



## Sickness Certification in primary care - the physician's role

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2007;137:341-46.



## Importance of topic

- ✦ Routine task of primary care physicians
- ✦ Great impact on sick or injured patient health care system economy
- ✦ Conflicting role of physician  
advocate of the patient  
guarantor to the employer and insurer



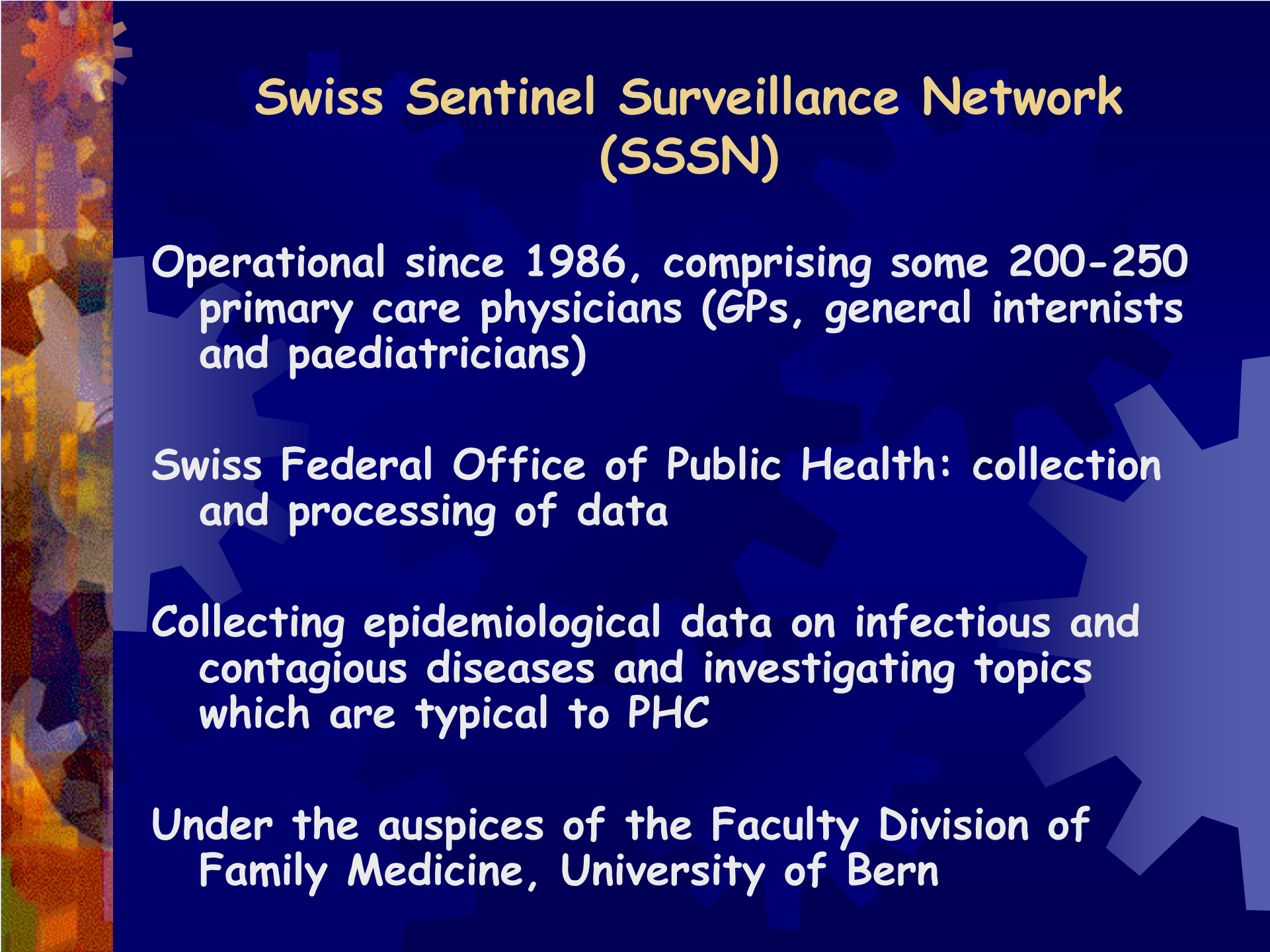
## Questions to be answered

1. How frequently do PC physicians issue a certificate for absence from work?
2. What is the relation between the duration of absence from work due to illness or accident and some patients' and physicians' characteristics?
3. How do PC physicians view the act of sickness certification and what are their suggestions for change?



## Methods

- ✦ Swiss Sentinel Surveillance Network (SSSN)
- ✦ Descriptive statistics
- ✦ Qualitative content analysis according to Mayring P. Qualitative Inhaltsanalyse. Beltz Verlag, Weinheim und Basel 2003.



## Swiss Sentinel Surveillance Network (SSSN)

Operational since 1986, comprising some 200-250 primary care physicians (GPs, general internists and paediatricians)

Swiss Federal Office of Public Health: collection and processing of data

Collecting epidemiological data on infectious and contagious diseases and investigating topics which are typical to PHC

Under the auspices of the Faculty Division of Family Medicine, University of Bern



## Patients' characteristics

- ★ Age and gender
- ★ Reason (illness/ accident)
- ★ Link of psychosocial factors and problems at the workplace with absence from work
- ★ Type of occupation (manual/ other)
- ★ Type of employment (employee/ self-employed)
- ★ Certified duration (< 1 week, 1-3, > 3 weeks)
- ★ Duration of absence by type of certificate (initial, continuation, return-to-work)

## Physicians' characteristics

- Type of PC physician (GP, general internist, paediatrician)
- Age and gender
- Number of total consultations
- Rural/ non rural site of practice

## Analytical tree

Participants n = 162  
Certificates n = 24'847

→ Excluded for absence of  
information: 2 participants

52 certificates

→ Excluded for absence of  
information on consultations:

11 participants

802 certificates

→ Excluded for specific task:  
10 paediatricians

50'477 consultations

Final sample : participants n = 139  
certificates n = 23'875  
consultations n = 591'791



## Results I (Patients' characteristics)

- ★ A median of 133 certificates per physician (IR 58.5-226.5)
- ★ 4 certificates per 100 consultations
- ★ More sickness certification for men (58%), manual workers (58%), employees (95%), younger subjects (44% for 16-35 year olds)
- ★ Majority of certificates for < 1 week ( 56%)

## Results II (physicians' characteristics)

	n of certificates	Certificates per 100 consultations
GPs	18'572 (75%)	4.3
General internists	6'104 (25%)	3.6
Male	20'812 (84%)	4.1
Female	3'864 (16%)	4.1
Rural yes	1'461 (6%)	3.8
no	23'215 (94%)	4.1

## Results (qualitative data)

- ✱ + confidentiality of patient
- ✱ + protection of patient
- ✱ + therapeutic implications
- ✱ + PC physician is familiar with antecedents
- ✱ - misuse of system by all persons concerned
- ✱ - certifying for absence of long duration
- ✱ - unnecessary consultations for certificate only
- ✱ Influence of psychological and social factors



## Suggested changes (qualitative data)

- ✦ Extend self-certification from 3 to 7 days
- ✦ Forge better attitudes among all persons concerned
- ✦ Work toward healthier work environment
- ✦ Establish access to authoritative support
- ✦ Design uniform and more precise certificate
- ✦ Develop case management plans
- ✦ Intensify education for medical personnel

## Conclusions

✦ System needs rectifications in some of the following fields:

- self-certification
- communication line
- professional support
- certification form



Sickness certification must be performed by PC physicians. The collaboration of all stakeholders (patients, employers, insurers and politicians) is needed to rationalise and improve the certification process