



Reasons Patients Seek Ophthalmic Medical Certificates/ Reports at the Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Amaku, Awka, Nigeria

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Background: Medical certificates or medical reports are often requested by patients for varying reasons which include permission to absent from work, school or certain duties or as evidence of ill health or ocular injury.

Aim: To explore the reasons patients seek medical certificate/medical report at the Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka, Nigeria.

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Methods: This is a retrospective hospital based study conducted at the Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Awka. The case files of new patients seen at the Eye Unit of the hospital from January 2016 to December 2021 were examined. Those who requested for medical certificates/reports were identified and relevant information were extracted for the study. The results were analyzed and presented with frequency tables.

Results: Out of the 4407 new patients seen, 290(6.6%) requested ophthalmic medical certificate. Among the 290 patients, 170 (58.6%) were males while 120 (41.4%) were females, with male to female ratio of 1.4:1. The age range was 9 years to 75 years, while the mean age was 35.9 years. Obtaining tinted vehicle wind shield permit 49 (16.9%) was the most common reason for seeking ophthalmic medical certificate followed by voluntary retirement. Civil servants 75 (25.2%) constituted the most common group, followed by students/pupils 57(26.2%). Among those that applied, 214 (73.8%) were granted while 76 (26.2%) were not granted. Ninety seven (33.4%) cases had ocular morbidities of which assault cases 19(19.6%) were responsible for most of the ocular morbidities. Refractive error was the commonest diagnosis and some people had more than one diagnosis. Most patients 221 (96.2%) had presenting visual acuity of 6/6 – 6/18. Four patients had presenting visual acuity of <3/60 in both eyes.

Conclusion: Ophthalmic medical certificates/reports are requested for many reasons by patients. While some reasons are genuine, others are not. It behooves the certifier to obtain proper information about the patient. The certificate/report should be accurate, not misleading and devoid of sentiments.

Keywords: Medical certificate/report; Nigeria; ophthalmic; reasons; seek.

1. INTRODUCTION

Certificate is an official document that may be used or tendered to prove that the fact it states are true.[1] Report is to present a written or spoken account of an event [1]. Medical certificate is a medical document that validates the health status of the bearer or simply a statement from a physician or medical officer of health which attests the result of the medical examination of the patient [2,3]. It is useful in form filling and job application. It can declare one fit or unfit for certain jobs or exposure. Medical reports on the other hand is a proof of role of doctor as witness in legal case – useful in law claims for damages suffered by victims of assault injury, disease or medical negligence. The medical certificate can cover general health or a particular system of the seeker (like visual system of the seeker).

Physicians are producers of texts, although they are probably not inclined to consider themselves as such [4]. Written reports go hand in hand with clinical work, as they have since Hippocratic writers communicated their clinical observations in case report [4]. In Europe [5,6] and elsewhere [2,3] the medical case report was refined and purified during the 18th and 19th centuries, becoming a professional skill in its own right. In our time, society relies on medical texts to approve, testify to and document nearly everything that can be related

to health [4,7]. As such, the amount of documentary works for the doctors is increasing [8].

A certificate, from Latin word "certificate" meaning to guarantee or ascertain or attest in an authoritative manner verified facts; a medical certificate in particular attests to the condition of a person's health⁴. It can be used to legitimize benefits to compensate for loss of income as a result of disease or to exempt or relieve a person from his/her normal activities [9]. Medical certificate plays a crucial role in allocating benefits in welfare states and to be legal it must be issued by authorized health personnel. The authority of the document depends on an authorized reader showing the perception of its factual veracity [10]. A certifier must provide verifiable information, the certificate must be accurate, not misleading or flawed and should be written based on the physician's recent examination of the patient.

Illness is defined as the innately human experiences of symptoms and suffering disease as the practitioner's recasting of illness in terms of theories of disorders and sickness as the understanding of a disorder (for instance tuberculosis) across forces (poverty, education) [11]. The ethics of issuing medical certificate differ in several respects. First the information is in part exempted from obligations to protect confidentiality, second, whereas therapist

physicians are expected to always consider the best possible outcome for their patients as experts, they should act according to criteria of objectivity. In other words physicians should provide information that is impartial, correct; verifiable and accurate [12]. And that the physician should act without regard to the outcome of case [12].

Medical certificate can be demanded by the employer as requirement for employment. It can also be tendered by unemployed as an evidence to prove his/her fitness or otherwise for certain jobs or exposure [5]. Medical report can also be tendered in a court of law by a victim as a proof of physical or psychological harm done to him/her by the accused [13,14]. Be that as it may, medical certificate or report can be deemed as one of the rational ways to ascertain people's health status or evidence of harm done in the modern time. Reasons for seeking medical certificate are many and it include but not limited to job application, admission into schools, victims of assaults, economic and disability benefits [4], procurement of drivers license and use of tinted vehicle wind shield, voluntary retirement, change of job details. Also, it is used as a proof of one's fitness or unfitness for a particular job or working condition [4,5].

In the prevailing circumstances, proper and careful physical examinations are carried out. Sometimes investigations are also done to back the doubtful findings in the physical examination or if in doubt. When objective findings are at variance with the symptoms, hysteria or malingering should be suspected [15,16]. Malingering can be defined as willful, deliberate and fraudulent feigning and exaggeration of symptoms of illness or injury done for the purpose of a consciously desired end [17]. Hysteria is a form of psychoneurosis commonly seen in attention seeking personalities especially females [16]. In hysteria blindness, it may be characterized by sudden bi lateral loss of vision, the patient otherwise shows little concern for the symptoms and negotiates well with the surrounding undecided [16]. In all, these, the motive is to gain favour in the realm of the consciously desired end. Seeking for medical certificate is an aspect of health care seeking behavior [18,19]. This encompasses activities undertaken to maintain good health, to prevent ill health as well as dealing with any departure from a good state of health [19,20].

2. MATERIALS AND METHODS

This is a retrospective hospital based study done at the Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Awka, Nigeria. The case notes of the patients seen at the Eye Unit of the hospital from January 2016 – December 2021 were examined. Those who requested for ophthalmic medical reports/certificates were further reviewed and information on socio-demographics (age, gender, and occupation), visual acuity and reasons for wanting to procure medical reports were extracted and recorded on a standard proforma. The data were analyzed using descriptive statistics.

3. RESULTS

Out of the 4407 new patients seen during the study period, 290 (6.6%) requested for ophthalmic medical certificate/medical report. Of the 290 patients, 170 (58.6%) were males while 120 (41.4%) were females giving male to female ratio: (M F) of 1.4:1.

The age range was 9-75years. The median and mode were 33years and 25years respectively. The mean age was 35.9years with standard deviation of +15.3. The patients in the age range 21- 30 had more requests for ophthalmic medical certificate/report 74(25.5%) followed by 51 – 60 age range 58(20.0%) and then age range 31 – 40 with 55(19.0%) while age range 71years had the least cases 2 (0.7%).

More males 170 (58.6%) than females 120 (41.4%) made requests for the ophthalmic medical certificates/reports.

People seeking for tinted vehicle wind shield were in the majority 49 (16.9%) while people seeking voluntary retirement were 46 cases (15.5%). People having medical tourism 9 (3.1%) as their reason were the least

Table 3 shows the reasons for the requests and the level to which the requests were granted or not granted. While some were fully granted, others were either partially granted or not at all. Of the 290 (100%) requests, 214 (73.8%) were granted while 76 (26.2%) were not granted as shown in Table 3.

Civil servants 73(25.2%) constituted the greatest group numerically seeking for medical certificates/reports, followed by students/pupils 57(19.7%) then traders/artisans 53(18.5%) while

drivers 12(4.1%) were the least followed by teachers 14(4.8%).

Reasons for seeking ophthalmic medical certificate/report and associated morbidities is shown in Table 5. Ninety-seven (33.4%) cases were found to have ocular morbidity while 193 (66.6%) were ocular morbidity free. Assault cases 19(19.6%) had more morbidities followed by those who wanted to present their certificate to prayer houses 14(14.4%) while those seeking voluntary retirement, admissions into schools, applying for jobs and going for National Youth service Corps (NYSC) had no ocular morbidity

The frequency Table 5 shows that refractive error was the commonest ocular diagnosis 21(20.4%) followed by glaucoma 10(9.7%). Traumatic anterior uveitis and retinal detachment were 2 cases (1.9%) each. However, some people had more than one diagnosis.

Four patients had visual acuity of < 3/60 in both eyes.

Table 7 shows the presenting visual acuity, 221(96.2%) had 6/6 – 6/18, 58(20.0%) presented with visual acuity of < 6/18 – 3/60 and 11(3.8%) had < 3/60. Four patients had visual acuity of < 3/60 in both eyes at presentation

4. DISCUSSION

Ophthalmic medical certificate/report like other medical certificates are used to prove one's fitness or unfitness for a particular job or working condition or exposure [2,3]. It can also be tendered in a law court by a victim as an evidence of harm incurred from an aggressor. In some countries of the world, it can also serve as a proof for entitlement to economic disability benefits and other consciously desired ends.

Table 1. Age and sex distribution of the patients

Age in years	Sex		Total	Percentage
	Male	Female		
<10	2	4	6	2.0
11 – 20	29	18	47	16.2
21 – 30	42	32	74	25.5
31 – 40	35	20	55	19.0
41 – 50	27	19	46	15.9
51 – 60	33	25	58	20.0
61 – 70	1	1	2	0.7
71	1	1	2	0.7
Total	170	120	290	100.0

Table 2. Reason for seeking ophthalmic medical report and sex distribution

Reasons	Male	Female	Total	Percentage
Need for tinted vehicle wind shield	44	5	49	16.9
Seeking voluntary retirement	22	24	46	15.5
Requirement for entering school	13	16	29	10.0
Seeking employment	14	9	23	7.9
Assault	11	8	19	6.6
Students	7	10	17	5.9
Civil servant seeking redeployment	10	4	14	4.8
Presentation of pastors	6	8	14	4.8
Youth service (NYSC)	8	4	12	4.1
Exemption from school work	4	7	11	3.8
Seeking drivers' license	9	2	11	3.8
Medical tourism	3	6	9	3.1
Others/front seat	19	17	36	12.4
Total	170	120	290	100

Table 3. Reasons for seeking ophthalmic medical report, granted and not granted distribution

Reasons	Total	Granted	Not granted
Seeking for tinted vehicle wind shield	49	0	49
Seeking for voluntary retirement	46	46	0
Requirement for entering school	29	29	0
Seeking for employment	23	23	0
Assault	19	19	0
Students	17	17	0
Civil servant seeking redeployment	14	14	0
Presentation to pastors	14	0	14
Youth service (NYSC)	12	12	0
Exemption from school work	11	7	4
Seeking for driver's license	11	11	0
Medical tourism	9	9	0
Seeking for front seat in classroom	13	4	9
Others	23	23	0
Total	290	214	76
Percentage	100	73.8%	26.2%

Table 4. Occupation and Sex distribution of the patients

Occupation	No	Male	Female	Percentage
Civil servants	73	41	32	25.2
Students/pupil	57	24	33	19.7
Trading/ artisan	53	39	14	18.3
Applicant/NYSC	35	22	13	12.0
Retiree	31	20	11	10.7
Dependents	15	6	9	5.2
Teaching	14	6	8	4.8
Drivers	12	12	0	4.1
	290	170	120	100

Table 5. Reasons for seeking ophthalmic medical certificate and associated morbidities

Reasons	with pathology	without pathology
Need for tinted vehicle wind shield	9	40
Seeking for voluntary retirement	0	46
Requirement for entry school	0	29
Seeking for employment	0	23
Studentship	3	14
Civil servants seeking for redeployment	10	4
Exemption from school work	9	2
Seeking drivers license	3	8
Youth service	0	12
Seeking for front seat in classroom	9	4
Assault	19	0
Presentation to pastors (churches)	14	0
Medical tourism	9	0
Others	12	11
	97	193
	33.4%	66.6%

Table 6. Frequency table showing diagnoses

Diagnosis	Frequency	Percentage
Refractive error	21	20.4
VKC (vernal Keratoconjunctivitis)	9	8.7
Contract	6	5.8
Presbyopia	7	6.8
Unilateral blindness	3	2.9
Traumatic mydriasis	4	3.9
Traumatic lid laceration	3	2.9
Traumatic conjunctivitis	4	3.9
Traumatic anterior Uveitis	2	1.9
Glaucoma	10	9.7
Traumatic hyphema	4	3.9
Retinal detachment	2	1.9
Central retinal vein occlusion	8	7.8
Macular Hole	5	4.9
Diabetic Retinopathy	4	3.9
Corneal opacity	3	2.9
Retinitis pigmentosa	5	4.9
	103	100

Table 7. Presenting visual acuity of the patients

WHO category	Presenting visual acuity
Normal vision 6/6 – 6/18	worst Eye 221 (76.2%)
Impaired vision < 6/18 – 3/60	58(20.0%)
Blind < 3/60	11 (3.8%)
Total	290 (100%)

The motivation for this study was to determine factors or reasons for demanding medical certificates/reports. The prevalence of those requesting ophthalmic medical report in this study was 6.6%, however, the dearth of similar literature has made comparison difficult. The male (58.6%) to female (41.4%) ratio in this study was 1.4:1. This male preponderance is not surprising since occupations of the subjects in this survey were majorly male dominated and that being the case which resulted in larger proportion males requesting for medical certificates/reports than females[20].

Although more (45.5%) patients seeking for medical report in our survey were between 21 – 30 years and 52 – 60 years. Other age ranges (16.2%) 11- 20years, (19%) 31 – 40years and (15.9%) 41 – 50 years have relative measure of representation in the medical certificate demand. This closeness in frequency of demand could be explained by the fact that medical certificate request cuts across all ages but may be more in

the highly active and seemly independent group. However the age range 10years (2.0%), 61-70 (0.7% and 71 years (0.7%) which represent less active and more dependent group economically recorded much lower demand for the medical certificate/report. The lower number of the above sixty years in the study may be because Anambra State nay Nigeria do not run disability and economic welfare scheme for the citizens particularly the aged unlike in developed countries [2].

Request for tinted vehicle wind shield (16.9%) was the most common reason for seeking ophthalmic medical report/certificate in this review period. In the recent time, security agents have intensified the enforcement of use of only factory fitted tinted vehicle wind shield in Nigeria as opposed to non factory fitted ones[21,22]. As such people using non factory fitted wind shield started looking for alibi in the form of ophthalmic medical certificate/report. More men (89.8%) than women (10.2%) were found in this subset.

This may be due to the fact that driving is a job or hobby dominated by the men. Voluntary retirement (15.5%) was the second commonest reason and may be due to the policy shift of government by the National Pension Commission, "The reform from Defined Benefit Scheme (DBS) to Contributory Pension Scheme (CPS)"[23] thereby encouraging more people to opt for early and voluntary retirement and hence the surge. Some civil servants viewed Defined Benefit Scheme (DBS) more beneficial than Contributing Pension Scheme (CPS) and desired to retire within the DBS period.

Front seat demand (for students and pupils in class) and others (12.4%), school enrolment (10.0%), employment (7.9%) and assault (6.6%) were next in that order. Some students/pupils (4.5%) with correctable refractive errors for one reason (like too young to use lens) or the other did not or refused to accept lenses. Instead, they resorted to front seat demand by way of medical certificate. Other group (7.9%) just wanted to know their ocular status. Ochiogu et al [24] had reported physical and chemical assaults as one of the causes of ocular injuries. Some of these assault cases come to the hospital with the purpose of consciously desired end, ophthalmic medical report. Students (5.9%), redeployment (4.8%), seeking pastors for prayers (4.8%) were other reasons for requesting ophthalmic medical report. Some patients who claimed that they could not contend with the visually extracting demand of their present jobs wanted to change to less visually demanding jobs in the form of redeployment also came for ophthalmic medical report to authenticate their claims.

Visiting prayer houses for cure has become one of the reasons for demanding medical reports, may be to establish diagnosis and the extent of the disease so that when healed, it will not be doubted. Cases of patients who opted for prayer houses from orthodox medical centers abound [25,26]. Fitness for mandatory one year National Youth Service Corp (4.1%), exemption from school work and drivers license application (3.8%) each and medical tourism (3.1%) were the least common reasons for medical certificates in this review. Reports of how some medical certificates are fraudulently procured have been reported [14].

Of the 290 (100%) patients that requested for ophthalmic report/certificate in this study, 214 (73.8%) were issued with the reports while 76 (26.2%) were not granted. The reasons for not

granting some requests, was all based on ethical and professional preservation. Those with reasons of tinted vehicle wind shield were not granted at all because they already had their minds set on false certification and were not ready for any objective certification. More so, all were using non factory fitted tinted wind shield in their vehicles which the law disallowed[22,23]. They only needed doctor's report as an alibi. Also not granted were those who wanted to present theirs at prayer houses. It could have been granted if they wanted a referral to another hospital. Some of them however had end stage ocular morbidity. Those reasons of request that were fully or partially granted were based on the fact that they accepted the report objectively and anything on the contrary was turned down.

The actual diagnoses made were 103 (100%) and some people had more than one diagnosis. Refractive error 21(20.4%) was the commonest diagnosis followed by glaucoma 10(9.7%) while traumatic anterior uveitis and retinal detachment each 2(1.9%) made the least diagnosis. Each was given deserving treatment, counseling or referred as the case demanded. However, majorly, medical certificate/report was their reason for the hospital visit.

Most of the patients 221(76.2%) lie within the normal visual acuity range of 6/6- 6/18 while 58(20.0%) and 11(3.8%) had impaired vision and blindness respectively [25]. This could be due to the fact that their major reason for visiting hospital was to get medical report/certificate and not necessarily to procure cure. This contrasts the report by Ochiogu et al. [24] where 35% had presenting visual acuity of < 3/60 in the affected eye. In the study [24], however trauma was the reason for the hospital visit with some asking for doctor's report in addition to cases of assault. Most of the children had preventable eye diseases similar to that of Onwuegbuna et al. [27].

5. CONCLUSION

Ophthalmic medical reports/certificates are sought for by patients for many reasons. While some of the reasons are genuine others are not. It therefore behooves the certifier to provide verifiable information about the seeker and it must be based on the physician's recent examination and knowledge of the patient. The certificate or report must be accurate and not misleading or flawed in order to gain full professional acceptance when and whenever tendered.

CONSENT

It is not applicable.

ETHICAL APPROVAL

Ethical approval was granted by the Ethical committee of the Teaching Hospital.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Hornby AS. Oxford Advanced learner's Dictionary of current English. In Wehmeier S ed. 6th ed. Oxford. Oxford University Press; 2000.
2. AMA Guidelines on Medical Certificates. Available: <https://ama.com.au/position-statement/amaguidelines.medical-certificates-2011-revised-2016>.
3. Good medical practice – A code of conduct Available:http://www.medicalboard.gov.au/codes/Guidelines-Policies/code_of_conduct.aspx.
4. Aarseth G, Natvig B, Engebretsen E, Kveim Lie A. working is out of the question: a qualitative text analysis of medical certificates of disability. BMC Fam. Pract. 2017;18:55:1-12
DOI: 10.1186/312875-017 – 0627-2.
5. Interactional Labour Organizations/ International Maritime Organization. Switzerland sectoral activities programme. Geneva. International Labour Office. 2011;1-68.
6. Foucault M. The birth of the clinic. London and New York: Routledge; 1989 Google scholar.
7. Hurwitz B. Form and Representation in clinical case report, Lit Med. 2006; 25(2):216-40.
8. Sinsky C, Cilligen Li L, Progmelm M, Reynolds S, Geoders L et al. Allocation of Physicians time in Ambulatory practice. A time and motion study in 4 specialties Ann Inter. Med.2016
DOI:10.7326/M16-0961.
9. Toon PD. Ethical Aspect of medical certification by general practitioners. British Journal of General Practice. Nov. 1992 – 486-488.
10. Otway F. The unreliable Narrator in Documentary. J Film Video. 2015:67(3)2–23 Article. Gospel scholar.
11. Kleinman A. The illness narratives. Suffering, Healing and the Human condition, United States of America; Basic Books 1988.
12. Solli HM. Rettferdighet Og, Objektiviteti trygdemedis, nskeudphets vurderinger. Enetisk Ogvitenskapstilosopisk analyse avtre ufohetsmodeller 1 et historisic perspective.oslo.the Norwegian medical society 2007.
13. Maeland G, Veileder i trygdemedisin.6th ed.Oslo: Gyndendal Akademisk; 2013. Google scholar.
14. Olawoyin O. Investigation inside Nigeria's haven of fake medical reports, corrupt health officials.www.premiumtimesng.com. July 7 2019.
15. Hamill BM. Clinical evaluation La; Bradford JS(ed) Eye Trauma ed. United States of America Mosby year Book 1991 3; – 24
16. Khurana Ak. Neuro – Ophthalmology.In khurana AK ed. Comprehensive Ophthalmology 5th ed. New Delhi, New Age International Ltd. 2012;1:307-332.
17. Kramer KK. La Pinta FG, Appleton B. Ocular Malingering and hysteria: diagnosis and management. Surv.Ophthalmic,1979;24 89-96.
18. Olenja J. Editorial. Health seeking behaviour in context 2004.
19. Mackian S. A review of health seeking behaviour. Problems and prospects. Health System Development Programme 2003.
20. Ngozika EE et al; Ocular Injuries among Adults in Owerri Municipal Imo State Nigeria. ARC journal of ophthalmology.2018;3(1):4-9
21. Oditia S. Inspector General of Police exempts vehicle with factory fitted tinted glass from permit ban. The Guardian, page. Available:<https://guardian.ng/news/igp-exempts-vehicle-with-factory-fitted-tinted-glass-from-permit-ban/>Accessed 14 July 2017)
22. Motor vehicle (Prohibition of Tinted Glass) Decree No. 6 of Laws of the Federation of Nigeria; 1991. Available: [http://www.common\(ii.org\)>num-act](http://www.common(ii.org)>num-act).

23. National Pension Commission: Pension Reform Act, Abuja Government Press. 2014;1- 62.
Available:<https://www.pension.gov.ng> pension.
24. Ochiogu BC, Udejaja AC, Incidence and Pattern of Ocular Injuries at the Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Awka, Nigeria. Orient Journal of Surgical Science (2); January – December 2021: 26 – 34.
25. Owoeye SA. Healing in some Pentecostal Churches in Southern Nigeria. European Scientific Journal.8 (30) ISSN: 1857-7881 (print) e – ISSN 1857-7431.
26. Chidozie I. Confusion as Prayer warriors compete with medical doctors for patients. The Punch, page Available at <http://punch.com/confusion> as Prayer warriors compete with medical doctors for Patients/accessed 22 June, 2017).
27. Onwuegbuna AA, Apakama AI, Chianakwalam CE, Amobi, MBC. Pattern of ocular Diseases among Children under Five Years of Age in Southeast, Nigeria. Journal of Advances in Medicine and Medical Research. 2021;33(23):257–263.

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