

**Debra A Dunstan**

PhD, is Lecturer in Clinical Psychology, Discipline of Psychology, School of Behavioural, Cognitive and Social Sciences, University of New England, Armidale, New South Wales. ddunstan@une.edu.au

Are sickness certificates doing our patients harm?

Background

Over the past 9 years there has been a 70% increase in requests for sickness certificates in Australia. In this same period, an increasing number of people have been certified as permanently disabled for work.

Objective

This article highlights the relationship between work and health, and emphasises the detrimental effects of certified work absence. It calls for a reduction in the number and duration of sickness certifications.

Discussion

Current certification practices suggest a lack of understanding of the risks associated with work absence. Issuing a sickness certificate can have negative impacts on health and wellbeing, and general practitioners need to be as cautious when issuing sickness certificates as they are when delivering other treatments associated with significant health risks.

■ It could be said that sickness certification is in crisis in Australia. In 2006, legislation was passed to grant 10 new categories of nonmedical registered health professionals the authority to issue sickness certificates.¹ This action was justified on the basis that, it would relieve medical practitioners of the 'unreasonable burden'² of writing sickness certificates for short term work absences. Associated media reports indicated that in general, the medical profession was opposed to this move.³ However, while apparently unanimous in wanting to retain an exclusive right to the certification commission, general practitioners clearly had divergent views about why this should be the case.

Some GPs considered the issuing of a sickness certificate as integral to the medical management of illness; others described it as an important administrative service to the business community.⁴ None, however, expressed a view as extreme as that of Professor Gordon Waddell of the Centre for Psychosocial and Disability Research at the University of Cardiff, Wales. Addressing a 2008 British Medical Association conference, Waddell told delegates that a 'sickness certificate is one of the most powerful, potentially dangerous treatments in a GP's armamentarium'.⁵ He supported this view by citing a body of research demonstrating the detrimental effects on health and wellbeing which can follow certified work absence.

As various Australian nonmedical registered health professionals prepare to become more involved in the issuing of sickness certificates,^{6,7} it is timely to review the purpose and impact of sickness certification. In particular, it is important for GPs to become aware of their key role in managing the problems associated with certification, which stem from present day beliefs about work and health.⁸

The function and scope of a sickness certificate

A sickness certificate creates a link between work and health. Following a 'fitness for work' consultation and the production of a sickness certificate, a person can be exempted from work and normal

responsibilities while they recover from the effects of illness or injury. In some circumstances (eg. workers' compensation), a further certificate is required to confirm that the person is fit to resume pre-injury duties.⁹ A sickness certificate therefore functions as the entry and exit gate to health related income support.¹⁰

A sickness certificate is supposed to be based on medical facts known to the doctor, and should outline the functional limitations that result from the medical condition only.¹¹ However, numerous complaints to Australian medical boards suggest that certificates are often issued outside of these legal guidelines.¹²

Trends in sickness certification

In Australia there has been a 70% increase in requests for sickness certificates over the past 9 years.¹³ This has occurred without any increase in morbidity, and predates changes in industrial relations legislation (ie. the *Workplace Relations Amendment Act, 2005* ['WorkChoices'] introduced by the Australian Government, which came into effect in 2006) that gave employers greater power to demand certificates.

A similar pattern of certification usage can be found in the Australian social security context. For example, the number of disability support pension (DSP) recipients has doubled over the past 20 years.¹⁴ These figures are primarily the result of increasing numbers of people with common health problems (eg. musculoskeletal and mild to moderate mental health conditions) being certified as permanently unfit for work. Again, this has occurred without any change in the nature or severity of these conditions.¹⁵ Only a proportion of these beneficiaries are unable to work due to medical reasons alone.¹⁶ Sickness certificates are being issued more frequently, and the level of work disability attributed to commonly occurring conditions is on the rise.

Interestingly, these Australian findings parallel international patterns.¹⁷ Over the past 25 years, all western nations have experienced an increase in the percentage of working age citizens who rely on health related income support due to certified work disability.¹⁷ Psychosocial factors have been identified as the precipitants of this phenomenon. These include:

- increased wage replacement benefits¹⁸
- advances in medical technology leading to expectations of a cure¹⁹
- legislation producing a greater acceptance of disability and unemployment²⁰
- changed psychological responses to pain.²¹

The effects of work absence

Longitudinal studies have revealed that once a person commences on certified work absence, they commonly start down a slippery slope that leads to long term worklessness.²² After 12 weeks off work the risk of prolonged work absence increases dramatically.²³ By 6 months, a person has only a 20% chance of being in the workforce in 5 years time.⁸ Within this same period, the negative effects of worklessness emerge. At the personal level these include:

- a progressive deterioration in physical and psychological health²⁴
- a sixfold increase in the rate of suicide²⁵
- pressures on interpersonal relationships²⁶
- the loss of identity and self worth²⁷
- financial hardship²⁸
- a general erosion of quality of life.²⁶

To illustrate these effects, long term worklessness has been equated with smoking 10 packets of cigarettes per day,²⁹ and is said to have more impact on life expectancy than 'killer diseases' such as cardiovascular illness and cancer.³⁰ At the societal level, the economic costs of worklessness place a significant burden on national economies,³¹ and the condition is now considered to be a public health problem.³²

Factors influencing sickness certification

Sickness certification can be a simple process with clear links to time limited illness. However, it can also be a complex process influenced by factors beyond the effects of an underlying medical condition.³³ For example, organisational issues such as a busy practice or delays in gaining appointments with consultants can influence the number and duration of sickness certificates issued.¹⁰ In addition, when patients seek extended periods of time off work it is more often for financial, personal or workplace reasons, not the medical condition alone. These other reasons include:³³

- little or no economic loss in being off work
- pressures from family circumstances and responsibilities
- low job satisfaction or poor working conditions
- the desire to escape a stressful work environment.

The certification behaviour of GPs has been found to be significantly influenced by similar nonclinical factors. General practitioners take into account patient factors such as age, perceived job prospects and employment potential, motivation to work, psychological state and domestic responsibilities. Other general factors include the availability of rehabilitation services and financial considerations.³⁴

GP experiences of the sickness certification process

Many GPs experience negative emotions when conducting a fitness for work consultation.³⁵ When multiple factors are influencing the patient's request for a sickness certificate, GPs can feel torn between the desire to 'advocate' for their patient, and their legal responsibility to objectively 'judge' the patient's level of work disability.¹⁶ These difficulties can be exacerbated by limitations in resources or limited ability to determine the patient's capacity for work,³⁵ particularly when the patient's condition lacks objective clinical features (eg. nonspecific low back pain or mild mental health problems).

The priority for most GPs is to maintain a good relationship with their patient,³⁴ so that even if the GP disagrees with a patient's request for extended time off work, many will acquiesce in order to avoid confrontation or damage to rapport. By supporting their patients' desires and/or expectations, many GPs believe they are

acting in the patient's best interest.¹⁰ However, when long term work absence is the result, this may not be the case.

Reducing the negative impact of sickness certification

If the multiple costs of certified work disability are to be addressed, the quantity and duration of sickness certificates need to be reduced. To this end, it has been proposed that general practice registrars be formally trained in certification practices.³³ Additionally, it has been suggested that occupational health services (eg. capacity for work evaluations and advice on suitable job options) be freely available to inform decisions about fitness for work.

Some provinces in Canada (eg. Nova Scotia) require that work disability duration be based on evidence based guidelines in order to increase the objectivity of certificates.³⁶ While these strategies have merit, the key to improving sickness certification practices is for GPs to be clear about the positive relationship between work and health.⁸

The message is clear: work is generally good for people, and work absence is not. Sickness certificates should be issued with the same caution that applies to other treatments carrying significant health risks.

Summary of important points

- Certified work disability continues to rise in Australia and other industrialised nations.
- Worklessness has a significant negative impact on health and wellbeing.
- General practitioners are the key gatekeepers to health related income support.
- General practitioners should educate patients about the significant health risks of worklessness and encourage a change in unhelpful beliefs about work and health.

Conflict of interest: none declared.

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