

How long should a sick leave last?

Dr Simon Wessely on the different attitudes employers take when serious illness strikes a member of staff

I run a clinical service that specialises in seeing patients with chronic fatigue. We see people with complaints ranging from general feelings of tiredness and lassitude that affect all of us from time to time, to those with profound distress and disability who have often been diagnosed as suffering from chronic fatigue syndrome or ME. Under these broad labels we find a variety of problems and illnesses, covering much of medicine and psychiatry.

However, there is one thing that we can rely on. Not long after the initial appointment, a letter usually follows from the patient's employers, asking when, or if, their employee will be able to return to work.

Some employers are remarkably supportive. I recall a high-flying City lawyer who collapsed with what Victorian doctors would have unhesitatingly diagnosed as nervous exhaustion (a wonderful term which deserves to be reintroduced to the medical textbooks) shortly after the end of a vicious takeover battle. During that time he had been working 16-hour days without respite, and without any obvi-

The City lawyer was almost too exhausted to get out of bed

ous ill-effects. Two weeks later he was almost unable to get out of bed. My gentle suggestion that stress at work might have played a part was not, however, well received. "Nonsense, I thrive on stress — absolutely love it," was his response. His firm, however, was in little doubt about the origin of his illness, and could not have been more helpful. He recovered, until perhaps the next takeover bid.

Our standard practice is to plan a gradual return to work over several months, something which private employers, contrary to popular prejudice, can often accommodate with ease. For those working in the NHS or social services, all too often we are told that the patient can either be sick and off work, or well and back at full-time work. Unfortunately, few of our patients can make such a simple and swift transition from sickness to health. How patients return to work can be as important as the treatment of the underlying illness.

Sometimes the decisions are straightforward, if devastating to the individual concerned. The pilot with heart disease, the North Sea diver with inner ear problems, or the coach driver with epilepsy, cannot

continue in his or her previous occupation. However, other decisions are more complex. Illnesses as diverse as haemophilia, hepatitis and diabetic hypoglycaemia, all of which affect people of working age, can cause difficulties in certain working conditions.

For those seeking further guidance, the bible has traditionally been *Fitness for Work: The Medical Aspects* produced by the Faculty of Occupational Medicine of the Royal College of Physicians. The second edition (Oxford Medical Publications, £27.50), updated to include changes in medicine and in employment law has just been published.

Fitness for Work is comprehensive, but not detailed. In particular, mental health deserves greater attention. Each year an estimated 80 million working days are lost because of overt mental health problems at a cost of nearly £4

billion — likely to be exceeded by the costs of covert psychological problems hidden under labels such as back pain, irritable bowel and the like. Despite their importance, mental health problems are also associated with more ignorance and prejudice than any of the other 16 subjects reviewed in *Fitness for Work*, with the possible exception of HIV.

Fortunately both the Department of Health and the Royal Colleges are now launching new initiatives. These will be presented at a conference on mental health issues in the workplace jointly organised by the Royal Colleges of General Practitioners and Psychiatrists on April 19.

● Details of the conference on "Depression in the Workplace" can be obtained from Deborah Hart at the Defeat Depression Campaign (0171-235 2351).

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