

Weer aan het werk : verzekeringsgeneeskundige verzuimbegeleiding als onderhandeling over verantwoordelijkheden

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Summary

In the Netherlands, public programs of disability insurance have been the subject of political and public debate for over ten years. The foundation of the social security system as such, as well as its organization, are criticized in these debates. The work of physicians, however, has received little attention in these discussions. Their professional expertise seems to protect physicians from external interference; laymen - the general public as well as policy makers - seem to feel that they are not authorized to judge 'medical' work. The lack of attention for physicians' work is remarkable, because who is entitled to receive financial support and who is not, is determined - at least in part - in insurance physicians' daily practice. In the way decisions are made in practice, the boundary between those who are included and those who are excluded from sickness benefits is constructed. Therefore, insight into insurance physicians' practical work is important when addressing questions about the legitimacy and justice of the social security system.

The aim of this dissertation is to gain a clear understanding of the daily practice of physicians' illness certification for the Dutch Sickness Benefit Act. These insurance physicians are employed by social insurance companies in order to determine whether clients are entitled to financial support for loss of income due to illness or handicap. In this investigation of their daily practice, it is assumed that their activities are not so much a derivative of formal rules and professional expert knowledge, but that they have a 'logic' or 'ratio' of their own. Formal rules and expert knowledge are modified in practice due to the fact that participants in these practice make use of them and attribute meaning to them. In order to gain insight into this practical logic, the consultations between sick workers and insurance physicians are analyzed. In particular the way disability - that is partial or complete incapacity to work due to sickness or handicap - is constructed in these interactions, and the consequences of this construction process for the constitution of the different participants is explored.

Chapter one reviews research on insurance physicians' work, in particular on illness certification. Further, the theoretical perspective used in this study is introduced in relation to themes emerging from this literature. In chapter two the methodology and the research setting are introduced. Chapters three, four, and five, consist of analyses of empirical material, obtained by participatory observation of conversations between insurance physicians and clients during the medical examinations. Using excerpts of the conversations between physicians and clients, the order of the conversations is exposed. The analysis in chapter three clearly demonstrates how clients in the consultingroom are transformed into workers rather than patients. Not the illness and the medical treatment, but rather the limitations people are confronted with in doing their job, and the possibilities of working despite these limitations, are themes of the conversation. Thus,

the sick person entering the consultingroom is transformed during the conversation into a person with a rehabilitation problem. Sick workers are encouraged to take their own responsibility for managing their problems, instead of relying on the doctor. Managing inability to work thus appears as a matter of internalized motivation and self-control, instead of external supervision and coercion.

Chapter four explores the order of the conversation by examining the way insurance physicians' work and responsibilities become demarcated from those of physicians working in a curative setting. Approaching the client as a worker more than as a patient, defines not only the identity of the client but also the insurance physician's identity. Insurance physicians claim jurisdiction in affairs of rehabilitation of sick workers. In doing so, they pacify possible interference in their work by physicians treating these sick workers. However, insurance physicians can not intervene directly in the work of curative physicians. In daily practice therefore, they try to convince the client of the demarcation they themselves maintain between their own focus on work versus the 'normal' physicians' emphasis on (treatment of) illness.

In chapter five, the position of the employer in the illness certification for the disability insurance program is investigated. By defining the problem in terms of the employee's abilities to work - either their regular job or other activities - employers become of crucial importance. In practice, the question whether an employee is unable to work appears not only to depend on the health problems of the employee, but also on the opportunities employers offer to their employees. Both the employee and employer are stimulated by the insurance physician to take responsibility in dealing with the problem of the employee. In this stimulation process, an ideal type of employer-employee relationship is constructed.

Chapter six draws the three empirical chapters together and relates them to the political legitimacy of Dutch public disability insurance programs. My research shows how in the conversations between clients and insurance physicians, clients are disciplined to become responsible, active and self-controlling employees. However, this disciplinary process provides opportunities as well as limitations for those people. For employees, to be able to return to their job is important, especially at a time when work is one of the most important means for social integration. However, the particular way in which the conversation is organized not only disciplines the client as an employee, it also establishes the norm of work as an important, or even the ultimate way of reaching a state of wellbeing. Reproducing this norm may lead to even further marginalization of the weakest groups on the labour market and may increase the risk of social exclusion of people who are not able to yield to this norm.