Ethical challenge in Social Insurance Medicine: inversion of paradigms

EUMASS-UEMASS Seminar

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Back ground (1)

- Ethical problems to deal with
  - Asymmetric relationship between claimant and medical advisor
    - Claimant
      - Does not have free choice of his insurance doctor
      - Has to prove his incapacity to work
    - Medical advisor
      - Assesses the incapacity to work
      - Decide about eligibility for incapacity to work benefits

Back ground (2)

- Increasing of number of people incapable to work
  - Suspicion of policy and decision makers about medical advisor assessment quality
- Consequence
  - Is a confident relationship between claimant and medical advisor possible?

Objective of the seminar

- Debate about the possibility to use a rust paradigm between claimants and social insurance medical advisor.

Method

- Data from the Belgian National Institute for Health and Disability Insurance (NIHDI) (Belgium, 2010)
  - Patient returns to work
  - Decisions by NIHDI based on medical reports from medical advisors

Results

- 70% of claimant resume to work spontaneously before the end of the 3rd month of incapacity
- 10% will be considered in long term incapacity (LTI)
- Out of 154,496 medical reports
  - New assessment asked for 10,762 patients (7%)
  - 4,716 patients (3%) were assessed as capable to work

Conclusion (1)

- Most of patients resume their job by themselves
- A few proposals from medical advisors were disconfirmed by a second opinion
- There is no evidence
  - That claimants should beware medical advisors
  - That medical advisors should beware claimants
  - That decision makers should beware both, patient and medical advisor

Conclusion (2)

- However
  - In Belgium, system based on suspicion between the actors
    - Each person incapable to work is controlled
    - Every Medical advisor file of person in LTI is controlled by NIHDI
- Outcomes
  - Useless repeated medical examination
  - Increasing number of people in LTI
  - Low rate of decision for return to work.

Conclusion (3)

- Believes about medical advisors activity
  - Great variability between medical advisors decisions?
  - Diagnosis oriented decision in place of capacity to work evaluation?
  - Low level of understanding about incapacity to work process?
  - Quality of evaluation?

Issues (not exhaustive list)

- Claimant
  - Right to social security (UDHR, art 22 and 26)
  - (medico?)social problem
  - Should not be stigmatised
- Medical advisor
  - Medical duty: take care of patient
    - Help him to go back to work
  - Insurance doctor duty: assess eligibility for benefit
    - Quality of the decisions?

Should relationship between claimant and doctor be based on confidence?