

Letselschade en herstel

Dr. Nieke Elbers
Prof. Arno Akkermans

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Statistieken

Verkeersslachtoffers:

- 58% wordt medisch behandeld
- 10-25% ondervindt psychische problemen

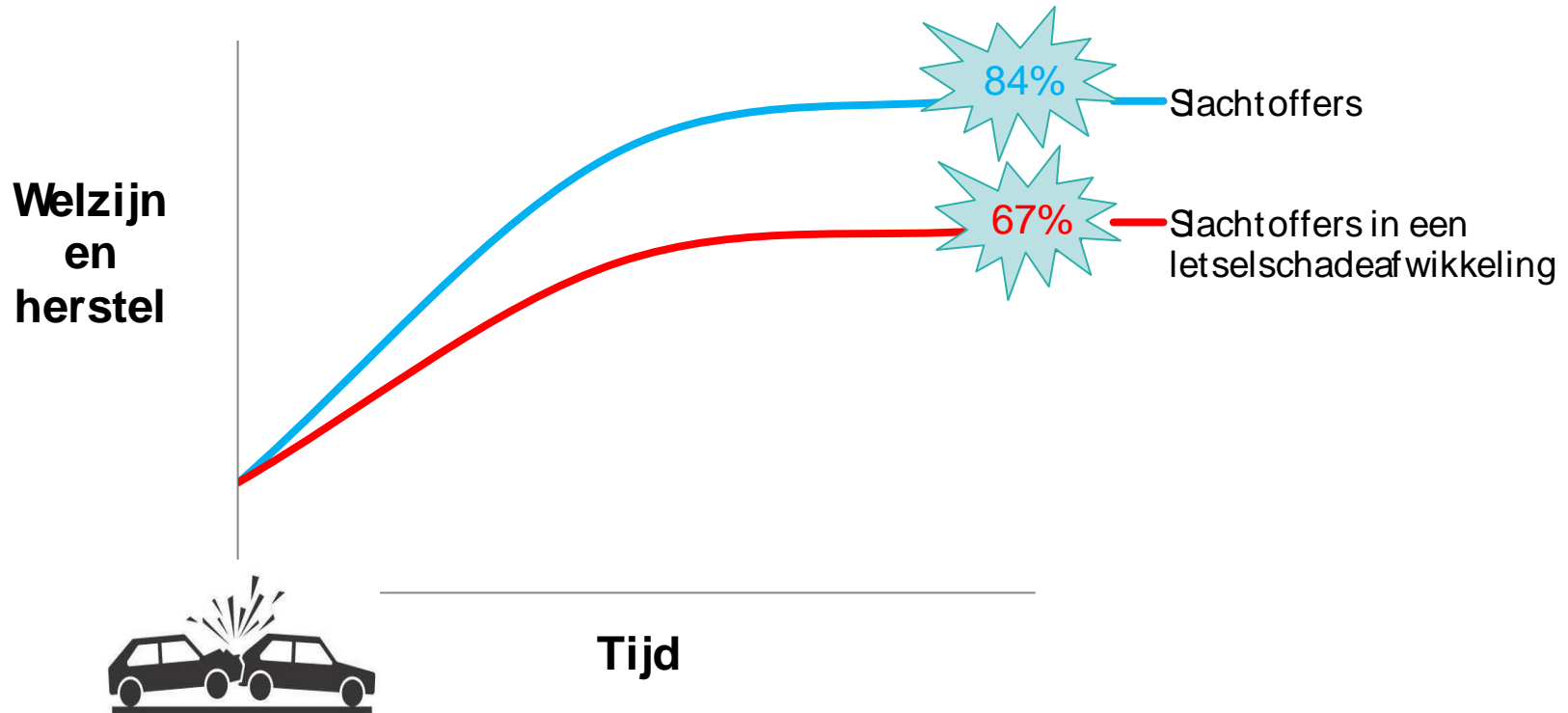
11 miljoen werkdagen verzuimd door letsel na ongeval

- 17% van totaal werkverzuim

(CBS, 2001)

(Renssen, 2002)

(Stichting consument en veiligheid, 2011)



(Gabbe et al, 2007)

REVIEW

Association Between Compensation Status and Outcome After Surgery

A Meta-analysis

Ian Harris, FRACS(Orth)

Jonathan Mulford, MB,BS

Michael Solomon, FRACS

James M. van Gelder, FRACS

Jane Young, PhD

COMPENSATION STATUS IS OFTEN associated with poor outcome after therapeutic intervention. This association has been noted since the late 19th and early 20th centuries in conditions compensated through litigation, such as "railway spine,"^{1,2} and with the introduction of workers' compensation laws in industrialized countries.^{3,3} The association has been investigated in meta-analytic reviews regarding outcomes after head injury⁴ and treatment for chronic pain⁵ but not for outcome after surgery.

Diversity of opinion exists: some authors^{6,9} believe that seeking compensation is not a major predictor of outcome, yet others¹⁰⁻¹⁴ have found that compensation is the strongest predictor of poor outcome. Since it is not possible to perform a randomized controlled trial for compensation, conclusions can be drawn only from observational data. This may allow selection bias and confounding due to, for example, differing demands and expectations in patients who receive compensation.

However, any association between compensation status and outcome is important, not only clinically, as it may influence clinical decision making, but

Context Compensation, whether through workers' compensation or through litigation, has been associated with poor outcome after surgery; however, this association has not been examined by meta-analysis.

Objective To investigate the association between compensation status and outcome after surgery.

Data Sources We searched MEDLINE (1966-2003), EMBASE (1980-2003), CINAHL, the Cochrane Controlled Trials Register, and reference lists of retrieved articles and textbooks, and we contacted experts in the field.

Study Selection The review included any trial of surgical intervention in which compensation status was reported and results were compared according to that status. No restrictions were placed on study design, language, or publication date. Studies were selected by 2 unblinded independent reviewers.

Data Extraction Two reviewers independently extracted data on study type, study quality, surgical procedure, outcome, country of origin, length and completeness of follow-up, and compensation type.

Data Synthesis Two hundred eleven studies satisfied the inclusion criteria. Of these, 175 stated that the presence of compensation (workers' compensation with or without litigation) was associated with a worse outcome, 35 found no difference or did not describe a difference, and 1 described a benefit associated with compensation. A meta-analysis of 129 studies with available data (n = 20 498 patients) revealed the summary odds ratio for an unsatisfactory outcome in compensated patients to be 3.79 (95% confidence interval, 3.28-4.37 by random-effects model). Grouping studies by country, procedure, length of follow-up, completeness of follow-up, study type, and type of compensation showed the association to be consistent for all subgroups.

Conclusions Compensation status is associated with poor outcome after surgery. This effect is significant, clinically important, and consistent. Because data were obtained from observational studies and were not homogeneous, the summary effect should be interpreted with caution. Compensation status should be considered a potential confounder in all studies of surgical intervention. Determination of the mechanism for this association requires further study.

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also economically, as workers' compensation and insurance costs form a significant part of the costs of government and business.

We hypothesize that patients who receive compensation are more likely to have an unsatisfactory outcome after

Author Affiliations: Orthopaedic Department, Liverpool Hospital, Liverpool, Australia (Drs Harris and Mulford); Surgical Outcome Research Centre, Campersdown, Australia (Drs Solomon and Young); and University of New South Wales, Kensington, Australia (Dr van Gelder).

Corresponding Author: Ian Harris, FRACS(Orth), Orthopaedic Department, Liverpool Hospital, Liverpool, NSW 2170, Australia (iharris@optushome.com.au).

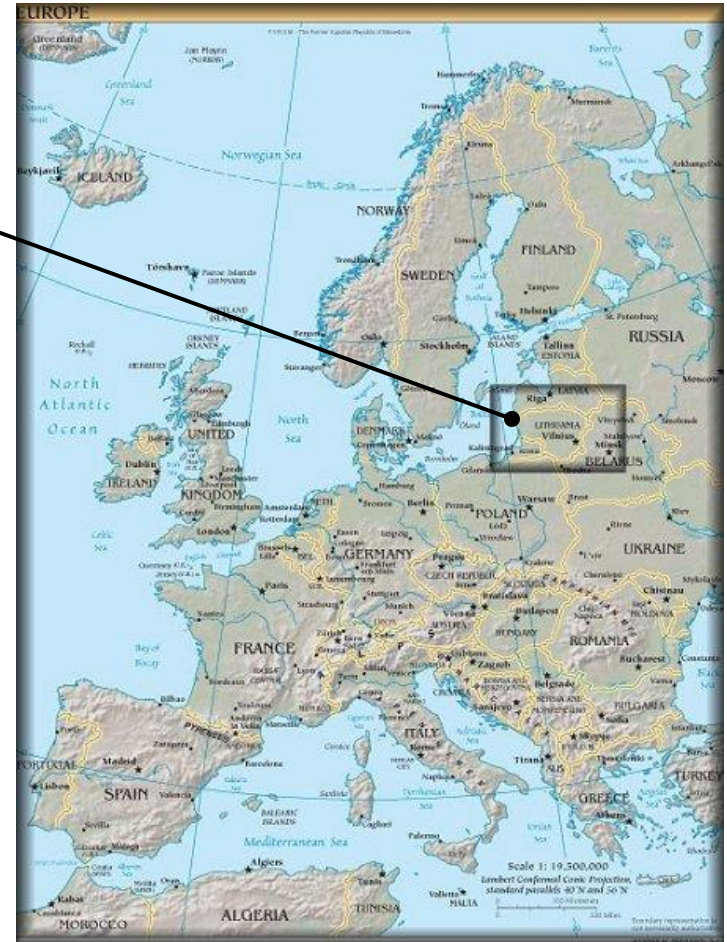


Secundaire ziekte winst

Onbewust ziekterol vanwege
financieel 'gewin'



- **Litouwen** (Schrader et al, 1996)
Geen 'whiplash', niet méér klachten
- **Canada** (Cassidy et al, 2000, 2003, 2004)
Geen smartengeld, minder claims



Secundaire victimisatie

Hernieuwd slachtofferschap
door letselschadeafwikkeling



Letselschadeafwikkeling

Aansprakelijkheid

Letsel

Schade



Bewijzen:

- Ander aansprakelijk
- Letsel
- Schade



De niet-financiële impact van schadetoebrenging en hoe daaraan tegemoet te komen

Over excuses, actieve schadeafwikkeling en procedurele rechtvaardigheid

*Prof. mr. A.J. Akkermans en L. Hulst MSc**

1. Inleiding¹

Er is de laatste jaren toenemende aandacht voor de ervaringen en behoeften van personen bij het verhaal van hun schade.² Onderzoek wijst uit dat slachtoffers van letselschade allerlei immateriële behoeften hebben, zoals erkenning voor wat hun is overkomen, weten wat er precies is gebeurd en maatregelen ter preventie.³ Afhankelijk van de omstandigheden kunnen deze behoeften niet minder zwaarwegend zijn dan de behoefte aan een fatsoenlijke schadevergoeding. Binnen de letselschadebranche wordt dit wel verwoord met de beeldspraak dat verkeersslachtoffers door het ongeval en zijn gevolgen ook 'rood staan op hun emotionele bankrekening'.⁴ Een van de behoeften die in dit verband veel wordt genoemd, is de behoefte aan

het ontvangen van excuses.⁵ Voor het Personenschade Instituut van Verzekeraars (PIV) was dit aanleiding om een onderzoek te laten verrichten naar de vraag hoeveel wetenschappelijk bewijs er bestaat voor de veronderstelling dat het zinvol is dat verzekeraars bevorderen dat hun verzekerden die een verkeersongeval hebben veroorzaakt, excuses aanbieden aan de personen die daarbij gewond zijn geraakt – althans dat persoonlijk contact wordt opgenomen zodat een interactie van die strekking plaats kan vinden. Ook is onderzocht wat de voorwaarden zijn waaronder excuses effectief kunnen zijn, op welke wijze verzekeraars het aanbieden daarvan kunnen bevorderen, en hoe dat aanbieden het beste kan plaatsvinden. Deze vragen zijn in de bredere context geplaatst van de vraag wat verzekeraars, naast het bevorderen van persoonlijk contact tussen veroorzaker en slachtoffer, kunnen doen aan de omstandigheid dat verkeersslachtoffers door het ongeval en zijn gevolgen ook rood staan op hun emotionele bankrekening. Van het onderzoek is inmiddels een onderzoeksrapport gepubliceerd onder de titel 'Excuses aan verkeersslachtoffers'.⁶ In deze bijdrage wordt beknopt verslag gedaan van de belangrijkste onderzoeksuitkomsten. Ingegaan wordt op de niet-financiële impact van schadetoebrenging en wat er voor mogelijkheden zijn om daaraan tegemoet te komen. In een volgende bijdrage zal verslag worden gedaan van een aantal pilots die in het kader van het onderzoek werden en worden uitgevoerd.

1. In deze bijdrage wordt verslag gedaan van een onderzoek dat in opdracht van het Personenschade Instituut van Verzekeraars (PIV) is verricht naar de baten, effectiviteit en methode van het bevorderen door verzekeraars van het aanbieden van excuses aan verkeersslachtoffers. Zij bevat een verkorte weergave van delen van het onderzoeksrapport dat over dit onderzoek is gepubliceerd: J.E. Hulst, A.J. Akkermans & S. van Buschbach, Excuses aan verkeersslachtoffers. Een onderzoek naar baten, effectiviteit en methode van het bevorderen door verzekeraars van het aanbieden van excuses aan verkeersslachtoffers, Den Haag: Boom Lemma uitgeverij 2014 (<<http://hdl.handle.net/1871/51947>>).

2. Zie o.a. S.D. Linderbergh & A.J. Akkermans (red.), Ervaringen met het verhaal van schade. Van patiënten, verkeersslachtoffers, geweldslachtoffers, burgers en werknemers, Den Haag: Boom Juridische uitgeverij (in druk).

3. J.L. Smeethuizen, K.A.P.C. van Wees, A.J. Akkermans, J. Legemaate, S. van Buschbach & E.J. Hulst, Opvang en schadeafwikkeling bij onbedoelde gevolgen van medisch handelen, Amsterdam: Vrije Universiteit Amsterdam 2013 (<<http://hdl.handle.net/1871/40290>>); A.J. Akkermans & K.A.P.C. van Wees, Het letselschadeproces in therapeutisch perspectief, TVP 2007, afl. 4, p. 103-118 (<<http://hdl.handle.net/1871/15261>>); R.M.E. Huver, K.A.P.C. van Wees, A.J. Akkermans & N.A. Elbers, Slachtoffers en aansprakelijkheid. Een onderzoek naar behoeften, verwachtingen en ervaringen van slachtoffers en hun naasten met betrekking tot het civiele aansprakelijkheidsrecht. Deel I. Terreinverkenning, Den Haag: WODC 2007 (<<http://hdl.handle.net/1871/15418>>).

4. Deze beeldspraak, die niet alleen in de context van letselschade wordt gebruikt, is ontleend aan het begrip 'emotional bankaccount' van de Amerikaanse auteur Stephen Covey, zie <www.stephencovey.com/>.

5. In een grootschalig vragenlijstonderzoek werd aan naaste gezinsleden van ernstig en blijvend gewonde en overleden slachtoffers gevraagd wat zij het belangrijkste vonden voor hun emotionele verwerking. Het vaakst noemden zij dat de veroorzaker de fout erkent, excuses aanbiedt, medeleven toont en zich de gevolgen voor het slachtoffer realiseert. Daarnaast vonden zij het belangrijk voor hun verwerking dat de financiële schade soepel(er) wordt afgewikkeld. Zie A.J. Akkermans, J.E. Hulst, E.A.M. Claassen, A. Boom, N.A. Elbers, K.A.P.C. van Wees & D.J. Brinvels, Slachtoffers en aansprakelijkheid. Een onderzoek naar behoeften, verwachtingen en ervaringen van slachtoffers en hun naasten met betrekking tot het civiele aansprakelijkheidsrecht. Deel II. Affectieschade, Den Haag: WODC 2008 (<<http://hdl.handle.net/1871/15332>>).

6. Zie noot 1.



Perceived Injustice and Adverse Recovery Outcomes

Michael J. L. Sullivan · Esther Yakobov · Whitney Scott · Raymond Tait

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Abstract Research is accumulating highlighting the negative impact of perceptions of injustice on health and mental outcomes associated with pain. To date, the relation between perceived injustice and adverse pain outcomes has been demonstrated with individuals suffering from a wide range of debilitating pain conditions. This paper summarizes what is currently known about the negative impact of justice-related appraisals on recovery trajectories following injury. The paper also addresses the processes that might underlie the relations between perceived injustice and adverse pain outcomes. Given the research indicating that perceived injustice is a powerful predictor of disability, it follows that interventions that yield reductions in perceived injustice should be associated with reductions in disability. Of concern, however, is that perceptions of injustice do not appear to respond to current treatment approaches used in the management of pain and disability consequent to injury. It is argued that a paradigm shift in approaches to evaluation and treatment might be required in order to yield meaningful reductions in perceived injustice. Such a paradigm shift might entail broadening the targets of assessment and intervention beyond the ‘perceptions’ of the injured individual to include potential external sources of injustice (e.g., employer, insurer, health care provider) in the treatment plan.

Keywords Perceived injustice · Injury · Compensation · Disability

The potentially devastating consequences of musculoskeletal injury have been described in numerous reports (Chapman & Gavrin, 1999; Keogh, Nuwayhid, Gordon, & Gucer, 2000). For some individuals, life following injury will be characterized by significant and persistent physical and emotional suffering (Berglund, Bodin, Jensen, Wiklund, & Alfredsson, 2006; Nederhand, Hermens, Ijzerman, Turk, & Zilvold, 2003). In addition, post-injury life might be replete with loss experiences, including the loss of employment, the loss financial security, the loss of independence, and the loss of sense of identity (Harris, Morley, & Barton, 2003; Lyons & Sullivan, 1998). While some of these losses might be temporary, others might be permanent (Evans, Mayer, & Gatchel, 2001; Suissa, 2003; Watson, Booker, Moores, & Main, 2004).

Clinical anecdotes abound of persistent pain sufferers who feel they have been victimized either as a direct result of their injury, or indirectly by injury-related sequelae (Aceves-Avila, Ferrari, & Ramos-Remus, 2004; Bigos & Battie, 1987; McParland, Eccleston, Osborn, & Hezsetline, 2011; Waugh, Byrne, & Nicholas, 2014). An Internet search quickly reveals numerous attestations that emphasize the injustice of living with pain: “*What did I do to deserve this?*”, “*I wish he could see what he has done to my life*”, or “*Nothing will ever make up for what I have gone through*.” Such attestations reflect at once elements of the magnitude of loss, the irreparability of loss, and a sense of unfairness (McParland & Whyte, 2008; Sullivan et al., 2008).

Surprisingly, it is only within the last decade that justice-related appraisals have become the focus of systematic enquiry in the domain of injury and pain (Brown, Bostick, Lim, & Gross, 2012; Chibnall & Tait, 2009; McParland & Eccleston, 2013; Scott, Trost, Bernier, & Sullivan, 2013; Sullivan et al.,

M. J. L. Sullivan (✉) · E. Yakobov
 Department of Psychology, McGill University,
 1205 Docteur Penfield, Montreal, QC, Canada H3A 1B1
 e-mail: Michael.Sullivan@mcgill.ca

W. Scott
 Institute of Psychiatry, Psychology and Neuroscience,
 King's College London, London, UK

R. Tait
 Department of Neurology and Psychiatry, Saint Louis University
 School of Medicine, St. Louis, MO, USA





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Original Reports

Bio-Psychosocial Determinants of Persistent Pain 6 Months After Non-Life-Threatening Acute Orthopaedic Trauma

Fiona J. Clay,* Stuart V. Newstead,* Wendy L. Watson,[†] Joan Ozanne-Smith,[‡] Jonathon Guy,* and Roderick J. McClure*

* Monash University, Accident Research Centre, Clayton, Victoria, 3800, Australia.

[†] NSW Injury Risk Management Research Centre, University of NSW, Sydney, NSW, 2052, Australia.

[‡] Monash University, Department of Forensic Medicine, Victorian Institute of Forensic Medicine, Southbank, Victoria, 3006, Australia.

Abstract: The study quantifies the association between a range of bio-psychosocial factors and the presence of persistent pain, pain severity and pain interfering with normal work activities in a cohort of 168 patients with a range of non-life-threatening orthopaedic injuries. Participants were recruited following presentation to 1 of 4 Victoria hospitals for treatment for their injury and followed until 6 months postinjury. Multivariate analysis was employed to determine factors associated with pain outcomes, 6 months postinjury. The prevalence of pain was common; 54% of participants reported the presence of persistent pain at 6 months, with the majority (87%) reporting that pain interfered to an extent with their normal work activities. High initial pain, **external attributions of responsibility** for the injury, and psychological distress were found to be significant independent predictors of the presence of all 3 outcomes. In addition, poor recovery expectations was found to be a significant predictor of pain-related work disability and being injured at work a significant predictor of pain severity. Many of these factors are potentially modifiable and should alert the clinician about the need for interventions in order to prevent the development of pain chronicity.

Perspective: This study has quantified determinants of pain, 6 months after non-life-threatening acute orthopaedic trauma. Psychosocial factors strongly predicted persistent pain, pain-related work disability, and pain severity. These findings may assist clinicians to determine the need for, and likely effectiveness of, individual pain-management approaches in this population.

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Key words: Orthopaedic, non-life-threatening trauma, bio-psychosocial, outcome, minor injury.

Pain is one of the most common symptoms seen in health care and often associated with acute orthopaedic trauma.^{4,52} In Australia, chronic pain is a significant concern, with estimates that it affects the quality of life of around 1 in 5 adults.⁴

Some individuals who sustain a traumatic injury that demonstrates physical healing may develop ongoing pain and disability and a reduced capacity for functioning. Under a biomedical model of health, which focuses on pain being solely the result of the physical injury, it is difficult to clinically explain the presence of disability once the pathology associated with the injury has healed.^{50,54} Previous prospective studies which have primarily focused on major trauma populations suggest that factors other than the physical injury are important in the development of ongoing pain. A number of factors measured during the course of recovery including high initial pain intensity, posttraumatic stress disorder (PTSD), compensation status, education, and depression have been shown to independently predict ongoing pain and associated disability.^{8,19,43,45,58}

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Support for the study was received from the Transport Accident Commission and the Monash University Postgraduate Students Fund. F.J.C. received a NHMRC Public Health scholarship and VIC Health scholarship. Address reprint requests to Fiona J. Clay, Monash University, Accident Research Centre (Location of research), Clayton, Victoria, 3800, Australia. E-mail: fiona.clay@muarc.monash.edu.au

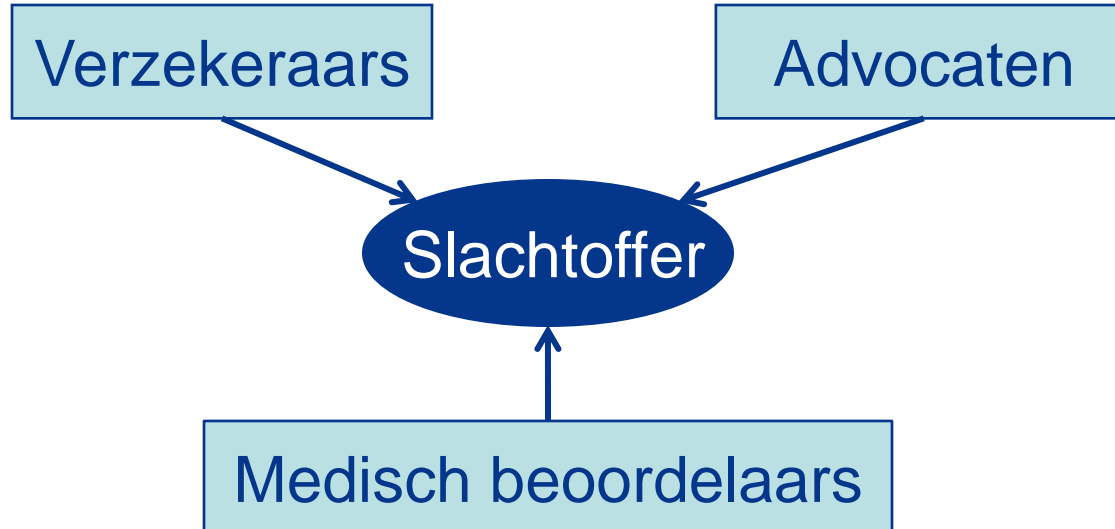
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Professionele partijen



RESEARCH ARTICLE

Open Access

Factors that challenge health for people involved in the compensation process following a motor vehicle crash: a longitudinal study

Nieke A Elbers¹, Arno J Akkermans², Keri Lockwood¹, Ashley Craig¹ and Ian D Cameron^{1*}

Abstract

Background: Motor vehicle crashes (MVC) are associated with diminished mental health, and furthermore, evidence suggests the process of claiming compensation following an MVC further increases distress and impedes recovery. However, further research is required on why the compensation process is stressful. The aim of the current study is twofold. The first is to investigate whether the interaction with the insurance agency is associated with anxiety. The second is to explore qualitatively aspects of dissatisfaction with the compensation process.

Methods: Participants (N = 417) were injured people involved in a compensation scheme after a motor vehicle crash (MVC) in New South Wales, Australia. Interviews were conducted by phone at 2, 12 and 24 months after the MVC. A suite of measures were used including compensation related measures, pain catastrophising and the anxiety/depressed mood subscale of the EuroQol. The association between predictors and anxiety/depressed mood as the dependent variable were analysed using forward logistic regression analyses. The comments about dissatisfaction with the insurance company were analysed qualitatively.

Results: The strongest predictor of mood status found was pain-related catastrophising, followed by dissatisfaction with the insurance company. Dissatisfaction was attributed to (1) lack of communication and lack of information, (2) delayed or denied payments of compensation, (3) slow treatment approval and discussions about causality, (4) too much complicated paperwork, and (5) discussions about who was at-fault.

Conclusions: Factors were found that contribute to anxiety in the compensation process. The association between catastrophising and anxiety/depressive mood suggests it is worthwhile further investigating the role of negative cognitions in compensation processes. People who score highly on catastrophising after the MVC may benefit from early psychological interventions aiming at addressing negative cognitions. Another important stressor is the interaction with the insurance company. Stress is associated with problems of communication, medical treatment, and claim settlement. This study additionally draws attention to some under recognised problems such as delayed payments. Pro-active claims management could address some of the identified issues, which could improve health of injured people after a MVC.

Keywords: Claimants, Traffic crash, Mental health, Anxiety, Insurance companies, Secondary victimisation, Compensation, Injury

Research

Original Investigation

Relationship Between Stressfulness of Claiming for Injury Compensation and Long-term Recovery A Prospective Cohort Study

Genevieve M. Grant, LLB, PhD; Meaghan L. O'Donnell, PhD; Matthew J. Spittal, PhD; Mark Creamer, PhD; David M. Studdert, LLB, ScD, MPH

Supplemental content at
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IMPORTANCE Each year, millions of persons worldwide seek compensation for transport accident and workplace injuries. Previous research suggests that these claimants have worse long-term health outcomes than persons whose injuries fall outside compensation schemes. However, existing studies have substantial methodological weaknesses and have not identified which aspects of the claiming experience may drive these effects.

OBJECTIVE To determine aspects of claims processes that claimants to transport accident and workers' compensation schemes find stressful and whether such stressful experiences are associated with poorer long-term recovery.

DESIGN, SETTING, AND PARTICIPANTS Prospective cohort study of a random sample of 1010 patients hospitalized in 3 Australian states for injuries from 2004 through 2006. At 6-year follow-up, we interviewed 332 participants who had claimed compensation from transport accident and workers' compensation schemes ("claimants") to determine which aspects of the claiming experience they found stressful. We used multivariable regression analysis to test for associations between compensation-related stress and health status at 6 years, adjusting for baseline determinants of long-term health status and predisposition to stressful experiences (via propensity scores).

MAIN OUTCOMES AND MEASURES Disability, quality of life, anxiety, and depression.

RESULTS Among claimants, 33.9% reported high levels of stress associated with understanding what they needed to do for their claim; 30.4%, with claim delays; 26.9%, with the number of medical assessments; and 26.1%, with the amount of compensation they received. Six years after their injury, claimants who reported high levels of stress had significantly higher levels of disability (+6.94 points, World Health Organization Disability Assessment Schedule sum score), anxiety and depression (+1.89 points and +2.61 points, respectively, Hospital Anxiety and Depression Scale), and lower quality of life (-0.73 points, World Health Organization Quality of Life instrument, overall item), compared with other claimants. Adjusting for claimants' vulnerability to stress attenuated the strength of these associations, but most remained strong and statistically significant.

CONCLUSIONS AND RELEVANCE Many claimants experience high levels of stress from engaging with injury compensation schemes, and this experience is positively correlated with poor long-term recovery. Intervening early to boost resilience among those at risk of stressful claims experiences and redesigning compensation processes to reduce their stressfulness may improve recovery and save money.

Author Affiliations: Faculty of Law, Monash University, Victoria, Australia (Grant); Melbourne School of Population and Global Health, University of Melbourne, Victoria, Australia (Grant, Spittal); Australian Centre for Posttraumatic Mental Health, University of Melbourne, Victoria, Australia (O'Donnell, Creamer); Department of Psychiatry, University of Melbourne, Victoria, Australia (O'Donnell, Creamer); Center for Health Policy/Center for Primary Care and Outcomes Research, Stanford University School of Medicine, Stanford, California (Studdert); Stanford Law School, Stanford, California (Studdert).

Corresponding Author: David M. Studdert, LLB, ScD, MPH, Center for Health Policy/PCOR, Stanford University, 117 Encina Commons, Stanford, CA 94305 (studdert@stanford.edu).

Stressfulness of Claiming for Injury Compensation

Table 2. Claim Experience Survey: Stressor Questions and Results

Claim Experience Stressors	Stressed Group ^a	
	Claimants, %	Score, Mean (SD)
<i>Was this aspect of your claim a source of stress? If so, how stressful was it (scale, 1-5)?</i>		
1. Understanding what you needed to do for your claim	33.9	3.9 (0.8)
2. The amount of time the compensation organization took to deal with your claim	30.4	4.1 (0.9)
3. The number of medical assessments or examinations you went through for your claim	26.9	3.9 (0.8)
4. The amount of compensation you received	26.1	4.0 (0.9)
5. The fairness with which the compensation organization dealt with your claim	24.8	4.0 (0.9)
6. Getting the compensation organization to listen to what you had to say	22.1	4.3 (0.8)
7. The level of respect and dignity the compensation organization treated you with as a person	18.3	3.8 (0.9)
8. Negative attitudes from doctors or other health professionals because of your claim	7.9	3.7 (0.8)
9. Negative attitudes from friends, family or colleagues because of your claim	6.9	4.0 (0.8)

^a Score ≥ 3 out of 5.





Pergamon

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Therapeutic and Anti-Therapeutic Consequences of Workers' Compensation

Katherine Lippel*

Introduction

Legal and medical practitioners specialized in workers' compensation in North America, union representatives and injured workers' advocates frequently take it for granted that their clientele is belligerent, frustrated, and "highly demanding,"¹ and many share their frustration. Yet little has been written about the therapeutic and anti-therapeutic consequences of the compensation process itself.²

The present article takes as a premise that no-fault or non-tort³ compensation systems are, potentially, far more equitable, fair, and "therapeutic" than the tort system. Its purpose is to focus on those aspects of non-tort systems that can be improved, rather than to question the existence of the systems themselves. In so doing it is important to understand the parameters of such

*Professor of Law, Département des sciences juridiques, Université du Québec à Montréal, Montréal, Canada.

Address correspondence and reprint requests to Katherine Lippel, Département des sciences juridiques, Université du Québec à Montréal, C.P. 8888, Succursale Centre Ville, Montréal, H3C 3P8, Canada; E-mail: lippel.katherine@uqam.ca

¹Douglas Mossman, *Veterans Affairs Disability Compensation: A Case Study in Countertherapeutic Jurisprudence*, 24:1 BULL. AM. ACAD. PSYCHIATRY LAW 27, at 32 (1996) quoting A. Heller, Chairperson, "The Problem Patient in VA Psychiatric Services." Workshop presented at the Annual Meeting of the American Psychiatric Association, New York, May 17, 1990; patients are "adversarial, highly demanding and have a strong sense of entitlement."

²At least two articles of significance have been published on this issue in recent years: Terence G. Ison, *The Therapeutic Significance of Compensation Structures*, 64 CAN. BAR REV. 605 (1986); William Wilkinson, *Therapeutic Jurisprudence and Workers' Compensation*, 30 ARIZONA ATTORNEY 28 (1994). Both are particularly concerned, and rightly so, with anti-therapeutic consequences of the medico-legal aspects of workers compensation. Other aspects of no-fault compensation have received less attention in the literature.

³Although the term *no-fault* is essentially a misnomer, it is the usual designation for legislative programs, like the workers' compensation schemes of North America, that provide for compensation for injury regardless of the civil liability of the claimant or the insured party. Employers assume the cost of compensation insurance in exchange for protection from suits based on their liability. Most such systems protect employers and sometimes other potential defendants from tort liability, while providing workers with some compensation even in the absence of faulty behavior of the employer. The term *no-fault* is here used interchangeably with the term *non-tort*.

RESEARCH ARTICLE

Open Access

Changing insurance company claims handling processes improves some outcomes for people injured in road traffic crashes

Frederieke Schaafsma, Annelies De Wolf, Areen Kayaian and Ian D Cameron*

Abstract

Background: Regaining good health and returning to work are important for people injured in road traffic crashes and for society. The handling of claims by insurance companies may play an important role in the rate at which health recovers and return to work is actually attained.

Methods: A novel approach towards claims handling for people injured in road traffic accidents was compared to the standard approach. The setting was a large insurance company (NRMA Insurance) in the state of New South Wales, Australia. The new approach involved communicating effectively with injured people, early intervention, screening for adverse prognostic factors and focusing on early return to work and usual activities. Demographic and injury data, health outcomes, return to work and usual activities were collected at baseline and 7 months post-injury.

Results: Significant differences were found 7 months post-injury on 'caseness' of depression ($p = 0.04$), perceived health limitation on activities ($p = 0.03$), and self-reported return to usual activities ($p = 0.01$) with the intervention group scoring better. Baseline general health was a significant predictor for general health at 7 months (OR 11.6, 95% CI 2.7-49.4) and for return to usual activities (OR 4.6, 95% CI 2.3-9.3).

Conclusion: We found a few positive effects on health from a new claims handling method by a large insurance company. It may be most effective to target people who report low general health and low expectations for their health recovery when they file their claim.

Keywords: Road traffic injuries, Claims handling, Rehabilitation, Health status, Return to work

Background

Injuries due to road traffic crashes happen often and have a major impact on the individual and on society [1].

The effect of financial compensation on health recovery and return to work for people injured in traffic accidents has been studied extensively over the last 10 years [2-4]. Not only financial compensation but also the approach of claims handling by an insurance system towards injured people may have effect on health recovery and return to work. Recently, Casey et al. concluded that the claims management process could be improved by the inclusion of health outcome information at claim

notification which would assist in identifying those at risk of delayed recovery [5]. Clear communication, professional assistance besides quick estimation of the severity and prognosis of the injury may also help speed up the health recovery and limit costs for insurance companies and health care systems. Insurance companies should provide financial assistance as well as health care assistance for best results and help the injured person to find the best treatment. They require a regulatory framework to assist this.

In New South Wales Australia compensation under the third party insurance scheme is available where people are killed or injured as a result of a motor vehicle

Wat kunnen revalidatieartsen met deze kennis?

- Letselschadeafwikkeling kan belastend zijn
- Vanwege onzekerheid, stress en behoefte aan erkenning
- Voelsprietten krijgen voor letselschade stress
- Coaching, stimuleren weer rollen op te pakken
- Werk, weer meedoen in maatschappij maakt gelukkig(er)

Dank voor uw aandacht

Arno Akkermans
a.j.akkermans@vu.nl