

DISABILITY: IS IT STRICTLY A MEDICAL PROBLEM?

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The International Classification of Functioning, Disability and Health (ICF) from the World Health Organization defines disability as “the outcome or result of a complex relationship between an individual’s health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives”.

Notwithstanding the ICF definition, disability is also defined in legal terms, usually by a contract under which a patient receives disability benefits.

Contractual details of an insurance policy will determine a person’s eligibility for benefits. A person can be considered disabled and become eligible for disability benefits if they cannot perform at a level where they are able earn 80% of their pre-disability income. On the other hand, someone with the same medical condition under a different policy might not be considered disabled if they can earn more than 10% of their pre-disability income.

I once met with a psychiatrist from India who declared there was no disability in India because there were no long-term disability policies. He stated that if someone was injured on the job, they simply had to return to work because there was no other income available.

Similarly, when interviewing a family physician, he told me the difference in terms of recovery for his patients was clear; those who had access to disability benefits remained disabled far longer than those who did not.

Psychological and personal issues are also determining factors. Does the employee feel supported at home and in his/her social network? Are there childcare/transportation difficulties that are not satisfactorily resolved? Does the employee want to be working or would he/she rather be home with children or involved in other activities? Are there stressors in the home life that the employee feels anxious or burdened by that become detractors when on the job? Is there an untreated underlying mood or other psychiatric disorder that needs to be addressed?

Perhaps the most important factors in disability are the employee’s personal circumstances and workplace satisfaction. Is the employee interested in the job? Is the employee feeling that skills are being underutilized or perhaps does the employee feel incapable of meeting expectations? Does the employee feel appreciated for his/her contribution, both in terms of remuneration and social validation? Are there conflicts with other employees?

These other factors may explain the difference between people like Steven Hawking, who has made significant contributions to science while confined to a wheelchair, or Rick Hansen, a Paralympic athlete and disability activist; and someone who is immobilized by

chronic fatigue or pain and is not able to work?

As described in the Core Curriculum for Professional Education in Pain, 3rd Edition, published by the International Association for the Study of Pain Press (2005):

Know that personal, social and cultural influences, past and/or present, may play a significant role in the initiation, persistence and treatment responsiveness or nonresponsiveness of musculoskeletal pain and disability page 162

Understand that psychosocial factors are the main determinant of disability and are significant predictors of prolonged work absence in painful conditions page 113¹.

So, the very short answer to the question of whether disability is solely a medical condition is 'no'. Disability involves many variants, with psychological, social and legal factors, in addition to any biological or underlying medical conditions.

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¹ Other references include:

American College of Occupational and Environmental Medicine Guideline (2006) Preventing Needless Work Disability by Helping People Stay Employed. Journal of Occupational and Environmental Medicine; Volume 48, 9, 972-987.

The above paper notes that in the majority of cases absence from work, even short term absence, is often not medically necessary.

Hadler, N.M. (2005) Occupational Musculoskeletal Disorders, 3rd Edition, Lippincott, Williams and Wilkins.

Hadler reviews the poor correlation between definable disease and pathology and discomfort and disability and non-medical factors contributing to adopting the patient role and the claimant role.

Seedat, S., Lochner, C., Vythilingum, B. and Stein, D. J. (2006) Disability and Quality of Life in PTSD: Impact of Drug Treatment Pharmacoeconomics; 24 (10) 989-998.

The above study notes that improvement in symptoms is not correlated with return to work in pharmacological treatment of PTSD.

Sullivan, M. J., Adams, A., Tripp, D. and Stanish, W. (2008) Stages of Chronicity and Treatment Response in Patients With Musculoskeletal Injuries and Concurrent Symptoms of Depression. Pain; 135; 151-159.

This study reviews the fact that improving symptoms of depression does not result in return to work.