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Harms lurk for benefit addicts

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News

David Bratt

About 150 GP trainers gathered in Wellington for the fourth RNZCGP education convention last month. The theme was "Close Encounters: Teaching and learning in the practice environment". **Lucy Ratcliffe** reports

If the benefit was a drug, it would not get past Medsafe, according to Ministry of Social Development principal health advisor David Bratt.

Long-term unemployment has been shown to be as bad as smoking 10 packets of cigarettes daily, Dr Bratt says.

As a drug, it would be an addictive, debilitating substance, he told the RNZCGP education convention.

In the past quarter, almost 60,000 people received the sickness benefit, compared with 46,000 in 2008.

"I don't know if we have suddenly got all that sick," Dr Bratt says.

Whether a GP is signing a prescription or a medical certificate, similar considerations should apply.

Dr Bratt asks GPs to think about what is being treated. Is the treatment based on evidence, is the treatment effective, what are the side effects, adverse reactions and interactions?

The evidence shows being out of work is not only as bad as chain smoking, but can also increase the risk of suicide, especially in young men.

Research into the impact of parental unemployment on children has found higher incidence of chronic illness, psychosomatic symptoms, psychological distress such as depression, substance abuse and delinquent behaviour, as well as increased risk of being out of work when they are adults, Dr Bratt says.

In New Zealand, one in five children grows up in a household where no one is in paid work.

In Northland, that figure is one in three, he says.

"When you write a certificate, there are consequences of that."

Working full time on minimum wage equates to a salary of about \$28,000. The most beneficiaries can receive annually is \$24,808 - and that is for a couple on an invalid's benefit.

The most a sickness beneficiary over 25 can receive is \$11,908 annually.

"If someone is paid the minimum wage, they are better off than someone on the benefit," Dr Bratt says.

In 2010, Work and Income surveyed about 800 GPs and found 71 per cent thought signing a medical certificate was a mechanism to provide income for the patient.

Dr Bratt says 40 per cent of GPs believed no work was available. However, he says, even at the height of the recession, 35 per cent of people who walked into a Work and Income office either found work or started studying.

In 2012, that figure sits at 49 per cent, he says.

Seeking the real reasons why people do not want to work can be tricky; some will tell their GP: "I have a sore back, I can't work."

Given 80 per cent of the population have back problems, there is usually another reason, Dr Bratt says.

A UK study found of the main obstacles for going to work, medical problems made up just 3 per cent of the list.

The real obstacles are usually child care, language difficulties or the belief no one will employ them.

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