

Jesu li psiholozi i psihijatri koji ocjenjuju radnu sposobnost dio problema ili rješenje problema?

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Case series

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Are psychologists and psychiatrists assessing work capacity part of the problem or solution?

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The aim of this case study was to emphasise the importance of coordination between the members of occupational medicine teams who assess work capacity in persons whose jobs may involve responsibility for other people's safety and health. We have picked out four cases - three visiting nurses and one applicant for driving and firearms licence extension - where psychiatrists/psychologists and occupational health specialist disagreed in their assessment entirely. These cases illustrate how psychologists and psychiatrists tend to support patients' wishes to either remain at their workplace or take disability retirement, whereas occupational health specialists take a different, less easy course, relying on the medical condition of the patient, specific job requirements, and broader implications for public safety. It appears that this is not a problem only in Croatia, but in a number of developed countries as well. This problem calls for additional training of all members of a work capacity assessment team.

KEY WORDS: *drivers; firearm holders; occupational medicine team; visiting nurses*

Assessing work capacity is a complex task that requires team work in occupational medicine departments and help from the patient's physician (1, 2). This team work involves general practitioners, psychiatrists and/or psychologists, and occupational health specialists.

The aim of this paper was to show that this is a very responsible task, especially if the assessed patients provide healthcare services or reapply for driving or firearms licenses, as any misjudgement may have severe public consequences. The presented case studies underline a need for teamwork training of all members of the occupational medicine team to reduce this risk.

Cases

I have singled out the cases of four patients who were referred to the occupational medicine team for an assessment of their work capacity as visiting nurses or the ability to drive and handle firearms. Examinations followed the standard procedure including medical history, clinical examination, and diagnostics (ECG, spirometry, ortho-rater, and blood and urine tests). All patients were interviewed and tested by a psychologist, and then underwent a psychiatric examination. To extend a driver's licence the applicant has to pass the cognitive non-verbal test (3), while the firearm licence also includes the Cornell index test (4), which is a personality inventory for quick assessment of emotional stability and is used by the psychologist to

identify patient's proneness to anxiety, phobia, hypersensitivity, depression, conversion, obsession and compulsion, impulsion, aggression, and paranoia. The visiting nurses have to pass an adaption of Hathway and McKinley's Minnesota Multiphasic Personality Inventory 2 (MMPI-2) test (5). The test uses eight main scales (hypochondriac, depression, conversion, psychopath, paranoia, neuroticism, schizoid and manic scale) and three additional scales (lie, bizarre responses, and retention of sincerity and control scale) to help determine personality profiles.

All patients have signed informed consent to be included in this study. The assessments took place at the Healthcare Centre of Rijeka, Croatia. Patient information and the opinions of psychologists/psychiatrists and occupational health specialists are summarised in Table 1.

Case 1

A woman working as a visiting nurse was referred to us for work capacity assessment due to repeated complaints that she would not show up for her house calls. Records of the year before showed that the nurse would work for a month and then take a sick leave for two or three months. The Healthcare Centre administration was justifiably concerned that the nurse could make a mistake when dispensing medicine or accidentally injure newborns while handling them (bathing, changing clothes, etc.).

She was suffering from a bipolar disorder and was receiving antidepressant venlafaxine 75 mg (one capsule every morning) and two anticonvulsants, clonazepam 2 mg

Table 1 Comparison of work capacity assessments between psychiatrists/psychologists and occupational health specialists

| Cases | Sex | Age | Years of employment | Diagnosis | Occupation | Work capacity assessment | |
|-------|-----|-----|---------------------|---|----------------|---------------------------|--|
| | | | | | | Psychiatrist/psychologist | Occupational health specialist |
| 1 | F | 60 | 40 | Bipolar disorder | Visiting nurse | Capable | Incapable, but capable to work in a team |
| 2 | F | 47 | 27 | Major depressive disorder | Visiting nurse | Capable | Incapable |
| 3 | M | 59 | 38 | Haemiparesis Post-traumatic epilepsy | Miner | Capable | Incapable |
| 4 | F | 60 | 40 | Adjustment and bipolar disorders | Visiting nurse | Incapable | Capable for administrative jobs |

(one tablet every evening) and valproic acid 300 mg (two capsules in the morning and two in the evening).

The psychiatrist and psychologist assessed her as capable of continuing to work at her current job. However, the occupational health physician declared her incapable of working as a visiting nurse but capable to work in a general practice team, where she could be kept under surveillance.

Case 2

Similar to case 1, the Healthcare Centre of Rijeka referred another visiting nurse for work capacity assessment due to complaints received about her poor work performance. It was brought to the management's attention that the nurse was distracted, that her speech was slow and hesitant, and that she was uncritical regarding her own health condition. She was often absent over the previous two years, with sick leaves extending to over four months, and was deemed unreliable. To justify her absence, she would provide psychiatrist's diagnosis. Due to major depressive disorder she was taking venlafaxine 150 mg (one capsule in the morning), mirtazapine 30 mg (one tablet in the evening), and alprazolam 1 mg (three times a day).

The psychiatrist and psychologist found her fit for her current job, but the occupational health specialist disagreed and declared her temporarily incapable of work and recommended that she recover for at least three months before she is assessed again.

Case 3

A male miner was suffering from posttraumatic epilepsy due to an accident at work. He was receiving antiepileptic pregabalin 100 mg (three tablets a day). In his case the medical team agreed that he was incapable of performing his job as a miner. The disagreement, however, arose when his application for an extension of his driving and firearm license was referred to our team. The psychiatrist and

psychologist found him capable of driving and holding a firearm, whereas the occupational health specialist disagreed. Taking pregabalin, which can cause dizziness, confusion, loss of mental ability, and blurred vision, was a strong enough argument against extending either of the licences. Good visual acuity and full mental abilities are necessary for both.

Case 4

This case refers to a visiting nurse who had been on sick leave for two years in a row due to adjustment and bipolar disorder. She was receiving two antipsychotics, quetiapine 100 mg (three tablets in the evening) and promazine 100 mg (one tablet in the morning and a one in the evening), and one anxiolytic, alprazolam 0.5 mg (three tablets a day).

The psychiatrist and the psychologist declared her incapable of any kind of work. Again, the occupational health specialist disagreed, declaring the patient capable of performing less demanding and stressful jobs such as administration at the Healthcare Centre. At the age of sixty, with 40 years of working service, the patient seemed to have burnt out and lost interest in doing her stressful and demanding job, especially after two years of absence from work. By repeatedly extending her sick leave the psychiatrist "opened the door" for the patient to claim early retirement. The occupational health specialist opposed the prospect by advocating an alternative job until the patient reached full retirement age.

DISCUSSION

Our cases show that the actors in the diagnostic/decision-making triangle - general practitioner, psychiatrist/psychologist, and occupational medicine specialist - do not always share an opinion. Problems may arise when any of the actors in the triangle succumb to pressure beyond the

scope of their expertise or simply take the easy road, disregarding the broader public implications. This problem seems to exist not only in Croatia but also in most of the developed western countries. A recent study in Sweden (6) has shown that sickness certification consultations were the most problematic for primary health care physicians and physicians working in psychiatry. Bertillon et al. (7) report that work capacity assessment is a highly problematic task in patients who suffer from psychiatric illnesses.

Beside objective problems to assess work capacity of patients with psychiatric issues (8-16), judgments are often motivated by a wish to avoid confrontation, especially with staff from the same healthcare institution. Another reason may be that psychiatrists/psychologists are concerned with losing their patients, as they may look for another psychiatrist if the assessment does not meet their expectations or even threaten with a lawsuit.

In our four cases, the psychologists' role was limited to administering and interpreting psychological tests, and they all endorsed the psychiatrist's assessment of the patient's work capacity. The occupational health specialist, in contrast, addressed broader issues and concerns than the patient's expectations, including employer's interests and public safety. In this context, the recent deliberate airplane crash in the French Alps caused by a depressed second pilot must be taken as a serious message by all the relevant medical professionals. Our local example is a recent accident in Opatija, a tourist resort near Rijeka, where a bus crashed into seven motorcars. The accident happened because the bus driver had an epileptic attack. Three adults and a child were injured.

Our case series presents patients with bipolar or depressive disorders or posttraumatic epilepsy. Patients with bipolar disorders can function well during remission periods, less predictably in the transition periods, and quite adversely to their social environment or themselves in the manic/depressive periods. In order to predict the future functioning of bipolar and/or schizophrenic patients, psychiatrists and/or psychologists should take into account patient's cognitive capacities (17), deficits in working memory (18), and other usually coexisting psychiatric disorders such as anxiety disorders or substance abuse (19). In the presented cases, occupational health specialist took into account the risk of harm for the patients of the visiting nurses and recommended transfer to a better supervised position.

Our cases also point to the potential effects of psychoactive drugs on job performance or driving and firearms handling (see case 3), all of which can put others at risk (patients, general population). In this sense, the side effects of therapy should be monitored and therapy tailored to individual needs. Besides, psychiatrists should avoid prescribing benzodiazepine in working age population, as it may induce dependency (20) and affect working capacity.

The present cases illustrate that assessment of work capacity requires smooth coordination between psychiatrists/

psychologists and other members of the occupational medicine team. Perhaps a targeted training programme could help to that effect.

Conflict of interests

The author declares no conflict of interests.

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Jesu li psiholozi i psihijatri koji ocjenjuju radnu sposobnost dio problema ili rješenja problema?

Cilj ovog prikaza bio je upozoriti na potrebu koordiniranoga rada u timu medicine rada, čiji članovi procjenjuju radnu sposobnost osoba koje svojim djelovanjem mogu ugroziti zdravlje i sigurnost drugih ljudi. Opisali smo četiri slučaja - tri patronažne sestre i jedne osobe koja je zatražila produženje vozačke dozvole i dozvole nošenja oružja - u kojima su psiholog / psihijatar i specijalist medicine rada dali potpuno oprečna mišljenja o radnoj sposobnosti tražitelja dozvola. Oni upozoravaju na različitosti u pristupima pojedinih specijalista, jer psiholozi i psihijatri nastoje udovoljiti želji tražitelja da zadrži posao ili da stekne uvjete za mirovinu, a specijalisti medicine rada nastoje okarakterizirati sposobnost rada osobe u specifičnim radnim uvjetima i procijeniti utjecaj pojedinaca na zdravlje drugih ljudi. Problematika nije vezana samo uz Hrvatsku nego se zbog izuzetne važnosti raspravlja i u svim razvijenim zemljama. Učestala pojava nesuglasnosti prilikom ocjenjivanja upozorava na potrebu stalne edukacije i bolje koordinacije u radu svih članova u timu medicine rada.

KLJUČNE RIJEČI: dozvola za nošenje oružja; patronažne sestre, tim medicine rada; vozačka dozvola