

請提供「3日內未聚餐」證明— 醫護因公染疫權益 面臨之挑戰

Offer a Proof that “There Was No
Three Days” Please: The Challenge of the Medical
Staff’s Rights concerning Infection Due to Duty

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摘要

醫療人員在面對新冠肺炎肆虐當下，是首當其衝容易受到感染的族群之一，其職業災害風險較高，卻也面臨著職災認定與補償困難、權益受損的處境。本文首先介紹台灣曾出現過的三種對於「因公染疫」之補償方式，以及該類做法如何決定補償與否之判準。接續提及目前臺灣醫療人員受新冠肺炎感染者眾，申請補償、獲得補償之人數卻遠不及推估因公染疫人數之事實，並且探討制度面向造成此狀況之可能原因。

Medical staff is one of the groups to be susceptible to infection, with a higher risk of occupational accident,

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during COVID-19 pandemic. But they fall into the difficulties in recognizing and compensation for the infection with the jeopardized rights. In this essay, three types of the compensation for infection due to duty would be firstly introduced in Taiwan. Then come the practice and criteria for these types in respect of the compensation. It is also mentioned that many of medical staff in Taiwan were infected with COVID-19 and yet the cases of compensation applying as well as being approved are much less than the assumption for the cases being infected due to duty. Finally would the possible reasons for this phenomenon be in respect of the system discussed

壹、前言

嚴重特殊傳染性肺炎，又名新冠肺炎、COVID-19，自2019年底起走入人類社會，並自隔年起出現臺灣本土疫情。2021年、2022年臺灣分別迎來兩波對於醫療資源、公共衛生乃至政治社會局勢衝擊甚巨之本土疫況，期間首當其衝之防疫與醫療人員，由於必須接觸自疫區返國之旅外民眾、於密閉空間長時間執行醫療照護行為、操作容易產生含有病毒「氣溶膠」之侵入性醫療處置，相較於能夠對染疫者有所覺察與迴避之一般民眾，有著更高之防疫風險自不待言。

如今經歷病毒變種、人類社會對於疾病特性更加了解、社會漸趨習慣防疫措施及自然病程，COVID-19漸漸成為一模糊之歷史名詞，然而對於疫情期間醫護人員所暴露之風險，以及不幸染疫甚至出現併發症之防疫工作者，我們卻不能夠避而不談，原因在於全球化下嚴峻之世紀大疫並非不可能捲土重來，而國家社會對於醫護因公染疫的重視與補償，也凸顯了我