Working in the shadow of a thin blue broken line

A recent paper on protracted sickness absence in police officers by Summerfield [1] and a synchronous commentary by Wessely [2] has brought back memories of my own role as a police medical advisor. The move from a richly varied portfolio of industrial and commercial occupational health (OH) was calculated and very carefully considered. In my late 50s, it would most probably be my last career shift before I reached the then statutory retirement age of 65.

Two eminent professors of OH looked at me sternly when I mentioned my plans. One expressed concern and muttered something about dens and lions and the other said, ‘I wouldn’t do that if I were you’. But my nature and addictiveness to challenge swept aside these and many other expressions of concern and I was subsequently employed as a police medical advisor between 2001 and 2009.

Summerfield’s paper highlights not only a general OH maxim but also a ubiquitous police service phenomenon. ‘The medicalisation of non specific symptoms allied to social rewards that create perverse incentives, reliably prolongs disability’. More specifically, ‘the definitive role of traumatic stress claims was not to produce a fit officer but to support his wish for ill health retirement and pension’ [1]. Wessely’s comment was more succinct. ‘For police officers, who have not made it to senior command, there comes a point when chasing criminals or grappling with rioting students is no longer for you’ [2] although in my experience seniority was not a bar to significant psychosocial symptoms arising in relation to management conflict.

Amongst the cited references in the first paper is Cahill-Canning’s MBA thesis [3]. In the section on organizational culture and sick leave Cahill-Canning states, ‘the strongest correlation between taking sick leave and organisational cultural factors was with [a] sense of team spirit’. A sense of team spirit and social network predicts reduced sickness absence—a phenomenon that is reflected in Wessely’s comments.

Reading these remarks has evoked memories of shared experiences in a police OH unit that were blood spattered, tear stained and often sullied by the spittle of bitterness and irrationality brought by a small but significant proportion of patients who clearly held dear to them that they were deserving of something much more than a salary.

It was a far from perfect system and it was often challenging to remain objective and politically neutral. At times, there was optimism for a tiny number of patients who were positive and incentivized regarding return to work. More dismal memories remain vivid but mellow with the passage of time as the parts we all played in systems within systems become the stuff of reminiscences.

But in my experience and those of colleagues, the views described by Summerfield and Wessely remain a cardinal feature of police OH work. This is unlikely to change under the present circumstances. It’s time to get out the ruler and make it a solid blue line.

John Challenor
E-mail: john@challenor.biz

References