

Disability Evaluation - From Guestimates to Gazette Notification

Historical evidence suggests that social justice and systems of compensation have existed since ancient times. The practices of impairment rating and disability determination have traditionally been the purview of the physician examiner. The physician disability examiner is typically expected to diagnose and treat a medical impairment and to determine its disabling effect(s) on a variety of functions. During the past three decades, medical experts, especially specialists in Rehabilitation Medicine (Physical Medicine and Rehabilitation, or Physiatry), have played a very important and leading role in the process of development of uniform guidelines for assessment of impairments and disability throughout the world, including India. Prior to 1986, in India, experts were using a variety of guidelines, namely Workman's Compensation Act, ESI Act, ALIMCO booklet (reprint of guidelines developed by American Academy of Orthopaedic Surgeons, 1962), guidelines developed by Earl D McBride (1963), H. H. Kessler (1970), or American Medical Association (1971), and Manual for Doctors to Evaluate Permanent Physical Impairment (1981).

Ministry of Welfare, Govt. of India issued an O.M. No. 4-2 / 83-HW.-III, dated the 6th August, 1986 dealing with uniform definitions and general guidance for evaluation and assessment of various disabilities. These guidelines were in major part, recommendations of the national expert group meeting on disability evaluation, held at AIIMS in September 1981. Keeping in view the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, as well as based on the experience of use of the above mentioned guidelines, Ministry of Social Justice and Empowerment, Government of India vide Order No. 16 - 18 / 97 - NI. I, dated 28-8-1998, set up four committees under the Chairmanships of Director General of Health Services - one each in the area of mental retardation, Locomotor / Orthopaedic disability, Visual disability and Speech & Hearing disability. Subsequently, another Committee was also constituted on 21-7-1999 for evaluation, assessment of multiple disabilities. In June 2001, the final guidelines for disability evaluation and certification were issued through a Govt. of India Gazette notification. As per this Gazette notification, the certificate would be valid for a period of five years for those whose disability is temporary. For those who acquire permanent disability, the validity can be shown as 'Permanent'. Also, the minimum degree of disability should be 40% in order to be eligible for any concessions / benefits. Earlier, the Persons with Disabilities Act, 1995 had defined "severe disability" as a disability to the extent of eighty percent and above, for the purpose of recognition and maintenance of institutions working for persons with severe disabilities. Gone are the days when one could use the terms mild, moderate, severe, profound disability arbitrarily, without referring to any valid document.

An ideal scale for disability evaluation should be sensitive, specific, reliable, appropriate, acceptable, and robust. Each must be validated against standard criteria to which the attribute may be assessed. Many disability measures have not been validated and value of their robustness is required not only as a general measure, but as a measure of specific rehabilitation activity, e.g. the Barthel ADL Index in stroke rehabilitation. The recent Gazette notification, in major part the same as the August 1986 document, also needs to be tested on these criteria. Till date there are no guidelines which are agreeable to all the experts in different parts of the world

or even within the same country or State.

The Gazette document is available in Hindi and English languages. It contains a little background, constitution of various Committees, methods of estimation of different types of impairments and disabilities, appendices containing upper limb activities, lower limb activities, criteria for dwarfism, a copy of the proposed format for disability certificate, and a ready-reckoner to compute figure by using combining formula $a + b (90-a) / 90$. All these are useful elements and make the task a bit easier.

Today disability evaluation is no longer a problem for Workmen's Compensation alone. A certificate stating the nature and extent of disability issued by a competent authority is required by a person with disability in order to avail benefits under different schemes for assistance to disabled persons. The importance of acquiring a more thorough understanding of the subject of disability evaluation has gained great momentum in the past few years. The medical expert witness has found it necessary to use sound medical reasoning based upon all factors of physical impairment rather than rely on snap judgement in expressing an opinion on the percentage of disability. Guessing casts reflection on integrity and qualifications. Wide difference of medical opinions breeds suspicion of prejudice. If an opinion is to be expressed it must be based upon same sound scientific reasoning as is used in arriving at any medical diagnosis. The use of numerical values is preferred because of difficulty in communication and variability in interpretation of such terms as mild, moderate, severe, slight, marked etc.

"When you cannot measure it, when you cannot express it in numbers, you have scarcely, in your own thoughts, advanced to the stage of science, whatever the matter may be." Lord Kelvin.

Although, one may say that now we have a Gazette notification regarding guidelines for disability evaluation and certification and therefore all problems are over. This is far from true. It needs to be realised that although we have some guidelines, these are far from perfect. There are still many issues which need to be discussed, debated and resolved. There are a number of shortcomings even in these guidelines. There appears to be an element of arbitrariness in terms of percentages assigned to some of the problems. It would have been better had some of the recent documents related to objective evaluation of impairments and disabilities being used by some of the developed countries been referred to in order to avoid some of the shortcomings noticed in these guidelines.

Added to this is the fact that the information about these guidelines, let alone a copy of these guidelines, is not available to a large majority of Orthopaedics, Ophthalmology, ENT, Psychiatry or Rehabilitation Medicine specialists in the country. These guidelines need to be well understood before one starts using them and for this one may have to undergo some short duration orientation and practice under the guidance of specialists who are well versed with various issues related to assessment of disability. One must also understand the difference between impairments and disabilities. Unlike disability, permanent impairment can be measured with a reasonable degree of accuracy and uniformity. It is universally recognized that assessment of impairments and disabilities is a very important but difficult, complex and debatable exercise.

Many readers may not agree with the views expressed by me above, but even if these views are not accepted or adopted, it is hoped the reasoning used will be a helpful influence and there will be discussion and debate to move forward in the direction of better and clearer guidelines with less of arbitrariness and more of objectivity.

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