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Sick Notes

Patient requests for 'sick notes' can cause considerable problems for doctors, particularly in circumstances where a patient's view of symptoms is such that a period of absence is the only appropriate course of action, whereas the doctor is unconvinced that any absence from work is required. It is by no means always the case that the doctor's view prevails.

Under the current health arrangements, someone who is unwell for a period of less than seven days

does not require a doctor's statement but can complete and submit to their employer an **Employee's Statement of Sickness (self-certificate)** on which is recorded the individual's personal details, brief details of the illness and the dates of absence.

For periods longer than seven calendar days, an employer is likely to require a **Statement of Fitness for Work**, also known as a 'sick note', 'certificate of incapacity', 'fit note' or 'Medical certificate'.

It is a document provided and signed by a doctor or other authorised healthcare professional confirming an individual's inability to work due to a health condition or disability.

In many cases, illness, accident or disability is self-evident and there is no question that the patient cannot work.

The certification is a formality to provide the information to the employer for Sickness Pay or other purposes.

On occasion, the doctor finds him or herself insisting that a patient should accept a period of absence and needs to override the patient's demands that he or she is 'OK' to continue to work.

However, every doctor has encountered the situation where a patient has asked for a

medical certificate, despite there being, from a medical perspective, insufficient evidence to sustain the view that the patient is unable to work. This situation may be very difficult to manage and can raise ethical and legal

Statement of Fitness for Work
For social security or Statutory Sick Pay

Patient's name: Mr, Mrs, Miss, Ms

I assessed your case on: / /

and, because of the following condition(s):

I advise you that:

☐ you are not fit for work.

☐ you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

☐ a phased return to work ☐ amended duties

☐ altered hours ☐ workplace adaptations

Comments, including functional effects of your condition(s):

This will be the case for / / to / /

or from / / to / /

I will/will not need to assess your fitness for work again at the end of this period. (Please delete as applicable)

Doctor's signature: / /

Date of statement: / /

Doctor's address: / /

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challenges for doctors. The general view is that that it occurs more frequently than it used to.

This may be because patients increasingly see a different GP each time they attend the surgery and a professional relationship does not develop and mature as it used to. Many healthcare professionals also feel that the threshold for absence may have diminished for some patients.

For the clinician, confronted with a patient sitting opposite, it is necessary to respond to the patient in an empathetic manner and, if necessary, enter into a negotiation about the necessity to take an absence or return to work.

Handling a dispute, an outright argument or, occasionally, even a threat from the patient about the appropriateness of a certificate is not only difficult to handle but can be quite upsetting for the doctor and may well lead to buckling under the pressure.

A symptom or sign which may be minor or benign for the doctor may be a source of great anxiety for the patient.

Nonetheless, issuing a medical certificate on the basis of patient demand or as a favour contradicts professional ethics and may have legal consequences. Each patient is assessed individually and fundamental medical principles should be applied to findings in each case to make appropriate decisions about providing support for a period of absence.

Many medical authors have offered advice and guidance about how to manage this sometimes most tricky of issues for clinicians. Guidance for the concerned doctor may include a number of suggestions:

Firstly, many advise, as a basic principle when issuing medical statements, that clear boundaries should be established in respect of the nature of the circumstances.

If the doctor feels that there is no justification for certification, it is easier to decline immediately, rather than compromising with a short courtesy note which may prolong and make more difficult the later discussion about the reason for declining certification.

Unfortunately, the principle does not always hold good and a suspicion regarding the authenticity of a patient's complaint may be insufficient to refuse a certificate.

However, in any circumstances where the findings reasonably justify a decision to decline a certificate, and can be documented, it is appropriate to do so. Issuing a certificate which conflicts with professional judgement also carries the risk of further questionable requests

and may cause professional problems for the doctor.

Secondly, symptoms should always be treated seriously.

Following careful review of symptoms and any physical signs, it can often be the case that symptoms which initially did not warrant a period of absence, may be found to do so. It may be the case that the symptoms with which the doctor is presented, such as nausea, vomiting, diarrhoea, headache, dizziness, acute stress, restlessness or adverse work events such as bullying, cannot be fully evaluated or objectively measured.

In such circumstances, after any necessary physical examination and elimination of red flags, it may come down to acceptance of information and credibility of the patient's description, issuing a certificate without being too accommodating.

There is also the factor of the patient's actual occupation. Clearly the necessity for absence for

someone working in food preparation may be different to an office worker if the symptoms described involve, for example, gastro-intestinal disturbances.

Thirdly, it is important, not only to understand what the patient is saying, but also, where necessary, to educate them about the appropriateness of absence.

Patients may struggle to assess their own symptoms and doctors may have to rationalise the situation to shift their perceptions.

The doctor will often have, in the back of the mind, the difficulties that absence may cause the employer as well as the necessity for the patient to obtain a certificate.

Compromise may be an important tool in the management of demand for a sick note.

Fourthly, there is the issue of duration of absence. For patients the yardstick is often 'the week' whereas, for the doctor, three or four days may be a more appropriate time.

This may not go down well with some patients, but to do so does often provides a clinical benefit, allowing the patient to return to work for one or two days before having a weekend if the exertions of work have been tiring.

It may be necessary to remind a patient that absence does not work like a calendar with every week starting on a Monday, and the purpose of certification is to provide a time appropriate to the nature and expected recovery from any illness.

For the doctor uncertain about the nature or

seriousness of described symptoms, it may provide a further opportunity to see the patient if the perception proves to be incorrect.

Having said all this, certification of absence may be very hit and miss when the difficulty of making an assessment proves very challenging.

Given the huge pressures under which some practitioners find themselves, certifying an absence for a period which, how shall I put it, ensures that the patient will not return may be very appealing.

Fortunately, however, in the UK, the vast majority of doctors do use their best judgement on the basis of a history, appropriate examination and patient circumstances, to determine whether certification is warranted.

Adequate supporting documentation and professional integrity are always essential to try to achieve the most appropriate outcomes wherever possible.

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