

MEDICALIZATION

A Disability Conundrum

How Employers Can Reduce Medical Absences and Encourage a Healthy Workforce

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Western Medical Assessments

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What is Medicalization?

Medicine itself can get cancer: it's called medicalization. It proliferates into unneeded treatment, creates worry, and interferes with work — but what is it?

Medicalization is a word describing the elevation of a non-medical phenomenon to a medical problem. What in the past may have just been viewed as a minor issue that many of us experience as a part of everyday life can be transformed into a defined set of medical complaints that gets the erroneous label of being an actual disease, and then unnecessary and extended treatment – some of which can be actually harmful.

What Gets Medicalized

Obviously, medicine must constantly evolve. There will be issues not perceived as medical that medicine should take on. Alzheimer's was once neglected, considered to be just a severe form of senility. By understanding it as a medical issue, patients can be better supported, and research is given direction.

The problem is when medicine reaches too far. Social issues and personality traits have also been medicalized in some cases. Things seen by health care providers as "not normal" can, through medicalization, create problems where no problems exist.

The result is people who might otherwise have simply endured a discomfort — possibly temporarily, as the body executes its impressive ability to heal itself — come to view themselves as powerless against a poorly defined medical condition.

The Spread of Medicalization Creates Dependence

Many groups have incentive to push medicalization. It could be an innocent researcher who is simply mistaken but genuinely believes that a problem should be seen as medical, all the way up to medical establishments seeking to benefit financially.

When someone is medicalized, a patient is told by an otherwise trusted practitioner that, although the cause of the complaints may be unclear, there really is the availability of potentially effective treatment. The individual may be convinced that something they previously could have just lived with is an actual disease. It's been given a label that can't be removed. They have been encouraged to believe that there's something wrong with them now, when there isn't, and it requires treatment. Possibly indefinitely.

Medical Problems can become Legal Problems

When something's identified by a health care practitioner as a potential medical problem, all of a sudden there are legal ramifications. Does it count as a disability? Can it excuse someone from work or require unreasonable accommodations? Does it have bearing on a lawsuit?

This can be a minefield for a human resources professional or an employer to tiptoe through. Generally, you're not privy to supporting data for a previously injured or ill employee's claimed medical condition, and you may not know who's made the diagnosis and what their biases or vested interests may be.

In these murky situations, medicalization may well have created, wittingly or not, a problem that not only is bad for the employee's health and quality of life, but it hits your bottom line in terms of risk, accommodation, and lost productivity.

Need some help selecting an expert medical witness?

Subjectivity: The Medicalization Red Flag

We'll cover the cost in more detail soon, but it's important to first understand how to spot the risk for medicalization.

So, you've got an employee complaining of a medical issue you're just not sure about. Where to start? Well, when it comes to diagnosing a "real" medical problem, it's helpful to think in terms of a spectrum.

At one end is outright malingering. This is when a person is inventing or exaggerating issues for personal gain — i.e., they're well or minimally ill but want paid leave. Needless to say, that slows down the return to work process. At the other end are truly pathological issues. These can be objectively observed, such as a serious disease or a broken arm.

In the middle lie somatoform disorders. These are issues the patient very may well be genuinely feeling, but they're difficult or impossible to nail down objectively as a disease process. When it comes to an employee's return to work when they're reporting one of these conditions, it's easy to run into trouble fast.

The Subjectivity of Somatoform Disorders as a Medicalization Risk

With no ability to objectively verify and treat a condition, a somatoform disorder is at risk of medicalizing a patient.

The cause of a somatoform disorder can't be identified, but the employee has many avenues for their experiences to be solidified into the belief that they are more ill than they are. A sympathetic GP may write notes for continual disability and treatment. Non-evidence-based treatment can exacerbate the issue, family and society-at-large can validate it, and as with any issue, the internet is able confirm anyone's fears.

"If you have to prove you are ill, you can't get better"

- Dr. N. Hadler, American Rheumatologist

Common Somatoform Disorders

Somatoform disorders are often characterised by chronic pain or vague neurological complaints.

What should an employer watch out for?

These are by no means the only medicalization problems employers may encounter, but they are common enough that many laypeople will have heard about them — and that commonality is a factor in the needless cost associated with them, as the widespread knowledge lends to an assumption that they are serious, well-understood, medical conditions.

Fibromyalgia

This is a medically controversial condition, with sufferers complaining of widespread pain, feeling tired, and having issues sleeping. However, there is no known cause, and the label is only given after ruling out other conditions.

Chronic Fatigue Syndrome (CFS)

Another is example is chronic fatigue syndrome. A person with CFS may complain of being tired all the time and having a significantly harder time doing things that should be routine. It may occur gradually or suddenly. Again, the symptoms and diagnosis are vague.

Myofascial Pain Syndrome

This one involves pain in soft tissues (muscles or fascia) in one region of the body. There is also often reported tenderness and restricted range of motion of a joint in the affected region. But again, the cause is not known, and the symptoms are subjective, which makes it hard to treat.



Medicalization Risks Damaging an Employee's Well-Being — You Can Help

Several things tie all these and other conditions together: the cause is unknown, many details are vague, and there are no objectively verifiable aspects whatsoever — your employee may well be feeling what they say they are, but you wouldn't be alone if you have questions about it.

With plenty of para-professionals in every shopping mall ready to take advantage of people looking for an elusive diagnosis, your employee risks getting sucked into a process that isn't good for them at no fault of their own. This could result in missed return to work dates, and a worsening condition all the way up to permanent disability.

What's best for the company is a healthy employee, not one that ends up on long-term disability and isn't able to work again. What can assist in achieving resolution is an independent medical examination (IME). If you're worried that an employee's medical absence and recovery isn't on the right track due to the possibility of medicalization, an IME is exactly what you need.

But before you get started, it's important to understand the costs of medicalization, both from the company's perspective, and the employee's.

Employers and Employees Alike Stand to Lose

One study estimated the US cost of medical spending of just twelve medicalized conditions to be \$77 BILLION in 2005¹: Translation for Canada: about \$8 BILLION. But these are direct costs only. The full cost of medicalization is much more than a simple number and the treatments themselves.

You have to factor in all the obvious costs of course. Replacing, accommodating, or otherwise compensating for the potential full or partial inability of the employee to fulfill their previous tasks. But indirect costs associated with managing the case have a habit of silently ballooning far beyond the direct.

So, what are all these indirect costs? And how do you reduce the cost of medical leave when you're not even sure the medical problem is real?

Do you know what you're responsible for when accommodating disabled employees?

¹ <https://www.ncbi.nlm.nih.gov/pubmed/20362382>

The Cost to Employees: Reduced Quality of Life

First and foremost should always be the medicalized person themselves — and their well-being. Immediately, this means not only their health, but also their attitude about their health. A healthy person feels and sees themselves as capable, but a medical authority figure telling a person that they must be sick has a real effect on that person's self-image.

If someone occasionally feels a pain in their arm, they might simply endure it, and even find that their body has naturally healed the issue after a while. But if the condition is given a name, say, fibromyalgia, they've now got exactly that: a condition.

A condition means that there are resources online, through society, through sympathetic doctors, that serve to validate and reinforce that the person now has something “wrong” with them.

The Cost to Employers: The Bottom Line

On a personal basis for the employee, a condition can keep them off work — note that only 3% of employees off work for more than a year will ever return to work — and that means lost earning potential. Between that financial burden and the ‘condition’ itself, the employee’s quality of life stands to suffer immensely. It takes a financial and mental toll to feel limited by a medical problem, so the medical problem had better be real.

“ Only 3% of employees off work for more than a year return to work ever ”

The Cost to Employers: The Bottom Line

Losing a skilled employee to an illness, even temporarily, can be costly to any company. Insurance premiums may increase, other staff are tied up in handling the case, and additional staff may need to be hired and trained to fill in for the missing employee. Even then, there's the probability that these replacements don't have the specific experience the missing employee does, which means lost productivity on top of everything else.

If the employee does come back, they may do so at a lower capacity than they previously worked. They may refuse to accept some tasks on a medical basis, and they could request costly accommodations the company has to pay for.

So, if you're going to have an employee off work, it's worth ensuring that medicalization isn't creating a problem where none need exist.

The employee needs to be assured, if indeed they are at risk of medicalization, that they do not necessarily have a medical condition that requires treatment because there is no treatment! If the best treatment is to allow the body to heal itself, then they should be informed that specific courses of medical treatment that may produce needless reliance are not necessary, and they should be set up with an appropriate return to work plan.

When it comes to medicalization, early intervention is key to pre-empting the slippery slope of an employee becoming more immersed and convinced that there's a problem, and with it, the reduction or elimination of these associated costs.

[Learn more about the cost of a workplace injury](#)

Reduce Costs through the Clarity of an Independent Medical Examination

What's an employer's best shot when an employee is being eased down that medicalization spiral? It's the chance to catch the medicalization early for both the company and the employee's sake, and avoid the costs associated with letting the problem languish— and if there really is an intractable real medical problem, you at least have the assurance that everything that can be done is being done.

There's everything to be gained with seeking that outside assurance in these challenging circumstances. IMEs involve unbiased medical professionals taking another look. These experts have specific knowledge relevant to individual cases, rather than being general practitioners, and this expertise can help provide the clarity of confirming the absence of disease that the employee has come to believe is definitely present.

An IME is your chance to get a deeper opinion regarding an ill or injured employee. Issues of medicine overstepping its legitimate reach can be halted, and the employee can be redirected to a healthy recovery and safe return to work plan — with both the employee avoiding those personal costs, and the company reducing its costs simultaneously.

Contact Western Medical Assessments



Western Medical Assessments has handled tens of thousands of IMEs over the years, helping employees back to work without becoming medicalized. If you're worried about the costs a medicalized employee might present, you're always welcome to a no-obligation chat with **Dr. Roger Hodkinson**.

Dr. Hodkinson (or "Roger" as he prefers to be addressed) is the CEO of Western Medical Assessments and has been the Company's Medical Director for over 20 years. He received his general medical degrees from Cambridge University in the UK and then became a Royal College certified pathologist in Canada (FRCPC) following a residency in Vancouver, BC.



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