"Ask Dr. J"

The "Ask Dr. J" columns are authored monthly by Jennifer Christian, MD, MPH, President of Webility Corporation. See previous columns at www.webility.md.

Dr. J's columns also appear in the monthly Bulletin of the Disability Management Employer Coalition (DMEC). To purchase a book of Dr. J's collected columns, go to www.dmec.org.

The columns often summarize issues discussed by the Work Fitness and Disability Roundtable, a free, multi-disciplinary e-mail discussion group moderated by Dr. Christian. Apply to join the Roundtable at www.webility.md.

May 2007 – Two Definitions of Disability

Dear Dr. J:

I don't like the negative way that disability is described in the new ACOEM Guideline on Preventing Needless Work Disability by Helping People Stay Employed. There's nothing bad or wrong about being disabled! I'm a person with a disability (an amputee). After I recovered from my accident 20 years ago and got some retraining, I've been working fulltime since then. We fought to get the ADA passed so people wouldn't look down on disabled people. Why are you so insensitive?

Dan in Davenport

Dear Dan:

Oh, Dan, thanks so much for raising this issue. You're the second person who has gotten upset with me about this recently. If you hadn't spoken up, I might never have discovered that there's a mistake in the ACOEM Guideline. I just checked the text and realized that a critical definition was eliminated when the editor cut about 20 pages from our committee's original white paper in order to make the final Guideline a more manageable length. That omission has created understandable confusion. Other key background information was also eliminated.

On page 9 in the original white paper that was the source material for the Guideline, we defined "disability" this way:

> In this paper, we use the word "disability" the same way that employers use it in their benefits programs and employment policies, and the same way that insurance laws, regulations, and policies do. We use "disabled" to mean someone who is absent from work or not working at full productive capacity for reasons related to a medical condition. Please note that confusion is common regarding the word "disability" since it is sometimes used to describe physical or functional impairments. For example, a person who has an impairment that affects one or more life functions is considered to have a disability under the Americans with Disabilities Act (ADA). However, people

> with ADA-qualifying impairments who are working at full productive capacity would NOT be considered disabled according to our definition, because they are at work.

On page 10 in the original white paper, we also made it clear where the main focus of the Guideline was intended to be. Here's what we said:

> The focus of this paper is on the surprisingly large number of people who end up with prolonged or permanent withdrawal from work due to medical conditions that normally would cause only a few days of work absence. Many of those who end up receiving long-term disability benefits of one sort or another have conditions that began as common everyday problems like sprains and strains of the low back, neck, shoulder, knee and wrist, or depression and anxiety. As we will discuss below, prolonged work withdrawal (disability absence) by itself can produce unfortunate consequences, and this is one of our major concerns.
>
> On the other hand, many of the people who receive disability benefits have severe illnesses like a major cancer or schizophrenia or have suffered catastrophic injuries such as amputations, blinding, major burns, or spinal cord injuries, or have had major surgery. These people, too, are susceptible to the influences described in this paper, although the effects may be overshadowed by the obvious difficulties of coping with medical problems of this magnitude, and the need to learn skills and methods to deal with any resulting impairments. In these cases, a prolonged period of work absence is often unavoidable. The traditional rehabilitation approach delivered by an array of professionals was designed to meet the needs of these people. The question still arises: what amount of this work disability could be prevented?
>
> We contend that a considerable amount of the work disability due to common everyday conditions (and an unknown fraction of the disability that follows more serious conditions) is avoidable, as are its social and economic consequences. We believe that a lot of work disability can be prevented or reduced by finding new ways of handling important non-medical factors that are fueling its growth.

So, I have added these important sections to the "Introduction to the Guideline." The revised version will appear on our website (www.webility.md) in the next day or two. I will also make a point of clarifying the definition of disability whenever I talk about the Guideline in the future.

Thanks again for speaking up loudly enough so I got curious. Your action helped me correct a misunderstanding that has been hurtful to people who don't need more problems -- and that might have weakened the Guideline's effectiveness. My personal goal is for this Guideline to help all people who experience illness, injury, age or any other kind of "differentness" -- particularly those for whom this represents a change -- to get the support they need so they can continue to have productive lives in society and the fullest practicable participation in life.

Smiling,

Dr. J

Webility Corporation ● 95 Woodridge Road ● Wayland, MA 01778

www.webility.md ● *508-358-5218* ● mail@webility.md