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Breaking the Web of Needless Disability – Empowering the Worker, Employer, and Healthcare Provider

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Doctors routinely encounter requests from patients for time off from work due to sickness or injuries, mostly those that are work-related. In some cases, it may be appropriate as part of the overall treatment plan to have time off from work, but quite often, excessive time off from work can be detrimental to one's health and can lead to needless disability. Mounting evidence has led to widespread agreement between various medical societies and specialty associations to issue policy statements that make return to work and staying at work necessary as part of the overall treatment plan.

For example, in their recent position statement on “the physician’s role in helping patients return to work after illness or injury,” the Canadian Medical Association noted that “prolonged absence from once normal roles, including absence from the work place, is detrimental to a person’s mental, physical, and social well-being.”¹ The guidelines of the Canadian Medical Association go on to say that the physician should therefore “encourage a patient's return to function and work as soon as possible”. Physicians, particularly primary care physicians, need to be sensitive to the fact that work is part of what gives life meaning and purpose, as well as the means for provision of income for life’s necessities, such as food, shelter, clothing, and other care. The American Medical Association (AMA) recommended similar guidelines in their policy and directives adopted in June 2004: the “AMA encourages physicians everywhere to advise their patients return to work at the earliest date compatible with health and safety.” The AMA further recommends that physicians can, through their care, facilitate the patient's return to work.²

In a consensus opinion statement initially published in April 2002 and revised in 2008, the American College of Occupational Environmental Medicine (ACOEM) stated that “prolonged absence from ones normal roles, including absence from the workplace, is detrimental to a person's mental, physical, and social well-being.”³ The ACOEM emphasizes that a safe and timely return to work benefits the patient and his or her family by enhancing recovery, reducing disability, and minimizing social and economic disruption. The ACOEM policy further endorses the primary care physician's role to facilitate the patient's safe and timely return to the most productive employment possible. In their 2008 revised statement, the ACOEM further states that “medically related withdrawal from normal social roles, including work is destabilizing and maybe detrimental to a patient's mental, physical, and social well-being.

The American Academy of Orthopedic Surgeons (AAOS) also weighed in by stating in their position statement in 2000 that AAOS supports safe, early return to work that helps improve performance, regain functionality, and enhance quality of life. The policy also concludes that a safe and early return to work programs are in the best interests of patients, as such return improves quality of life and prevents deconditioning and psychological sequelae of prolonged time off from work.⁴

Evidence-based support for return to work as a health benefit has been reported not only in peer-reviewed literature from North American researchers but also from European organizations. Evidence for the benefit of staying at work or an early return to work is prevalent in the European literature. In August 2004, the UK Department of Work and Pensions stated that the primary care physician should always bear in mind that a patient may not be well served in the long term by medical advice to refrain from work.⁵

Accordingly, it should be noted that several well-designed studies have shown that worklessness, which refers to a state of being unemployed or economically inactive and

in receipt of welfare or social service benefits, causes poor health and health inequality and that this effect remains after adjustment for social class, poverty, age, and preexisting morbidity.⁶ People who are out of work are three times more likely to experience poor mental health with depression and anxiety and exhibit increased incidence of drug and alcohol abuse, smoking, and risky sexual behavior.⁷ Worklessness not only leads to increased morbidity but also to increased mortality.⁸ The great news is that the negative effects of unemployment are reversible on reentry to work.⁹

We have seen a current increase in medical certification of disability claims and social security benefits by health care providers for patients with common health conditions that are treatable. Many of these patients have great potential for rehabilitation and yet are medically certified as permanently unfit for gainful employment. These observations in concert with the position of many major medical organizations supports that the message that “work is good for health” needs to be disseminated early and often in medical training. The timely return to work after an injury must be part of a treatment plan from day one, and this notion needs to be articulated as a public health issue to gain widespread acceptance.

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