

Guidance Note for General Practitioners

Certification of patients complaining of work-related “stress” problems

Background

A new “problem” for general practice ?

The Amendment in 2003 to the Health and Safety in Employment Act 1992 (HSE Act) has identified behaviour resulting from workplace “stress and fatigue” as specific hazards and the definition of harm includes physical or mental harm caused by work-related stress. In the language of the HSE Act this puts obligations on both the employer and employee to carry out certain reasonable actions to manage or control the hazard with the aim of improving the health and safety of those at that workplace.

Discussion

As General Practitioners you are already well used to assessing patients complaining of symptoms associated with “stress”. Often the workplace is held responsible but all doctors will be aware of the complex interaction between all aspects of a person’s life that occurs to make them feel well or unwell. You are also well aware of the various prejudices and difficulties surrounding these sorts of cases and the implications such illnesses can have for careers.

When an employee is certified as unwell from workplace issues the employer is required by the HSE Act to investigate (in good faith) whether the illness/injury arose from the workplace and, if so, take steps to introduce systems to manage the problematic work systems.

OSH has published a Guideline (a document with some standing in a Court case) on its website¹ dealing with occupational “stress” and employers are likely to use this as a guide when faced with a staff member complaining of “workplace stress”.

In that Guideline OSH has defined stress as “*the awareness that the individual is not coping with the stressors and that awareness being of concern to that individual*”. This definition has been tested in three court cases to date and is generally accepted as a reasonable working definition. The implications of this definition (in Health and Safety terms) is that “stress” is a realisation, a feeling, an awareness, - not a condition in its own right. The obligation (once again in HSE terms) is to inform the employer so that an investigation can occur.

Employers find certification that states “*unwell due to stress and unfit for work for 6 months*” unhelpful and difficult to interpret or investigate. It is very important that they have enough information to determine what work factors, if any, may be causing the harm.

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www.osh.dol.govt.nz

Guidance

Given the OSH definition above we would recommend that certification take the form of:

My patient is suffering from diagnosis (e.g. acute anxiety disorder, depression, etc). He/she attributes this to the following work place factors (and here list what the patient has identified, e.g. prolonged shift work without adequate recuperative time, prolonged hours of work, competing and unreasonable deadlines etc)

This format has the advantage of:

- ◆ allowing you to express your medical opinion (diagnosis) and
- ◆ recording the patient's beliefs about potential workplace causes.
- ◆ The employer is also provided with clear information about the diagnosis (and can seek advice from their medical resources as to the likely length of disability) and what workplace factors this ill health is attributed to.
- ◆ If OSH were to become involved such recommended certification makes investigation, persuasion and if necessary compliance activity much more straight forward than certification that states "*unwell due to stress and unfit for work for 6 months*".

What about privacy issues ?

The patient has the final say in what portion of their information is divulged. If they decline to inform the employer (where they are attributing their ill health to workplace issues) of the nature of their condition or the work factors suspected of being at fault it makes it very difficult for an employer to carry out any sort of fair investigation. If the patient refuses, they refuse but it makes it unlikely, in our opinion, that an employer could be found wanting in their investigation and management of possible workplace problems.

Is this any different to other workplace ill health issues ?

No. When faced with a patient with respiratory problems related (possibly) to workplace exposures most general practitioners would identify the diagnosis and report on the possible exposures. (*Your employee is suffering from asthma that appears to be precipitated by exposure to western red cedar in your joinery factory*). OSH is suggesting the same standard of certification apply for "stress" issues.

If OSH were to undertake compliance activity in such a case it would seek to have any medical condition identified match the appropriate diagnostic criteria listed in DSM-IV or ICD10.

OSH Assistance

If you have patients suffering from such conditions that you suspect are related to workplace activities then OSH is available to provide some input, investigation and assistance. The Notifiable Occupational Disease System

(NODS) is available to doctors and their patients. Notification cards are available from you local OSH Office (Just ring and ask for some to be sent), require patient consent and will usually precipitate a low level (i.e friendly) workplace review.

Each OSH office has a part time doctor appointment (called the Departmental Medical Practitioner or DMP) and this resource is available to discuss workplace issues and conundrums with.

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