INSTITUTE TO ENHANCE PALLIATIVE CARE

PALLIATIVE CARE CASE OF THE MONTH

Are we really helping patients by recommending they go on disability?

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Case: KM is a 58 yr old woman with a history of colon, ovarian and thyroid cancer over the past 10 years, all of which are in remission. Several years ago she was diagnosed with chemotherapy induced heart failure and has been followed by a cardiologist. She was referred to see me in palliative care clinic at the request of her cardiologist after being noted to be very tearful, sad, and "not her cheerful self" in the office several days earlier. The cardiology nurse described her heart failure as having been fairly stable with only mild limitations until about six months ago when exertional dyspnea and fatigue became more pronounced.

In clinic, KM began the conversation by describing the shock of having to abruptly stop working three months earlier. She said that for some time her cardiologist had been suggesting she go on disability because he felt her job as a housekeeper at a local hospital was too strenuous. At a visit two months earlier he told her that because she would never stop working of her own volition, he was going to declare her medically unfit to continue work and require that she go on disability. She asked me, "Can you imagine how you would feel if someone walked into this room right now and told you that you had no choice but to go home today and stop practicing medicine?" This abrupt change in her day to day life was very traumatic for her and she said, "Cancer is nothing compared to this!" She felt the most significant loss was the social relationships that she developed at work over 21 years. She had been feeling purposeless at home and described her best days as those when she found an excuse to go visit her former place of employment. On the days that she had no structure and no reason to leave the house, she found it challenging to accomplish anything, even getting dressed in the morning or washing a few dishes. Although she acknowledged that she was less stressed and more relaxed after stopping work, she felt that her overall her quality of life was better when she was working.

Discussion: Physicians often feel they are doing a chronically ill patient a favor by recommending they stop work and go on disability. They believe that the ability to stay at home and rest will contribute to the patient's well-being. Although more physical rest may help with some aspects of physical illness, being on disability can have a detrimental effect of the mental health of patients. It has been demonstrated that work, so long as it is not overly physically or emotionally stressful, is good for mental health.

In fact, Leon, et al, found that over 50% of people filing for long term disability due to medical illness screened positive for depressive symptoms. Other studies have shown that physical disability is associated with an increased risk of depression. Although a portion of this is due to loss of functional abilities, this is likely not the only contributing factor. Studies of healthy people who have lost their employment demonstrate an increased risk for depression and suicidality. Work provides income, resources, self-esteem, social support and structure. Furthermore, the loss of social connections is proposed to be a significant contributor, as people who are unemployed in large groups, i.e. a factory closure, are much less likely to develop depression than those who suffer a job loss alone.

I diagnosed KM a major depressive episode that was, at least in part, triggered by going on disability. In addition to treating her with an antidepressant and referring her for cognitive behavioral therapy, I encouraged her to incorporate more structure into her life. I suggested becoming involved in volunteer work, or finding a part time job that would not be physically strenuous. In addition, I referred her to cardiac rehabilitation as this has been shown to increase functional capacity and would also give another source of social interaction and structure.

In summary, patients with chronic medical illness are at high risk for depression not only due to loss of functional abilities but also because of social isolation and loss of structure. Long term disability can aggravate social isolation and may contribute to the development of depression in these patients. Clinicians should strive to keep patients involved in their work in some capacity for as long as possible as well as encouraging other social activities and physical therapy to slow their loss of functional capacity and add structure to their days.

References:

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