.75 Mainpro+/MOC Section 1 credits.

Learn more and register at https://ubccpd.ca/learn/learning-activities/course?eventtemplate=525-4th-annual-worksafebcnaoem-joint-conference-for-community-physicians.

sake of everyone's broader education; the children's formal schooling continued by correspondence.

As a person, Daniel was steady, gentle, kind, generous, humble, faithful, attentive, empathetic, and considerate. He was also detailed, patient, caring, understanding, knowledgeable, and thorough, and he had a fine sense of humor. The sum of these characteristics, though, added up to sometimes being unaware of the clock or the passage of time.

As a family doctor, Daniel was adored by both adults and children. His reassuring attentiveness and kindliness, and his maturity in handling ill, worried people, are now often missing from the busy profession of medicine. The fact that he took time to deal with people meant that others would be waiting, but just the same, he was a favorite.

Daniel was a natural educator. Teaching, personal contact, communicating, and educating are a necessary part of a good physician's life and work. Daniel was awarded and accelerated in his career to associate clinical professor in the UBC Department of Family Practice. He mentored many students and family medicine residents and used his skills and experience to explain, demonstrate, and satisfy his patients' questions and concerns. He used these same skills in dealing with family, friends, and foes—if he had any.

To illustrate how thorough he could be, included is a line drawing of an injection procedure **[Figure 1]**. Over the years he built a catalogue of such drawings that he used to teach patients and students, accompanied by a session on anatomy, indications, and expected results. His art went further afield when he submitted a drawing **[Figure 2]**, that he thought would be a perfect symbol engraved on the Canadian loonie to symbolize the Canadian West.

Daniel Froese—BSc, MD, FRCFP, associate professor—was one terrific person, family man, teacher, exemplary physician, and model family doctor/geriatrician. He worked hard, played hard, and lived life to the fullest. To say he will be missed is almost trite. We need more like him in our health care system. ■

—Nis Schmidt, MD
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functional goals so they can participate in the activities that give life meaning, including work. You can make a difference by starting the conversation about clinical and vocational recovery early, underscoring the importance of them staying in touch with their workplace, and discussing what they are able to do.

If you have questions about how WorkSafeBC can support a patient's vocational recovery, contact us using the RACE service (phone or app) or request a callback on the Physician's Report (Form 8/11). ■

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