

INVALIDISATION AND THE ABSENCE OF ALL OR PART OF A LIMB IN THE REPUBLIC OF SLOVENIA

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ABSTRACT

The carrier and provider of disability and pension insurance in Slovenia is the Pension and Disability Insurance Institute of the Republic of Slovenia, within which the Medical Assessment Division and its Medical Assessment Services of First and Second Degree operate. These include first and second degree disability boards. According to Slovene legislation, the definition of disability takes into account the totality of general

and occupational work capacities of insured persons, including a combination of medical and non-medical criteria which are checked in expert procedures before disability boards. Disability is classified into three disability categories. Between 2003 and 2007, first and second degree disability boards examined 205,460 disability assessment proposals. Of the 166,961 cases considered by first degree disability boards in this period, 90 disability assessments (0.05 %) were issued due to the absence of all or part of a limb.

INTRODUCTION

Limb absence is one of the rarer reasons for submitting a disability assessment proposal and for claiming disability insurance entitlements. The Pension and Disability Insurance Institute of the Republic of Slovenia is one of the pillars of social insurance. It is based on a system of reciprocity and is in charge of implementing disability insurance rights (1). Disability boards play quite an important role in this. Due to the absence of all or part of a limb, 90 disability assessments, which is 0.05 % of all disability assessments, were issued according to the new legislation in the period between 2003 and 2007.

THE ORGANIZATION OF DISABILITY AND PENSION INSURANCE IN SLOVENIA

The Pension and Disability Insurance Institute of the Republic of Slovenia is one of the pillars of social insurance, in charge of implementing disability insurance rights. It includes disability boards as expert bodies that give evaluations of disability of insured persons in the form of expert opinions (2-4). On 1 January 2006, the Medical Assessment Division was established within the Institute, consisting of the Medical Assessment Service, First Degree, Ljubljana, the Medical Assessment Service, First Degree, Maribor and the Medical Assessment Service, Second Degree, Ljubljana. The Medical Assessment Service, First Degree, Ljubljana consists of First Degree Disability Boards Ljubljana, Trbovlje, Kranj, Jesenice, Novo mesto, Nova Gorica and Koper. The Medical Assessment Service, First Degree, Maribor consists of First Degree Disability Boards Maribor, Celje,

Murska Sobota and Ravne na Koroškem. The Medical Assessment Service, Second Degree includes second degree disability boards (1, 2).

LEGAL BASIS

The first paragraph of Article 60 of the Pension and Disability Insurance Act states that disability shall be ascertained if, due to changes in health condition that cannot be reversed by treatment or measures of medical rehabilitation and have been ascertained pursuant to the present Act, the capacity of an insured person to secure or keep a job or to advance in their career has been reduced (1).

The definition of disability takes into account the totality of general and occupational work capacities of insured persons. It is a combination of medical and non-medical criteria which are checked in expert procedures before disability boards. When ascertaining disability, it is important that, prior to the disability assessment, the Institute's expert body - the disability board - ascertains whether the treatment or medical rehabilitation has been completed. The causes of disability can be on-the-job injury, occupational disease, off-the-job injury and illness (2-4).

DISABILITY CATEGORIES:

There are three disability categories:

- The first disability category includes insured persons who are no longer capable of performing gainful work

or have an occupational disability and no remaining work capacity.

- The second disability category includes insured persons whose work capacity for their own occupation is reduced by 50 per cent or more which means that the insured person has a limited or reduced occupational disability. The second disability category entails the right to occupational rehabilitation. Entitled to occupational rehabilitations are insured persons under the age of 50 whose remaining work capacity enables training for full-time work. Occupational rehabilitation also includes workplace adaptation so that the insured person can perform their job full-time without the danger of their basic disease worsening. If the insured person is not capable of performing another appropriate work without occupational rehabilitation and is older than 50 years, they are entitled to the rights determined by the first disability category.
- The third disability category includes insured persons who have a reduced capacity for work to which they are assigned or who, with or without professional rehabilitation, are no longer capable of full-time work but can perform certain work at least part-time, or who can still work in their profession full-time but cannot perform the work to which they are assigned (1).

ANALYSIS OF DISABILITY ASSESSMENT PROPOSALS PROCESSING IN THE PERIOD BETWEEN 2003 AND 2007

In analysing disability assessments of employed insured persons by first degree disability boards, we reviewed the disability boards' archive for the period between 2003, when the last reorganization of the Institute and the last changes of legislation took place, and 2007. We retrospectively established how many cases were classified into the first, second and third disability category due to limb absence, in a particular year and in the whole period. At the same time, we examined the frequency of issued disability assessments by gender, education and the work that the insured person was performing (5, 6).

Of all 166,961 the cases considered by first degree disability boards in the period between 2003 and 2007, 90 disability assessments (0.05 %) were issued due to the absence of all or part of a limb (6).

When considering proposals for a disability assessment of insured persons with limb absence, disability boards pay special attention to the functional status of the insured person described in specialists' findings. In the assessment process, one needs to take into account the flexibility and the possibility of straining a particular part of the body that will not lead to the worsening of the insured person's health condition and their capacity to perform a certain work process.

In view of the issued disability assessments due to limb absence in 2007, the majority of considered insured persons were male, the cause being disease. Education-wise, unskilled workers were at the top with 25%, followed by skilled workers with 22.22% and highly educated workers with 5.55%.

Between 2003 and 2007, 44 cases were classified into the first, 13 into the second and 33 into the third disability category due to limb absence, which is 48.88%, 14.44% and 36.66% of all cases classified into disability categories due to limb absence respectively.

According to the international classification of diseases (ICD 10), the greatest number of ascertained disabilities in all three disability categories belonged to Z89.5 (acquired absence of leg at or below knee), followed by Z89.6 (acquired absence of leg above knee) and Z89.2 (acquired absence of upper limb above wrist).

In disability assessments due to limb absence, the reason for the classification into the first disability category was most frequently Z89.5 (acquired absence of leg at or below knee), followed by Z89.6 (acquired absence of leg above knee) and Z89.7 (acquired absence of both lower limbs). The most frequent reason for the classification into the second disability category was Z89.5 (acquired absence of leg at or below knee), followed by Z89.2 (acquired absence of upper limb above wrist). The third disability category was ascertained most often due to Z89.5 (acquired absence of leg at or below knee), followed by Z89.6 (acquired absence of leg above knee) and Z89.4 (acquired absence of foot and ankle).

CONCLUSION

In analysing disabilities ascertained for employed insured persons, we found that the majority of disability assessments were issued to male insured persons and that, education-wise, most persons considered by disability boards due to limb absence were unskilled and skilled workers. The most common causes of limb absence were disease and injury. Limb absence due to occupational diseases in the sense of the Rules on the List of Occupational Diseases (Official Gazette of the RS, no. 85/03) was not ascertained as a reason for disability by the expert bodies of the Institute.

Bibliography:

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