In this issue of Occupational Medicine

The management of long-term worklessness is a widely acknowledged challenge which is explored in a paper by Cohen *et al.* [1], based on a focus group study of general practitioners (GPs) in South Wales. They conclude that in primary care a clear divide exists between the management of patients’ health concerns and that of their work-related activities. GPs recognize that patients in receipt of long-term incapacity benefits can become ‘lost’ in the system, but feel their role is limited to the management of health-related issues. Indeed in some cases they perceive risks to their personal safety in venturing into other aspects of case management.

Although GPs in the UK play a major role in the certification of incapacity for work, junior doctors in secondary care are also involved in assessing work capacity and issuing sickness certification. How knowledgeable and well trained are they in this? Not very, according to a study of junior doctors in a variety of specialities in the West Midlands undertaken by Walters *et al.* [2], which found that 66% of subjects had received no training in this aspect of their practice and that 71% followed no guidelines. The majority felt there was a need for a simple educational module to improve knowledge, skills and confidence in assessing work capacity and in sickness certification.

Given the recognized political, social and economic importance of tackling long-term worklessness in the UK, and the number of government-funded initiatives currently directed at this goal, it seems essential that doctors who act as ‘gatekeepers’ in issuing sickness certification are trained, resourced and supported in playing this key role. It will be interesting to see whether similar studies in future yield different results.

Elsewhere in this issue two very different aspects of the consequences of dealing with disasters and distressed individuals are considered. Mauer *et al.* [3] report on the prevalence of respiratory symptoms in New York State employees who responded to the World Trade Centre disaster in 2001. Responders were more likely than controls to report lower respiratory symptoms persisting five years after the event, with the greatest impact in those with exposure assessment scores above the mean. By contrast Tehrani [4] examined the phenomenon of ‘compassion fatigue’ in occupational health advisers, human resources advisers, counsellors and police family liaison officers dealing with distressed individuals. Intriguingly the latter two groups were more likely to believe there is no justice in the world, while for all groups opportunities to reflect on work facilitated through professional or peer supervision (as well as following healthy lifestyles) were associated with higher levels of personal growth and satisfaction with work performance.

Computer-based prediction of chemical hazards has obvious advantages over animal studies or hazard identification resulting from human exposures. Seed and Agius [5] report on the further validation of a quantitative structure–activity relationship model for predicting novel low molecular weight respiratory sensitizers. They conclude that the model has good global predictive power for distinguishing asthmagens from non-asthmagens among such chemicals, with potential uses in both preventing and investigating occupational asthma due to novel agents.

Continuing our reviews of health assessment scales Frith and Newton [6] describe the Fatigue Impact Scale, which has been used to establish a reliable measure of the prevalence of fatigue associated with multiple sclerosis and provides evidence that fatigue is ‘common, significant and potentially modifiable’. On the same theme one of our book reviews is of ‘Health measurement scales – a practical guide to their development and use’ [7], whilst the other, of ‘Disability discrimination in employment’ [8], also covers a subject likely to be of wide interest to practitioners of occupational medicine, especially in the UK.

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References

5. Seed M, Agius R. Further validation of computer-based prediction of chemical asthma hazard. *Occup Med (Lond)* 2010;60:115–120.

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