Administrative Problems Affecting Cardiac Patients

JACOB SCHUTZBANK

The words "Accident, Notice and Causal Relation" under the New York State Workmen's Compensation Law are words of "art" that embrace only "those accidents or occupational diseases" that "arise out of and in the course of employment."1 The Court of Appeals of this state, in a recent decision, advised "whether a particular event was an industrial accident is to be determined, not by a legal definition, but by the common sense viewpoint of the average man."2

The effect of overexertion or strain as an accidental insult to the heart has long held the attention of physicians, the Workmen's Compensation Board and Courts. The damage to the heart brought on by overexertion or strain in the course of daily work, has been held to be a compensable claim, though a pre-existing pathology may have been a contributing factor.3

The most important factor in each case is the medical record. Peculiarly enough the medical record does not begin with the physician. The medical record begins with the claimant. As early as possible, the claimant should be questioned in detail, about his work during his employment, where and when he first noticed symptoms; the extent of pre-existing heart disease or other non-cardiac complications, if any, and periods of hospitalization. The medical reports filed by the attending physician should fully reflect such history and render an opinion as to whether the accident was a competent producing cause of the injury sustained, aggravating or activating a previously existing condition, resulting in the present disability.

The obligation of the employer or carrier to provide medical care and pay compensation commences with knowledge of a claim and disablement, except in controverted cases.4 The relationship between the physician and his patient is more defined, once there is a claim that the disablement is work-connected.5 It is then of the utmost importance for the attending physician to understand that where the claimant is disabled and has a reduced or no actual earning capacity, the Board must have due notice of the nature of his injury and physical impairment, so that it can fix the degree of disability of the claimant and establish his rate of compensation within the maximum and minimum provided by law.6

Since the right to receive compensation is dependent upon the submission by the claimant of medical proof of disability and the relationship of such disability to the accident, the importance of the prompt filing of adequate medical reports in adjudication of compensability of the claim and the right of the claimant to receive medical care and payment of compensation, cannot be overemphasized.

It is interesting to note that in a tabulation of the closed cases covering the period from January, 1952 to June, 1952, in 66.5 per cent of the cases,

*Administrator of Compensation Claims, Workmen's Compensation Board of the State of New York.
the C-104, Attending Physician's 48-Hour Preliminary Report, was filed; that in 63.7 per cent of the said cases, the C-104s were filed within five days after first treatment. During the same period, in 94.5 per cent of the cases the C-4, Attending Physician's Report, required to be filed within 15 days after first treatment, was only filed in 41.4 per cent of said cases, within 18 days after first treatment.7

It should be pointed out that the C-4 report required to be filed within 15 days after first treatment, is the report in which the attending physician should render an opinion as to whether or not the accident described was a competent producing cause of the injury sustained, and whether the claimant has any degree of disability.

The problem of disability due to heart conditions held to be work-connected, is emphasized by the number of awards made in compensation heart cases closed in the years, 1947, 1948 and 1949 (Later figures not available).8

<table>
<thead>
<tr>
<th>Cases Numbered In</th>
<th>Number of Cases</th>
<th>Weeks Awarded</th>
<th>Amount of Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1947</td>
<td>167</td>
<td>89,325</td>
<td>$1,023,561</td>
</tr>
<tr>
<td>1948</td>
<td>223</td>
<td>152,522</td>
<td>1,941,776</td>
</tr>
<tr>
<td>1949</td>
<td>205</td>
<td>127,671</td>
<td>1,920,240</td>
</tr>
</tbody>
</table>

It is heartening to note from the records of many cases, that the diagnosis of heart trouble does not mean the end of everything and that with competent medical care, many heart patients have continued to live for many years, some beyond the normal life expectancy. Of particular interest is the fact that under modern rehabilitation methods cardios can work when they are placed at jobs they are physically capable of doing.

The administrative problem of the Board does not solely rest in the initial adjudication of the claim but continues during the entire period of the disablement and restoration of the claimant to gainful occupation, if possible. In every phase of this vast responsibility, the physician plays an outstanding part. His responsibility, like the Board's, does not end with meeting the immediate medical needs of the claimant, but finds its way through every phase of the case until the claimant returns to physical and occupation rehabilitation.

REFERENCES
2 Masse v. James H. Robinson Co., 301 N. Y. 34.
4 New York State Workmen's Compensation Law, Section 25.
5 New York State Workmen's Compensation Law, Section 13-13J; Rules and Procedure relative to medical and surgical care and treatment under Sec. 13-13J.
6 New York State Workmen's Compensation Law, Section 15 subd. 5-a.
8 New York Workmen's Compensation Board Research and Statistics.

COMMENTS

NATHANIEL E. REICH

An increasing number of important studies and surveys in regard to rehabilitation of the cardiac worker attest to a growing appreciation of this major problem. This symposium headed by eminent specialists in their respective fields has illuminated many aspects of rehabilitation. The facts indicate 1) that the largest group of disabled persons in the United States are afflicted with cardiovascular diseases; 2) that improved methods of diagnosis and clinical evaluation have increased the effectiveness of medical and surgical management and, finally, 3) that rehabilitation is now beginning to play an important role in the welfare of the individual, industry, and the nation.

COMENTARIO

El número creciente de estudios de importancia y de investigaciones sobre la rehabilitación del trabajador cardíaco, atestiguauen aumento en la estimación de este gran problema. Este simposio encabezado por eminentes especialistas en sus respectivos terrenos ha iluminado muchos aspectos de la rehabilitación.

Los hechos indicaron: 1) que la mayor parte de los inválidos en los Estados Unidos están afectados por enfermedad cardiovascular. 2) que los métodos mejorados de diagnóstico y para la evaluación clínica, han aumentado la efectividad de los tratamientos médico y quirúrgico y finalmente: 3) que la rehabilitación está empezando a desempeñar un papel de importancia para el bienestar del individuo, de la industria y de la nación.

RESUME

L'augmentation du nombre des études importantes et des recherches concernant la réadaptation au travail des cardiaques montre qu'on attache une attention de plus en plus grande à ce problème capital. Ce symposium, dirigé par des spécialistes éminents chacun dans leur domaine, a précisé de nombreux aspects de la réadaptation.

Les faits montrent: 1) que le groupe d'infirmes le plus étendu est celui des personnes atteintes d'”affection cardiovasculaire. 2) que des méthodes améliorées de diagnostic et d'appréciation clinique ont augmenté l'efficacité de l'armement médical et chirurgical, et finalement. 3) que la réadaptation commence maintenant à jouer un rôle important dans l'équilibre de l'individu, de l'industrie et de la nation.