

Does the System Make the Injured Worker Sicker?

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Medical Opinions of Hudson

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VS



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Advocate - Duty to Client



Caregiver - Do No Harm

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TRUMPS



Does the System Make the Injured Worker Sicker?

No other technique and for the conduct of life attaches the individual so firmly to reality as laying emphasis on work; for his work at least gives him a secure place in a portion of reality, in the human community

-Sigmund Freud

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Without work all life goes rotten.

- Albert Camus

Does the System Make the Injured Worker Sicker?

Between 1978 and 2006

- - the US population increased by 35%
- - the number of Americans on government funded disability increased by 236%
- - the majority were individuals with musculoskeletal disorders.

- SSA

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.... Medically related withdrawal from normal social roles, including work, is this stabilizing and may be detrimental to a patient's mental, physical, and social well-being; are maintaining or returning a patient at all possible relevant life activities as soon as safely possible has many beneficial psychosocial and physical effects...

-ACOEM

Does the System Make the Injured Worker Sicker?

As a certifying doctor you will need to consider and manage your patient's expectations in relation to their ability to continue working. In summary, you should also bear in mind that the patient may not be well served in the longer term by medical advice to refrain from work, if more appropriate clinical management would allow them to stay in work or return to work.

- UK Department of Work and Pensions

Does the System Make the Injured Worker Sicker?

- Risk of Unemployment for any Reason
 - Positive association with increased overall mortality and with mortality from cardiovascular disease and suicide despite a reduction in mortality from motor vehicle accident
 - Jin, RL et al CMAJ 1995 153:529-540
 - Unemployment is detrimental to health and is associated with increase in mortality rates, causes physical and mental illness, and results in greater use of health services
 - Mathers, CD Med J Australia 1998; 168: 178-182

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- Swedish Twin Study

Unemployment was associated with a relative risk of mortality of 1.98 overall and higher for women than men, when controlled for social, behavioral, work and health related confounders

-Nylen, I, Floderus B, Occup Environmental Med 2001; 58: 52-57

Does the System Make the Injured Worker Sicker?

- Early Retirement in Healthy People:
 - Denmark 1986-1996
 - Those who are retired because of disease or injury disability had the highest mortality. Those who continue to work at the lowest mortality. Those who are well, but were able to choose and “early” retirement and intermediate mortality consistent with an adverse effect on health and retirement itself
 - Quade, T. et al, Scand J Public Health 2002; 30:216-222

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Work meets important personal goals parentheses material well-being, psychosocial needs, identity, etc.) and that there is strong evidence that unemployment is harmful to health parentheses higher mortality poor physical and mental health, increased healthcare utilization). There is strong evidence that reemployment leads improve self-esteem, physical health and mental health.

Wadell and Burton

Ability to Work

- Risk
- Capacity
- Tolerance
 - *AMA Guides to the Evaluation of Work Ability and Return to work 2011*

Ability to Work

- Risk
 - The chance of harm to the patient, coworkers or the general public, if the patient engages in specific work activities
 - Base restrictions on whether *substantial harm* occurs
 - Will work objectively worsen the condition or merely caused an increase in present symptoms like pain or fatigue (SWAG?)

Ability to Work

- Capacity
 - Strength, flexibility, and endurance, which are measurable
 - Current ability refers primarily to an individual's status at the time of evaluation
 - *Functional capacity evaluation* tells the physician whether or not, on the day of testing, the patient was willing or not willing to demonstrate the “current ability”
 - Does the FCE measure tolerance rather than ability?

Ability to Work

- Tolerance :
 - A psychophysiologic concept.
 - The ability to tolerate sustained work or activity at a given level period symptoms such as pain and/or fatigue limit the ability to do the task in question

Ability to Work

- Tolerance

- We generally use a “biomedical model to determine disability. All that is considered is objective fact
- A much better model is a “biopsychosocial model” which better explains disability in problematic cases
- Therefore, is the question of disability in terms of a biomedical model asking the wrong question?
- Ignoring the FCE results improved treatment outcomes- Hall
Hall,H., Spine 1994; 63: 404-410

How did we get here?

The Perverse Impact of Workmen's Compensation

Chapter 5 *No Right to Be Idle*, Rose, S. 2017

- Work injury laws passed between 1910 and 1920 caused job access of "disabled" individuals to plummet
- Industrial accidents were a problem of dependency rather than disability
- Many employers cited the work injury laws as too financially risky to hire the disabled.

How did we get here?

- Pittsburgh Steel Industry - 1910 - Crystal Eastman - *Work Accidents and the Law*
- Social waste - with family disruption
- Injured worker had to sue - and employers defend - 10-50 % got any compensation
 - Fellow servant doctrine
 - Contributory negligence
 - Assumption of Risk
- Eventually led to no-fault system

How did we get here?

- “Employers rejected elderly workers and those with disability in favor of interchangeable bodies”
- Rehabilitation would not necessarily restore work capacity and wages
- Laws had the perverse effect of limiting wage options and pushing people onto public disability systems

Disability and Health

- Secondary Comorbidities:
 - Fatigue
 - Injury
 - Mental Health and Depression
 - Overweight and Obesity (Diabetes)
 - Pain
 - Pressure sores and ulcers
- - CDC

Disability and Health

- Social Determinants of Health
 - - Australia - After onset of a neurologic disability the primary change in income has the greatest influence over other social determinants affected housing, transport social interactions and personal relationships. As social determinants of health decrease morbidity and mortality increase. These changes also inhibit the rehabilitation process.
 - - Frier et al., Disability and Rehabilitation 2018; 40, issue 5

Disability Systems and Outcome



Disability System and Outcomes



Disability System and Outcome

- Nonspecific low back pain is the greatest contributor to the global burden of disease and result in work disability for the individual and an economic burden for society
- Income support and healthcare systems rely on the interactions between multiple stakeholders
- Outcomes are based on complex interactions between multiple stakeholders and policies.

Disability System and Outcome

- And the prognosis of chronic low back pain is determined by changes in pain and disability in the initial period, the first three months.
- Clinical, work, and psychosocial related variables contribute to the development of chronic low back pain.
 - - Heymans, M .W. et al, The Spine Journal 2010, 10, 847-856

Disability System and Outcome



What is beautiful may be fleeting.

Advice should include possible long term complications.

Disability is a public health issue that impacts society as a whole

How can our system be improved?