Fear and Loathing Reduced – Medical Certification Revisited

How evidence can improve your patient's health

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ARE WE THERE YET?
JUDY, DO YOU SEE THAT ELDERLY COUPLE DOWN AT THE OTHER END OF THE COUNTER?
YEAH. WHAT ABOUT THEM?
I WAS JUST THINKING...
THAT'S PROBABLY WHAT YOU AND I WILL LOOK LIKE IN ABOUT TEN YEARS OR SO.
YOU DO REALIZE THAT'S A MIRROR AT THE END OF THE COUNTER, DON'T YOU?

Need to Know!

- The Medical Council of NZ has a clear statement on Medical Certification – you might want to read this!
- Professional obligations
- The clinical evidence
- Impact, Implications and Consequences of referrals and medical certificates
- Statutory obligations
- It isn't necessary to make it hard on you or your patient

Children and Families in NZ

- **How many New Zealand children live in a household where there is no-one in paid work?**
- (a) 1 in 3 ? (33%)
- (b) 1 in 5 ? (20%)
- (c) 1 in 8 ? (12%)
- (d) 1 in 20 ? (5%)

Children and Families in NZ

- **How many New Zealand children live in a household where there is no-one in paid work?**
- (a) 1 in 3 (33%) – in Northland
- **(b) 1 in 5 (20%) – in NZ**
- (c) 1 in 8 (12%) – adults out of work
- (d) 1 in 2 (50%) – Maori children in Northland

How many working-age (18 to 64yr) adults and their families in NZ depend on a tax-payer funded Benefit for income?

- (a) 50,000 ?
- (b) 150,000 ?
- (c) 250,000 ?
- (d) 350,000 ?

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- **(d) 350,000 – 13% = 1 in 8**

The numbers are people too!

30 April 2012

- UB - 54,471
- UBY - 14,080
- DPB - 98,854
- SB - 59,146
- IB - 87,044
- Other - 22,078
- **Total - 335,673**

31 July 2008

- UB - 20,712
- UBY
- DPB - 98,099
- SB - 46,964
- IB - 85,745
- Other - 22,304

Total - 273,824

The Financial Reality

Benefit rates (May 2012)

	Net per week	Gross per year
• UB & SB < 25yr	$170.80	$9,923
• UB & SB > 25yr	$204.96	$11,908
• UB & SB couple	$341.60	$19,847
• IB – single	$256.19	$14,959
• IB – couple	$426.98	$24,808
• DPB	$293.58	$17,316

Context

- NZ average wage - $855 a week net
- Average earnings before tax $49,875 a year
- NZ Minimum wage $13.50 an hour
- Minimum wage equals $28,080 Gross a year
- Remember Solo parent gets $16,950 Gross

Determinants of health

- education
- employment
- income
- housing
- access to medical and related services

Fundamental Precepts

- Main determinants of health and illness depend more upon lifestyle, socio-cultural environment and psychological (personal) factors than they do on biological status and conventional healthcare (Marmot, 2004)
- Work: most effective means to improve well-being of individuals, their families and their communities (Waddell & Burton(2008)
- Objective:- rigorously tackling an individual's obstacles to a life in work

What do we know being out of work?

- Loss of Income
- Destructive on self-respect
- Risks of ill-health
- The “psychological scar” persists
- Trans-generational effects
- All up unemployment is bad for your patients

A Challenge

- If a Welfare Benefit was a Drug would you prescribe it?

- What factors do you consider when you are prescribing a medicine?

Prescribing Considerations?

- What am I treating?
- Is the treatment based on evidence?
- Is it effective?
- What are the possible side-effects?
- What are the adverse effects?
- Interactions?

Long term worklessness

- Health Risk equals smoking 10 packs of cigarettes per day (Ross 1995)
- Suicide in young men > 6mths out of work is increased 40x (Wessely, 2004)
- Suicide rate in general increased 6x in longer-term worklessness (Bartley et al, 2005)
- Health risk and life expectancy reduction is greater than in many “killer diseases”(Waddell & Aylward 2005)
- Greater risk than most dangerous jobs

Adverse Effects

"Long term worklessness is one of the greatest risks to health in our society. It is more dangerous than the most dangerous jobs in the construction industry, or working on an oil rig in the North Sea, and too often we not only fail to protect our patients from long term worklessness, we sometimes actually push them into it."

Prof Gordon Waddell 2007

What Adverse Effects?

- Increased risk of dying
- Increased risk of dying from Heart disease, lung cancer and suicide
- Poorer physical health, including heart disease, high blood pressure and chest infections
- Poorer general health and poorer self-reports of health and well-being
- Increased long term illness

Psycho-social Impacts

- Depression
- Erosion of work skills
- Decreased income and social status
- Loss of social support networks
- Decreased confidence and Decreased sense of self-efficacy

From “Journal of Occupational Rehabilitation”, Vol. 4, No 2, 1994

But Wait – There's More!

Research into the impact of parental unemployment on children has found:

- higher incidence of chronic illnesses, psychosomatic symptoms and lower wellbeing
- more likely in the future to be out of work themselves, either for periods of time or over their entire life
- psychological distress in children whose parents face increased economic pressure – anxiety, depression, delinquent behaviour, substance abuse

“Worklessness”

If the person is off work for:

20 days the chance of ever getting back to work is **70%**

45 days the chance of ever getting back to work is **50%**

70 days the chance of ever getting back to work is **35%**

Where is the Evidence?

- www.racp.edu.au/page/afoem-health-benefits-of-work

GP Barriers to managing health and work issues

- the doctor-patient relationship
- patient advocacy
- pressure on consultation time
- lack of occupational health expertise (or a perception of such)
- lack of knowledge of the workplace

GP Survey 2010

- **Sources of pressure felt by GPs**
- 71% felt this was the mechanism to provide income to the patient
- 55% - felt W&I staff created an expectation
- 40% - because they believed there was no work available
- 31% - felt W&I weren't doing anything for the patient
- 30% - had experienced a sense of threat and intimidation

Never too Late

- Work is central to well-being and correlates with happiness
- Disadvantage is cumulative: prioritise transition to a more advantaged trajectory
- It is never too late, and always good sense to offer a helping hand
- Illness or disability which impairs work persistently reduces life satisfaction

So What to Do

- encourage your patient to expect that they will recover and return to suitable work
- actively monitor your patients progress
- provide information about the role of work in rehabilitation and the importance of remaining active
- identify medical and non-medical barriers to return to work
- promote an “active management” approach to recovery, and work in tandem with other health professionals

Consideration

"It's much more important to know what sort of person has the disease than what sort of disease the person has"

Sir William Ostler, 1896

A Daily Reality!

- the “benefit” – an addictive debilitating drug with significant adverse effects to both the patient and their family (whānau) – not dissimilar to smoking

- and NZ doctors write 350,000 scripts for it every year!

Questions and Suggestions

- Any questions?
- Any suggestions?
- And Thank You!

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