Français à la page 681

Helping patients return to work

Physicians view their primary goal as the health and well-being of their patients. In today's "patient-centred" care, the physician forms a collaborative relationship with the patient, ensuring that it is the patient who defines the nature of the health and well-being to be achieved. When the patient is employed, several other parties enter the picture. First is the employer, whose interest lies in the employee's prompt return to work. Second is the employer's insurance provider, whose interest is in keeping the costs of benefits as low as possible. Third are the patient's family members, who are interested in seeing their loved one restored to health and function. Fourth is the taxpayer, who has a vested interest in the economic vigour of the country and hence in the productivity of the workforce.

The need to strengthen our economy and the physical and emotional stresses of a downsized environment have complicated the return-to-work process. Many employers and insurers have set up managed return-to-work policies to reduce absenteeism. Governments now search every policy corner for increased efficiency and see medical certification of illness as contributing to poor economic performance. Physicians are caught between loyalty to their patients and the demands of employers, insurers and government; many have come to dread the sight of an ill or injured worker brandishing forms designed to serve divergent interests.

The CMA is aware that these conflicts are faced daily by its members. The issue was first addressed in 1987 with the development of a policy summary on the certification of disability.[1] Some divisions subsequently developed policies to guide physicians as they assisted patients in their return to work.[2–4] Delegates to the CMA's general council in 1995 identified the need for a national policy and gave the association the mandate to develop one. The existing divisional policies provided an excellent foundation on which to build.

The new CMA policy was developed in light of recent evidence that, at least in the case of low-back pain and other forms of chronic pain, the sooner a patient returns to work the more likely it is that he or she will fully regain health and productivity.[5,6] The policy was also developed with a view to the new industrial philosophy that the return to work is primarily the responsibility of the employer and employee and that the role of the physician is to provide medical advice and support. Managed return-to-work programs developed by employers and insurers can assist physicians and patients in dealing with an illness or injury.

A draft policy was circulated to all CMA divisions and affiliates as well as to employer groups, workers' compensation boards, labour groups and recognized experts. Extensive input from all sectors led to significant improvements of the original document. This collaborative approach has benefited all parties and fostered the development of positive attitudes surrounding the physician's role in helping patients return to work. The revised policy was approved by the CMA's board of directors in December 1996 and is published in this issue. It is intended as a first step in the development of a Canadian approach to the return-to-work process — one that involves physicians, workers, employers and the public in an equitable, effective system that preserves the autonomy of the patient–physician relationship while contributing to the economic productivity of the country.

Judith C. Kazimirski, MD
President
Canadian Medical Association

References

1. Canadian Medical Association. Certificate of disability [policy summary]. *Can Med Assoc J* 1987;137:164A.
2. Medical Care and Practice Committee. Position in support of timely return to work programs and the role of the primary care physician [position paper]. Toronto: Ontario Medical Association, 1994.
3. Ad Hoc Committee on Return to Work After Illness or Injury. Early return to work after illness or injury [position statement]. Edmonton: Alberta Medical Association, 1994.
4. Early return to work after illness or injury [position statement]. Winnipeg: Manitoba Medical Association, 1996.
5. Waddell G. A new clinical model for the treatment of low-back pain. *Spine* 1987;12:632-44.
6. Dworkin RH, Handlin DS, Richlin DM, Brand L, Vannucci C. Unraveling the effects of compensation, litigation, and employment on treatment response in chronic pain. *Pain* 1985;23:49-59.

© 1997 Canadian Medical Association