

WELL-BEING AT WORK:

THE AESOHP PROGRAMME* AND ITS COMFORT PROJECTS**

(A Progress Report of work in the Centre for Health in Employment and the Environment (CHEE), Bristol Royal Infirmary, in support of initiatives for 'Core Public Health Standards')

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- * **AESOHP:** An Ecological Sense of Healthy Place and Purpose (a collaborative research and development programme in collaboration with the World Health Organisation and the Nuffield Trust)
 - ** **COMFORT:** Climbing Our Mountains: Finding Our Rainbows There (individual projects of the AESOHP programme)
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SUMMARY:

Health and Well-Being Work Groups have been formed in many Healthcare Trusts. In the United Bristol Healthcare NHS Trust (UBHT), the Group, under its former Chair, Linda Billington, Business Manager, Avon Partnership Occupational Health Service, NHS Plus (APOHS), sought proposals from within APOHS for help with its audit, research, educational development and information dissemination interests. This report outlines the background, key publications, collaborations and current initiatives in support of well-being at work of the Centre for Health in Employment and the Environment, (CHEE), Bristol Royal Infirmary. Further details and relevant publications to date are available from Robin.

The nine initiatives cited in this report are present collaborations of the COMFORT projects of the AESOHP programme. Participation in the projects is welcomed.

BACKGROUND:

The CHEE was established in 1997, in collaboration with the World Health Organization (WHO), and as a South West Region, England, resource to continue earlier research, audit and educational development work of the WHO Collaborating Centre for Environmental Health Promotion and Ecology, University of Bristol, 1989-96. Its focus is well-being at and outside of work. Its two Directors are Drs Robin Philipp and Kit Harling.

Subjective feelings of well-being the CHEE has noted, “*depend on our state of health, personal attitudes, human values, and the quality of our environment. In these respects, (and for which new initiatives are needed) the art and science of medicine are inextricably interwoven*” [1].

The ‘well-being at work’ activities of the CHEE have been supported by the WHO, Arts Access International (AAI), the Welsh Office and the Nuffield Trust, London, for whom ‘*the medical humanities*’ were defined in 1999 by the CHEE as: “*the study of human nature and the practice of compassion and concern for the welfare of mankind*” [2].

From this work, the CHEE has prepared three fully-referenced books. They have been published by the Nuffield Trust:

- Philipp, R., Baum, M., Mawson, A., and Calman, Sir K. **Humanities in Medicine: beyond the Millennium.** pub. 1999; Nuffield Trust Series No. 10: 164pp.
- Philipp, R. **Arts, Health and Well-Being.** pub. The Nuffield Trust 2002; 114pp.
- Philipp, R. **A User's Guide to the Practice and Benefits of Arts in Health Care and Healthy Living;** The Nuffield Trust, A Workbook 2002; 131pp.

Building on this background, an underlying hypothesis of work in the CHEE for ‘Well-Being at Work’ is that of the international collaboration, Arts Access International, (AAI). Its website (www.artsaccessinternational.org) is co-hosted by

PSE Consultancy, Waikanae, New Zealand, and the CHEE, Bristol, England. This hypothesis is that: *“the way, from within ourselves, that we look outwards at the world around us influences our perception of factors in the external environment that impinge on us and how we respond to them. The relationship is dynamic and symbiotic”* [3].

This hypothesis of AAI, underpinning work in the CHEE for well-being, endorses other framework approaches for studies, and audits of initiatives for “well-being”. For example, a Working Party of the Royal College of Physicians, UK, studying the role of doctors in a changing world, reported in 2005 that the term ‘*well-being*’ *“indicates a holistic notion of achieving a state of health, comfort and happiness”* [4]. In 1984, addressing holism and with specific reference to health and the environment, the WHO reported that: *“a holistic approach to risk assessment is required, taking into account economic, social and other factors with their beneficial as well as detrimental aspects”* [5]. This focus of interest is however not new. It goes back at least to the Ancient Greeks, such as Aristotle, who in exploring questions of ecology and organic unity, referred to something similar. They spoke of ‘*ataraxia*’ (inner peace) and ‘*eudaimonia*’ (a feeling that reflects a combination of well-being, happiness, contentment, pleasure and satisfaction and of living the best life possible) [6].

With the inception of the WHO in 1948, ‘*health*’ was defined by it as *“a state of complete physical, mental, social and spiritual well-being and not merely the absence of disease or infirmity”*. As such, *“it represents a balanced relationship of the body and mind and complete adjustment to the external environment. Disease, on the other hand, is a maladjustment or maladaptation in an environment, a reaction for the worse between man and hazards or adverse influences in his external environment”* [7]. Since then, such as with dictionaries in the 1970’s and 1980’s, the term ‘*well-being*’ was defined as being synonymous with ‘*welfare*’.

Usage of the term ‘*well-being*’ has however changed with time. Distinction is now made between ‘*well-being*’, ‘*welfare*’ and ‘*wellness*’. Also, more recently it was suggested in the 1990’s that *“‘health’ should be redefined as a ‘sustainable’ state of complete physical, mental and social well-being”* and that *“a healthy lifestyle must now encompass a sustainable lifestyle, in that to live healthily one must also live in a sustainable relationship to one’s environment”* [8].

This framework for the still-evolving concept of well-being was addressed by the UN Conference on Environment and Development (UNCED) in June 1992. The main reference report for it, Our Common Future, published in 1987 (also known as the Brundtland Report, after its chair, Gro Harland Brundtland, Prime Minister of Norway who subsequently became the Director, WHO), promoted the general principle of sustainable development [9]. It led to local action plans for sustainable communities that are linked to health and well-being [10]. In turn, many national governments addressed the needs. For example, the New Zealand Local Government Act, 2002, cites four components of well-being it requires to be addressed, taking a sustainable development approach: ‘*environmental*’, ‘*social*’, ‘*cultural*’ and ‘*economic*’. In doing so the NZ Government endorses the view of the World Tourism Organisation WTO, that: environmental values, economic well-being and personal health are interdependent [11].

The CHEE has used this above framework as a basis to develop its work. Arts Access International (AAI) has, with permission of the WHO, re-published on its website the structures as three fully-referenced book chapters prepared in the CHEE from its papers presented at WHO conferences on Tourist Health and Travel Medicine, and dealing with the different facets of well-being it has addressed:

- Philipp, R. **Aesthetic Quality of the Built and Natural Environment: Why Does It Matter?**, 2001; (during 2006, this web-based document was accessed on 526 occasions, and during 2005, on 280 occasions).
- Philipp, R. **An Ecological Sense of Healthy Place and Purpose (AESOHP)**, 2002; (during 2006, this web-based document was accessed on 408 occasions, and during 2005, on 335 occasions).
- Philipp, R. **Psychological Health and Emotional Well-Being When Abroad**, 2006; (during 2006, this web-based document was accessed on 171 occasions).

The AAI website has also, with permission of the New Zealand Government, published a fully referenced paper, prepared in 2005, within the CHEE, for the NZ Govt., (Philipp, R. “**Strengthening NZ-UK Strategies for the Arts and Health**”) . This paper explores the interdependence of mental health and emotional well-being with sustainable economic development, ways of engaging in creative endeavour to express and communicate thoughts, feelings and emotions, roles of aesthetic appreciation in helping to derive well-being, and how engaging with works of art and in the arts can influence health. It also describes the background to this on-going NZ-UK collaboration, developed jointly by Mrs Penny Eames, Chief Executive, AAI, and Robin, in 1999, and accepted as a recommendation at the final plenary session of the first World Symposium on Culture, Health and the Arts, held in Manchester, England.

In other completed work specifically for health and well-being, and associated with this AAI collaboration, the CHEE has:

- Written two other book chapters; Philipp, R. “**Evaluating the Arts in Health Care and Mental Health Promotion - the Example of Creative Writing**”, published in 1999 by the King's Fund, London; and Philipp, R. “**Evaluating the Effectiveness of the Arts in Health Care**”, published in 1997 by Jessica Kingsley Publishers, London.
- Together with five collaborators in 1996, **established Lapidus (Literary Arts in Personal Development)**, funded by the Arts Council of England, and with now in excess of 350 members;
- **published in the peer-reviewed medical literature, audits** of different uses of children's paintings to explore attitudes and values for different aspects of health, well-being and associated qualities of the physical and social environment;
- **Published in the peer-reviewed medical literature**, several **original papers** dealing with improved communication needs in the workplace, the role of intuition in clinical work, roles of the arts and humanities in occupational medicine, health problems associated with tourist establishments and overseas travel and with migration and mental health, studies of public awareness of healthy lifestyle factors and sources of advice and of information needs of patients and visitors attending District General Hospitals, a study of business

- ethics in clinical practice, what ‘love’ is thought by children to be, book reviews on spirituality, social and cultural capital, ageing, school health, and on guidelines for the medical examination of survivors of torture, the roles of poetry in health and well-being, and several poems on different aspects of well-being and its relationships to environmental characteristics and qualities;
- written three reports during 2006 for use in UBHT and the South West Region, entitled: Philipp, R., Williams, B., Youell, C., and Lucey, S. “**Fast Tracking to Consultant Support for UBHT Staff**”, (at the request of the Medical Director’s Department, UBHT); Philipp, R., “**Management Structure and Effective NHS Occupational Health Service Delivery**”, (at the suggestion of NHS Consultant Occupational Physicians colleagues in the South West Region, England); and Philipp, R. “**A Report for APOHS Staff and SWANHOPS Colleagues of the “ Happiness and Resilience at Work Conference”**” held at the Royal College of Physicians, 14 September 2006, (at the request of NHS Consultant colleagues);
 - modelled, prepared and used with lectures a handout of it entitled “**The Basis of Human Values**” – this model has now been published in a book chapter, “The Anthropology of Humanitarian Aid: All the Unwritten rules”(q.v. details cited below);
 - written and published a booklet: Philipp, R., Harling, K., Williams, B., Woodroof, G., and Rossiter, entitled: “**Occupational Physicians in the NHS: Information for Managers and Staff**”, details of which were published in a BMA Report [12], and later in the British Medical Journal [13], and which led to many copies being distributed, including 600 requested by Cornwall and the Isles of Scilly NHS Trust;
 - written with Barbara Whitby-Smith, Occupational Health Nurse Specialist, UBHT, a leaflet entitled “**Coping with Stress**” that has, we have been told, been distributed by the HR Department, UBHT, to all UBHT staff. It is used regularly in our occupational health clinical work. Copies are also available in the Department waiting-room;
 - completed an audit, published in Occupational Health Review in 2006, entitled “**What Do Patients Mean When They Say: “ I Love My Job”**” that was undertaken among Occupational Physicians and Occupational Health Nurses in the South West Region, England, to assess their insight into what is implied in this statement;
 - Robin was, at the request of its organisers, ‘**Poet Laureate’ for the Society of Occupational Medicine, Annual Scientific Meeting, 2005**. It included a public reading during the conference dinner in the Manchester Town Hall, again at their request, of his poem, “**Fostering Vision**”.

From this published work, the CHEE was invited in 2006, by the Head, Office for International Health Co-Operation and Development, Italian Red Cross, to prepare a fully-referenced book chapter, Philipp, R. “**The Anthropology of Humanitarian Aid: All the Unwritten Rules**”. It was published in June 2007, (pages 103 - 118) in the book: “Technology and Communication for a New Humanitarian Intervention. Eds. Laura E. Pacifici and Flavia Riccardo; pub. FrancoAngeli, Italy; 232pp.

The Italian Red Cross now wishes to collaborate further with the CHEE and AAI, and with their virtual network, (www.choleracafe.com), in the development of an international educational course in support of well-being, health, and humanitarian

support. The material cited in this Background, has yielded worthwhile practical outcomes and educational material for this next stage. The current CHEE initiatives within UBHT, cited below and for UBHT staff, are based on this Background. It is hoped that the collaborations and projects will also help to address health and well-being needs of other people at and outside of work and thereby support a role required nowadays of UBHT to address and support Core Public Health Standards of the community it serves. For example, there are established links in work of the CHEE, with the Royal Institute of Public Health and its newly-established Level 2 Award in Understanding Health Improvement.

CURRENT INITIATIVES IN THE CHEE FOR HEALTH AND WELL-BEING:

1. With Avon and Wiltshire Mental Health NHS Partnership Trust:

On 19 July 2007, at the request of the South West England Regional Tutor in Psychiatry, Robin gave a lecture entitled “Emotional Resilience Building for Well-being at Work”, to Senior House Officers (SHOs) in Psychiatry in the Region, at their six-monthly conference. At it, he **piloted two audit questionnaires** with them that the CHEE has developed in preparation for a separate, main study among UBHT staff that has been proposed and welcomed by members of the UBHT Staff Health and Well-being Group:

- **“Well Being at Work: Awareness of Available Information and Services; Utilisation of What Is Available; Are There Any Unmet Needs?”**
- **“Emotional Resilience Building for Well-Being at Work: a Questionnaire to Assess the Worth of Collaborations with SHO’s in Psychiatry for the Preparation of Personal Information and Educational Support Resources”.**

An audit report is at present being prepared from the completed and returned questionnaires. It will be distributed to all the participants. The Managing Editor, Foundation Years Journal, (a new peer-reviewed medical journal), has requested a paper based on this audit. Additional fieldwork for comparison purposes will be undertaken during November 2007, with the next Regional SHO Psychiatry intake. Findings will be used to help design the main study among UBHT staff.

2. With the AWARD Scheme, Department of Medicine, Swansea University, the UnumProvident Centre for Psychosocial and Disability Research, Cardiff University, and the Welsh Office:

Methodologies are being explored with colleagues in Wales to assess the need for improved services and information in support of well-being at work. Findings of Initiative 1, above, in the audit report expected to be completed by September, 2007, will form the basis of next steps in this collaboration. They follow discussions at the one-day conference in Swansea organised by the UnumProvident Centre for Psychosocial and Disability Research, Cardiff University, on 14th February 2007, and the requested joint chairing from the CHEE of its session entitled “Occupational Health Wales, Here and Beyond: What Research Is Now Needed to Support Education, Training and Service Delivery?”

3. **With UBHT Colleagues, Arts Access International, Avon and Wiltshire Mental Health NHS Partnership Trust, and the Royal Institute of Public Health, London:**

- The worth of **a series of leaflets / booklets** is being studied and in which the following areas would be explored further (i) coping with stress; (ii) the basis of human values; (iii) why and how work is good for us; (iv) the importance and basis of personal integrity, identity and trust; (v) practical steps we can take to enhance a sense of well-being; (vi) emotional well-being and the travel experience; (vii) how and why cultural and social capital matter to each and all of us; and (viii) the spiritual basis of well-being.
- The worth of **a compendium of words, phrases and terminology** for health service staff is being studied among colleagues and based on the narratives we develop and use for concepts such as: well-being; welfare; wellness; integrity; identity; belonging; human values; valuing; medical humanity; internal and external reality; imagery; cultural and social capital; emotional intelligence; core values of professionalism and in being professional; mind mapping and internal framework structuring for enhanced coping skills and improved emotional resilience; etc.
- **A cohort study has been designed of eight poetry workshops** of 90 minutes each to explore the potential benefits for helping to build staff emotional resilience, coping skills, health and well-being from reading, writing and listening to poetry – SHRINE (The Strategic Human Resources Intelligence Network in the South West Region, England,) has supported the design of this study. Funding, ethical and staff time availability questions are being explored. A similar study has been designed to explore the worth of such workshops with cancer patients in UBHT. Ethical and funding issues are at present being explored.
- The worth is being explored for UBHT staff of **a book of illustrated poems with an accompanying text**, explaining through metaphor and imagery, healthy approaches to life and living, and the resultant joy and pleasure and sense of well-being that can be experienced as a result and from coming to see life and living differently and as a ‘half-full’ and not ‘half-empty’ cup. A bank of poems has been prepared for it. Some patients with emotional resilience difficulties and attending Occupational Health clinics in the Whitefriars site of APOHS, have found these poems helpful and have expressed interest in seeing the study progressed and in helping with it. A detailed audit questionnaire will therefore be designed, in discussion with a representative group of UBHT staff, to explore the worth of progressing to the next steps of this project.

4. **With UBHT Colleagues and North Bristol PCT:**

Funding was obtained during 2006 from NHS Employers as part of their initiative to tackle stress in the workplace and with which to hold two stress awareness days which included ‘taster’ sessions where UBHT and Bristol North PCT staff could sample complementary therapies which aim to increase relaxation and well-being.

A questionnaire was developed in the CHEE with Pam Thorne, a Research Psychologist, to evaluate the worth among attendees of these stress awareness days. The findings have been analysed and a report completed of the audit entitled: Philipp, R., and Thorne, P. “**Would Complementary and Alternative Medicine in the Workplace Be Welcomed?**” It has been submitted for consideration of publication in a medical journal. As a consequence of the favourable findings, staff with appropriate health and well-being problems, are now being referred by doctors and counsellors in the Avon Partnership NHS Plus Occupational Health Service to suitable, local complementary therapists who are known by the UBHT counsellors to be appropriately qualified and competent. A next step in this project is to clarify, together with complementary therapists which patients with what sorts of health problems should be referred for what types of treatment and to audit the outcomes of individual referrals.

5. **With the Environmental Health Department, Bristol City Council, the WHO and UNEP (the United Nations Environment Programme) and the Royal Institute of Public Health, London:**

In the CHEE, as part of its “Action Research Modelling” work with the WHO, and the Royal Institute of Public Health, London, an ‘**Evidence-Based Mutual Investment Model**’ has been developed. In it, and in support of sustainable development, it is reasoned that individual purchasers and providers seek and are able to obtain equitable, mutually beneficial returns if local values, and associated environmental and product quality are sustained. This model also reasons that the approach helps to ensure that the well-being of a local community and its individuals are sustained. It has evolved from an ecosystem model developed in 1994 to help explore the interdependence of health-related factors associated with tourism and other industries, including the health industry [14]. A fully referenced framework for this approach has been prepared within the CHEE as a basis for practical audit projects based on it. The model, its framework and practical applications of it are described in a fully-referenced report: Philipp, R., and Thorne, P. “**The Assessment, Prevention and Control of Health Risks in Tourist Establishments in the Mediterranean: A Working Document for the Mediterranean Pollution Action Programme, WHO-UNEP MedPol Coordinating Unit, January 2007, 79pp.**”

This report for the WHO contains a “**Research and Audit Matrix Model**” that is used to assess the ‘*Frequency*’, ‘*Complexity*’, and ‘*Concern/Consequences*’, of different topics needing to be dealt with by specific groups of health professionals, and for them to rank on their perceived priority of each. It is based on a methodology obtained from the Division of Surgery, North Bristol NHS Healthcare Trust, and was adapted and piloted by the CHEE among Consultant Occupational Physicians in the South West Region, England, during 2004-05, to assess their perceived priorities for audit needs. Mental health and emotional well-being was identified as the principal topic most in need of audit. The present well-being initiatives of the CHEE are an outcome of this audit.

Associated with this collaborative project, two additional methodologies, both published in the above report for the WHO, have been developed within the CHEE:

- **A Methodology to Evaluate Understanding of Well-Being and the Value to Human Well-Being of Local Environmental Qualities and Characteristics**;- to date, three District Councils have expressed interest in potential collaboration with a pilot project of its use;
- **A Research Protocol, Using the Artwork of Children to Assess Environmental Quality and Any Need for Education and / or Improvement**. The theme of this project is: “What makes ... (*INSERT NAME OF THE LOCALITY*) ... a special place? The protocol is at present being refined for review and assessment by, among other professional organisations, the Environmental Health Department, Bristol City Council, England, Waikanae 2020, New Zealand, and Museum Education Officers.

6. **With General Practitioners in Bristol:**

Following a lecture given at their request to General Practitioners (GPs) in Bristol with Special Interest in Occupational Medicine, on “Applying the Arts in Clinical Practice for Health and Well-Being”, Robin was invited to propose a possible collaborative audit / research project they could undertake with UBHT colleagues. Subsequently, and in support of work for the WHO definition of a ‘*nuisance threshold*’, and increasingly widespread concern of their public nuisance effects on the well-being of other people in the immediate locality, the CHEE has prepared a **draft Code of Good Practice for the Considerate Use of Mobile Phones**. It will be considered and discussed by these GP’s to explore if an attitude questionnaire might usefully be designed for patients to complete while sitting in the Waiting Rooms in General Practice and Occupational Health Departments, and so as to audit their views of its potential further development, introduction and use as a possible standard. This Draft Code of Practice was included in the Report to WHO described above in Initiative 5. **It was adopted by Participants of the WHO-UNEP Meeting convened in Athens, 24-26 April, 2007.** Accordingly, if this proposed audit is further supported by these GP’s, its potential will then be explored with occupational health, human resources, and public relations staff of mobile telephone companies.

7. **With Colleagues in the Avon Partnership Occupational Health Service NHS Plus, (APOHS), and the South West group of the Association of NHS Occupational Physicians (SWANHOPS):**

Fieldwork has been completed among **NHS Occupational Physicians throughout the South West Region, England, for the patterns of quality of their dictation.** Considerable variations were identified. They impinge on the job satisfaction and therefore, well-being of secretaries in these NHS Departments. Together with the secretaries, **a standard has therefore been developed and distributed to all these doctors and nurses in these Departments.** A second stage of the audit is planned to explore if the quality of dictation has improved. Interest has now been expressed by secretaries in other UBHT departments for similar audits to be undertaken there.

A separate questionnaire, associated with this project, has been developed by Dr. Jen Hustler, Specialist Registrar in Occupational Medicine, UBHT, to explore the perceived worth of the introduction of voice recognition software to some of these NHS Occupational Health Departments. It will be piloted within APOHS to help

explore if adoption of this software could result in staff time and other resource gains and if so whether or not it should or could become an NHS Occupational Health Department standard in the South West Region.

8. **With Colleagues in the Avon Partnership Occupational Service NHS Plus (APOHS) and Consultant Liaison Psychiatrists in UBHT:**

A protocol has been prepared for **an audit of the OPAS software database in the APOHS** to explore the proportion of the total clinical caseload work undertaken overall and by each of four Consultant Occupational Physicians during a 12 month period that is due to mental health problems, and the case-mix of different mental health problems seen by them. The findings will be used to help identify possible unmet educational needs of Occupational Health staff in APOHS and elsewhere, and for discussion in the expanding APOHS links with Liaison Psychiatrists in UBHT.

9. **With Colleagues in the Royal Institute of Public Health, Royal College of Physicians, Royal Australasian College of Physicians, Arts Access International, and the WHO:**

A protocol is being prepared for a proposed **aide-memoire ‘how-to-do-it’ booklet of practical approaches with “Action Research”** that can be applied in and by local communities with interests in occupational, environmental and other public health and well-being questions that can arise at for example, Local Authority, and / or Community Interest / Public Lobbying Group level. The proposal follows adoption at a WHO meeting in April, 2007, of the detailed fully-referenced report prepared by the CHEE and cited above in Initiative 5.

A CONCLUDING COMMENT:

One of the duties of a doctor registered with the General Medical Council is that “*patients must be able to trust doctors with their lives and well-being*” [15]. However, although the term, “*well-being*” is widely used, it is often loosely interpreted. Accordingly, studies of the subject are justified. The objective of projects in the CHEE is, working in collaboration with other groups, to be able from the findings to better help individuals with both their emotional resilience and coping skills and with on-going needs in and between societies for educational initiatives that will lead to improved social cohesion and reduced attendant health and social care costs. The work described in this report is part of the commitment within UBHT to help wherever it can with its support of needs to strengthen cultural and social capital. Additional information about the projects is available by e-mailing Robin.

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