Guidelines have no effect on the amount of sickness certification

In 2007 new guidelines were introduced for sickness certification in both Norway and Sweden. However, the amount of sickness certification has not changed significantly in either of the two countries following this. Discussions among doctors and the dialogue between doctor and patient appear to be more important for the decision to issue a doctor’s certificate or not than the guidelines.

Do guidelines help?
A cross-sectional study from Norway and Sweden published in 2012 included 3,949 Swedish GPs (data from 2008) and 221 Norwegian GPs (data from 2010) (13). Sickness certification was a frequently recurring issue. More than half the doctors in each country experienced this as demanding work.

There are no agreed methods for work capacity assessment in relation to illness. A year after Sweden had introduced guidelines for sickness certification, all Swedish doctors were asked about their use of the guidelines. The questionnaire survey (N = 36,989, to which 61 % of all Swedish doctors responded) showed that 76 % of the time recommended to a greater extent than other doctors (19). The justification was consideration of the patient.

A review by the Swedish Social Insurance Agency in 2009 showed that the use of guidelines had increased among doctors as well as among employees in public administration (20). The periods of sickness certification were said to have become shorter and there was less diversification regarding their duration. Assessment of sickness certification had become more uniform following the introduction of the guidelines but the total amount of sickness certification remained the same.

The quality of the information in the doctor’s certificates varied. Following the introduction of guidelines, a greater amount of relevant information was found in the certificates from Swedish GPs than in certificates from the other groups of doctors (21), but this did not affect the final result – measured by the extent of sickness certification.

A 2011 qualitative analysis of nine focus group interviews of 48 Norwegian GPs included topics such as diagnostic practice and assessment of work capacity in patients with subjective health complaints (22). The doctors found the sickness certification issue very demanding for this group of patients. Their experience was that the process was partly patient led but that the better the GP knew the patient and the more experience the GP had, the more correct the assessment of the need for a doctor’s certificate appeared to be. Little significance was attributed to the official guidelines.

A panel data study from Norwegian municipalities covering the period 2002–10 showed that sickness absence decreased by 2 % if the proportion of graded sickness certification increased by 1 %. Whether this was a result of grading in agreement with the guidelines or whether it was due to other local initiatives is a subject of discussion (23).

A Norwegian study revealed that as regards the assessment of sickness certification it was more fruitful to have a close dialogue with the patient than to make use of medical guidelines and other medical documentation (24). The study also showed that a sick leave prognosis assessed on the basis of medical documentation was less accurate.
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than a prognosis based on direct communication with the patient.

Several European countries have had similar experiences to Norway and Sweden (25, 26).

Summary

Sickness certification is a difficult task for Norwegian and Swedish doctors, and the use of guidelines in clinical practice is very restricted. The studies mentioned showed that guidelines for sickness certification had limited – if any – effect on sickness absence in either country.

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