

# DISABILITY: AN OVERVIEW AND PREVENTION

Dr Matthew Ng Joo Ming

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## INTRODUCTION

This Skills Course is organised jointly by the Ministry of Health, Ministry of Community Development and Sports, and the College. The aim of this Skills Course is to provide the knowledge and skills for the assessment of disability of the elderly in the context of the Eldershiel/IDAPE, and also for the assessment of disability of patients who are applying for Primary Care Partnership Scheme (PCPS) or whose carers in the family are applying for the Foreign Domestic Worker Levy (FDWL) concession.

Doctors who are applying to be on the assessors panel of these disability-related national schemes will need to complete and pass ALL segments of this Skills Course – namely, the distance learning and 30 MCQs assessment, attendance in the two seminars and two workshops, as well as the assessment for certification as an assessor. They will need to inform the College of this intention. With the assessment for certification completed, the doctors will be considered for appointment as an assessor of the Eldershiel/IDAPE schemes, and FDWL scheme.

Doctors who are joining this Skills Course for CME purposes only can do one or more segments of the course (distance learning and 30 MCQs, seminars and workshops attendances), but not the assessment for certification as an assessor.

## DISABILITY DEFINITION

The strategy begins with the definition of disability. The World Health Organisation (WHO) definition for disability refers to “any restriction or lack of ability to perform any activity within the range of ‘normal’ for a human being”<sup>1</sup>. Many organisations or administrative bodies may use slightly different definitions but essentially the concept is the same: disability is the inability to perform usual activities due to physical or mental impairment. As family physicians, we care for patients who suffer from illnesses that limit their ability to safely and effectively maintain employment or perform their daily task of living.

## DISABILITY ASSESSMENT

We are often asked to perform disability assessment for:

- o Determination of fitness for employment

- o Workman Compensation
- o Insurance claims
- o Eldershiel / IDAPE claims
- o Certification of fitness to handle financial matters
- o CPF dependants protection scheme, etc

The determination of disability is however a complex issue that is affected by economic, social, and education factors, as well as the severity of the medical impairment. We have to take into account any loss or abnormality of psychological, physiological, anatomical structure and function of the individual.

## APPROACH

Disability assessments must take into account patient's personal characteristics that affect the individual abilities to be retrained. Let's take a look at this patient.

Ms Lim has been smoking 20 cigarettes for the past 20 years. Of late she has been experiencing breathlessness and inability to walk further than two blocks on ground level without stopping. She may be disabled if this impairment prevents her from performing her work as a construction worker. On the other hand, she is not if she is a clerical officer and her lung disease did not prevent her from carrying out her duties.

When faced with a request for disability assessment, family physicians should adopt the following steps of action:

- o Explore patient's *ICE*  
Patients may be discouraged after prolonged or severe illness, not knowing that the illness generally has a good prognosis. It is good to have a frank discussion with the patient on why he thinks he is disabled and cannot work. If there is a need, intervention can be put into place such as work place or job modification in consultation with the patient's employer.
- o Take a focused history and perform an appropriate physical examination  
Careful attention should be paid to the duration of the disease process or impairments, response to previous treatments, the effect on patient's functional status and the prognosis for future recovery. In the case of disability assessment for Workmen Compensation, the disability guide book for workmen compensation should be consulted on the awards and assessment of the percentage of disability.
- o Take a detailed occupational history  
Patient's job processes need to be assessed to see the

impact of his illness on his ability to perform work related tasks. Modification can then be made to accommodate him, or to find him another suitable job.

- o Appropriate investigations  
Laboratory and radiological investigations may be ordered, if necessary, to determine the impairment. For example, spirometry may be ordered to determine the severity of COPD.
- o Inform patient that your role is not adversarial  
The job of the family physician in disability assessment is to provide medical information to the respective organisation so that they can make an informed decision.
- o Is there secondary gain?  
Some patients may exaggerate symptoms in the case of disability or workmen's compensation situations. Inconsistencies in the history and physical examination should be looked for in patients suspected to be malingering.

## FOCUS ON PREVENTION

Prolonged absence from normal roles including work is detrimental to physical, mental and social well being of the patient<sup>5</sup>. Furthermore, the economic impact on the society can be enormous. To reduce the disability at home and at work, we need to look at the interaction between the individual and the workplace and society to strategise medical intervention. Having a physical impairment does not mean that the patient is disabled. Disability is an impairment-associated curtailment of activities. Other factors such as age, general health, education, motivation, satisfaction and social support are important modifiers.

The key to prevent disabilities is rehabilitation and it is not restricted to physical rehabilitation. It is a program consisting of conditioning, retraining, education and psychological support.

Let's look at our COPD patient, Ms Lim. Besides smoking cessation and medications, she will benefit from Pulmonary Rehabilitation<sup>2,3</sup>. The program aims to reduce symptoms, optimise functional status, increase participation, and reduce healthcare costs by stabilising or reversing systemic manifestations of the disease. The series of lower and upper limb exercises, conditioning, breathing retraining, education and psychosocial support aims to break the vicious cycle of worsening dyspnoea in the COPD patient. Further, she can be retrained and placed in a job suitable for her declining lung function.

## CONCLUSION

To effectively implement strategies to reduce the burden of disability on the patient, his family and society, we need to understand our role. The patient needs a good family physician that he can trust to be his advocate, provide him with suggestion and encouragement to overcome activity limitations, and explaining to him what to expect regarding a specific condition<sup>4</sup>. Referral to other allied health professionals such as the physical therapist, occupational therapist, and social worker can also provide invaluable help in specific situations.

## REFERENCES

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