

# Care for Injured Workers: Ethical Issues

Ontario Network of Injured Workers Groups  
November 22/23, 2017

## Ethical Issues

How is the care for Injured and Disabled Workers determined?

What is the role of the Health Care Provider (HCP)?

What factors influence the process?

## Areas of Concern

- Legal
- Communication with WSIB & Employer
- Physical Recovery
- Paper Work
- Employment Relationship
- Safety
- Knowledge of Workplace
- Stigma
- Environment
- Returning to Work
- More Reports
- Long Term Health & Well-Being
- Mental Health
- Economics – Who pays?
- Experience Rating
- OH&S
- Knowledge of Disability
- ....

## Background

# Ontario Network of Injured Workers Groups (ONIWG)

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- Founded in 1991
- 22 local groups from Ottawa to Thunder Bay
- Umbrella organization to support local groups and strengthen our voice with government
- Volunteer driven – annual budget \$4,000 – 12,000
- Helps bring positive changes for injured & disabled workers

## Who says fighting doesn't help?

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Their Only



Supreme Court Victory! Dec. 2003

## My Story *(or a bit of it anyway)*

- Injured in 1978 working construction – amputation
- Healing & return to work
- Thunder Bay Injured Workers Support Group 1984
- 1988 – Manager, Voc Rehab. – March of Dimes
- 1991 – appointed to Board of Directors of WCB
- 2004 – 12 - RAACWI
- Chair – Research Action Committee – ONIWG

# Workers Compensation

The first part of our social safety net –

Over 100 years old!

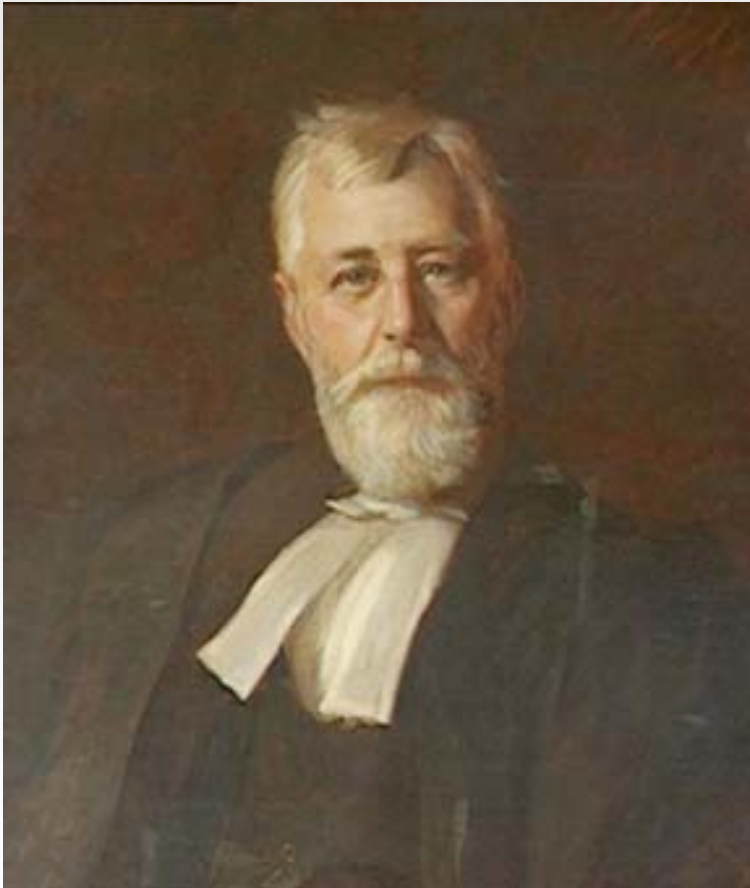
What lessons can we learn?

## **Sir William Meredith's Royal Commission**

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- June 10, 1910, Conservative government of Sir James Whitney appoints Sir William Meredith to head commission
- Meredith holds public hearings in Ontario (over 1,300 pages of testimony)
- Meredith travels to provinces and American states, England & Germany
- April 1, 1913, submits draft bill; October 31, 1913, submits final report





**Sir William Meredith**

# 1915 Ontario Workmen's Compensation Act

## Principles:

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**Δ Compensation as long as disability lasts**

**Δ Collective Liability / Employer pays**

**Δ No fault**

**Δ Independent Agency**

**Δ Non-adversarial**

## Present Situation: Outcomes 3 – 5 years post injury

- 14 – 21,250 serious injuries & diseases resulting in permanent disabilities each year in Ontario
- 45% unemployed long term
- 20% in poverty + 25% in near poverty
- Only 20 % receive long term benefits from WSIB/WCB
- 45% facing mental health challenges

• “I feel sometimes like I'm in a shell, like a little nut in a shell, because it's so hard. You don't want to burden anybody, complain about pain. You don't want to. They don't understand sometimes. They're tired of you to complain - pain, pain, pain, pain. I know if they had paid me my money, I would have taken care of my body, my health. I would be at the company working today if they had given me the right medical care. Maybe I would be there, who knows? Maybe I would be in a ... better field, or different field. I wouldn't be sitting here today in this kind of agony. Because they made my condition worse by not paying me my money, by not allowing me medical care.”

– Beryl Brown, Injured Worker, February 11, 2005

# Social Determinants of Health in Canada

1. Income and income distribution
2. Education
3. Unemployment and job security
4. Employment and working conditions

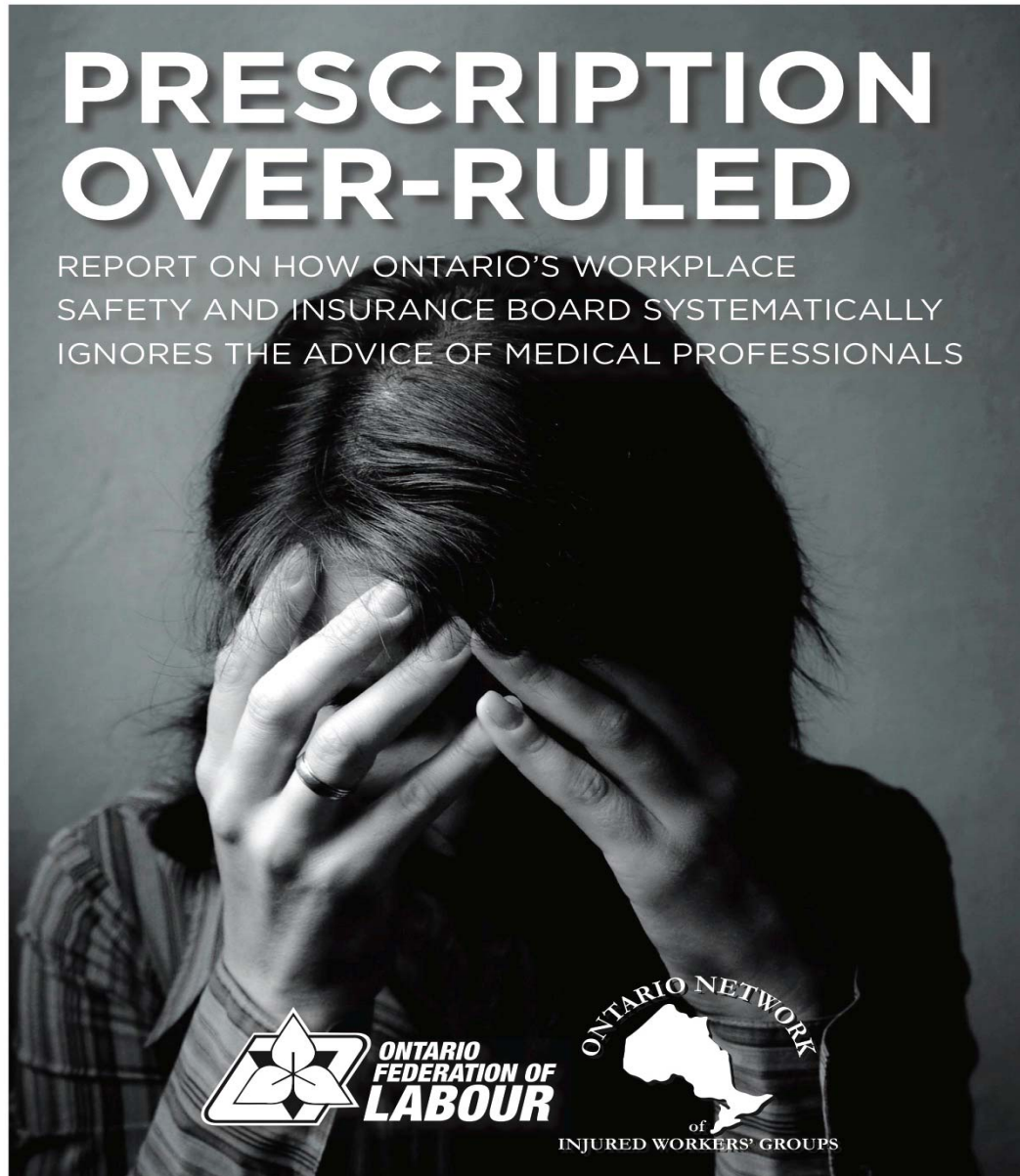
# What can be done differently? Strategies & Issues

- Working with academic & medical researchers to understand the problems and look for solutions.
- Tracking long term outcomes (economic, employment & health) of workers with a permanent disability.
- Develop the framework for proposed improvements.
- Using this knowledge with decision makers.

# PRESCRIPTION OVER-RULED

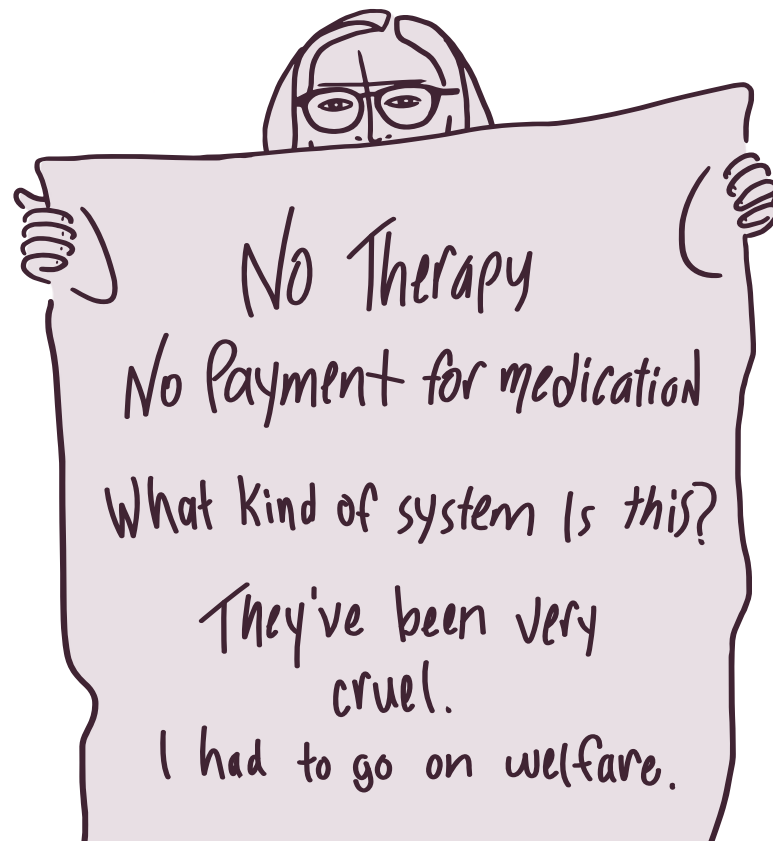
REPORT ON HOW ONTARIO'S WORKPLACE  
SAFETY AND INSURANCE BOARD SYSTEMATICALLY  
IGNORES THE ADVICE OF MEDICAL PROFESSIONALS

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ONTARIO  
FEDERATION OF  
**LABOUR**

ONTARIO NETWORK  
of  
INJURED WORKERS' GROUPS



# BAD MEDICINE

A report on the WSIB's  
transformation of its  
health care spending



## Role of Health Care Provider

- To help their patient recover
- Prevent further injury, illness, and disability
- Provide reports

## Do injured workers have fair access to health care?

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- Primary Health Care Provider
- Referrals for therapies
- Maintenance therapies
- WSIB Programs of Care
- Payment for Care
- Prescription medications

## Is the medical advice given to injured workers respected?

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- Link to work
- Paperwork required
- WSIB Discretion
- Medical Consultants
- Normal healing times
- Offer of modified work
- Pre-existing Conditions

Where it was once the case that the family doctors of injured workers would send in reports and there was a fair chance that they would be considered by adjudicators and Board doctors, what is crystal clear – *there just might be no clearer finding* – is that is not what is happening today. The reports of injured workers' family doctors are being summarily rejected, if not actually ignored.

**~Final Report of the Revived Sir William Meredith Royal  
Commission 2014**

# Return to Work

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- Early & Safe Return to Work
- Modified Work
- Disclosure
- Re-injury and Secondary Injury
- Physical Demands on the Job
- Functional Abilities
- Payment for Services

The role of health care providers in the  
workers' compensation system and return-to-work process  
December 2016, Institute for Work & Health

- Not understanding the WC System
- System Rigidity
- Communications
- Timing and appropriateness of RTW
- Broader health care system

**[http://www.iwh.on.ca/system/files/documents/role\\_of\\_health\\_care\\_providers\\_in\\_return\\_to\\_work\\_final\\_report\\_2016.pdf](http://www.iwh.on.ca/system/files/documents/role_of_health_care_providers_in_return_to_work_final_report_2016.pdf)**

# Injury Prevention Programs

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- Internal Responsibility Systems (IRS)
- Economics of Occupational Health & Safety in Ontario
- Theoretical Models – Hazard Reduction & Behavior Based Programs
- Experience Rating
- Non Reporting of Accidents
- Soft tissue & Repetitive Strain Injuries
- Occupational Diseases

## Vocational & Social Rehabilitation:

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- Rehabilitation in partnership with the injured worker
- Hands on help locating opportunities & providing accommodations for suitable employment
- Quality public rehabilitation service



# Austerity Agenda

- Unfunded Liability
- Corporations trump disabled workers
- 30 % reduction in benefits paid (2010 – 2014)
- Focus on reducing long term benefits
- Welfarization of Disability – John Stapleton

## How Health Care Practitioners Can Help

- Understand the system
- Write clear reports – links to workplace exposure
- Identify disease clusters – cancer registries – public health
- Be patient – high rate of mental health issues
- Speak out

# Resources

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- <http://thunderbayinjuredworkers.com>
- <https://www.crwdp.ca>
- <http://injuredworkersonline.org>
- <http://www.consequencesofworkinjury.ca>
- <http://iavgo.org/research-and-resources>

Thank you!

Since 1999 I have been left in the land of  
assumption

No one ever asks me how I would survive

The Who I am has traveled in time as my case has  
been a puzzle on countless minds

While I am left to wonder why society has moved  
on and left me behind

I feel invisible, like a box locked away without a  
key

No need to worry about what you cannot see.

~ Barbara Stewart Fisher, "WSIB, How Invisible Can I Be?"