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Insurers too nosy about patients' files, doctors say

Disability cases disputed

Tom Blackwell

National Post

Doctors' groups charge

that insurers are demanding with growing frequency to see the entire medical files of clients applying for disability insurance benefits. The doctors call it an invasion of privacy that is rarely justified and sometimes dangerous.

The trend has particularly worried psychiatrists, who say insurers are asking them to hand over notes on their patients' private thoughts, fears and fantasies.

The Ontario Medical Association's governing council recently passed resolutions condemning the practice and calling for government action to help change it.

The insurance industry defends itself by arguing it often needs the information to weed out false claims.

The Ontario Medical Association's national counterpart and the group representing Canada's psychiatrists say they share concerns about the practices of insurers, who pay out \$4-billion a year in disability benefits.

"The clinical information contains a lot of intimate, personal information that is frankly not relevant to the evaluation of an insurance claim," said Dr. Sonu Gaind, the Toronto psychiatrist who spearheaded the issue at the OMA.

"It is not just one insurance company doing it either ... [And] I would not say at all that this is limited to psychiatry."

Dr. Henry Haddad, president of the Canadian Medical Association, said he is particularly concerned that the trend will make patients even less willing to be frank with physicians, making the job of diagnosing them more difficult. An association poll found that more than 10% of Canadians already withhold key health information from their doctor.

Some physicians say insurers should be satisfied with case summaries prepared by the claimant's doctor, or at least edited copies of the files.

"What we tell our patients when they first come in is, 'We don't read your mind, please unload. Please don't hide anything,' " said Dr. Nady el-Guebaly of Calgary, spokesman for the Canadian Psychiatric Association.

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"Then six months later an [insurance company] form gets brought in and asks for every bit of information that has come up and you tell the patient, 'I'm sorry, I'm going to have to send everything,' and he looks at you and says, 'That ain't what we bargained for.' "

Disability claims have grown rapidly in the last decade, with private industry alone handing out more than \$4.2-billion in benefits in 2000, up from \$2.4-billion in 1990, according to statistics compiled by the Canadian Life and Health Insurance Association.

Those disability claims are frequently complex and specific information is often needed to separate the legitimate cases from bogus claims, said Wendy Hope, an association spokeswoman.

"There's no black and white in disability cases, it's all shades in between," she said.

"There's a lot of money out there in the system and we have a responsibility of ensuring that when we look at a claim, it's accurately assessed."

She said some companies are satisfied with a summary provided by the doctor, but others require more detail. The industry has heard few, if any, complaints about the practice, Ms. Hope said.

The psychiatric association said it has repeatedly tried to engage five major health insurance firms in talks on the issue, and received little response. The group recognizes the concerns of the industry and wants to work out a mutually agreeable solution, Dr. el-Guebaly said.

He acknowledged that insurers sometimes have a legitimate need to see more than just a case summary, partly because there are no fail-safe methods of determining when a mental illness makes someone incapable of working.

The OMA has not decided what sort of action to take in response to the resolution by its council. But the motion calls for talks between the province, companies and the association to work out a system that protects privacy, while giving insurers the information they need.

Psychiatric patients often come to the doctor with problems in trusting other people, a result of traumatic experiences they've had, Dr. Gaind said. Having to turn over intimate facts about their condition to an insurance company will make it even harder for them to trust their psychiatrist, he said.

Dr. Gaind recalls one case of a patient who was "very psychotic," with hallucinations, suicidal thoughts and paranoia.

The insurer demanded the full file when the man first made a disability claim, and again a year later.

"The patient had talked about their family, their background, their childhood, everything."

The insurer finally backed down and accepted a less detailed summary, but only after the physician fired off a pointed letter to the president of the company.