

# SSMO Basic Oncologist Course Social Insurance, Disability Insurance, Working Ability

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# Contents

## Contextual reflection:

- Development of cancer diseases and therapy options
- Development of the working environment and social security systems
- Social security - Social insurances

## The practical significance of:

- Medical certificates, medical reports and medical assessments
- Medical certificates in practice
- Vocational reintegration

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# Medical development

Increasing incidence of cancer

- Age pyramid
- Early detection

Better chances of recovery / longer survival times

- Better, increasingly individualised treatment
- "gentler" treatment options

Complex/long-lasting treatment strategies

- Physical and psychological consequences
- Demand for "return to work" increases

Cancer and work/workplace are becoming increasingly important

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# Development of the work environment and social security

## Working environment

- Massive shift of jobs to the service sector
- Digitalisation of all jobs - significantly higher cognitive demands
- Geographical, accelerated relocation of jobs

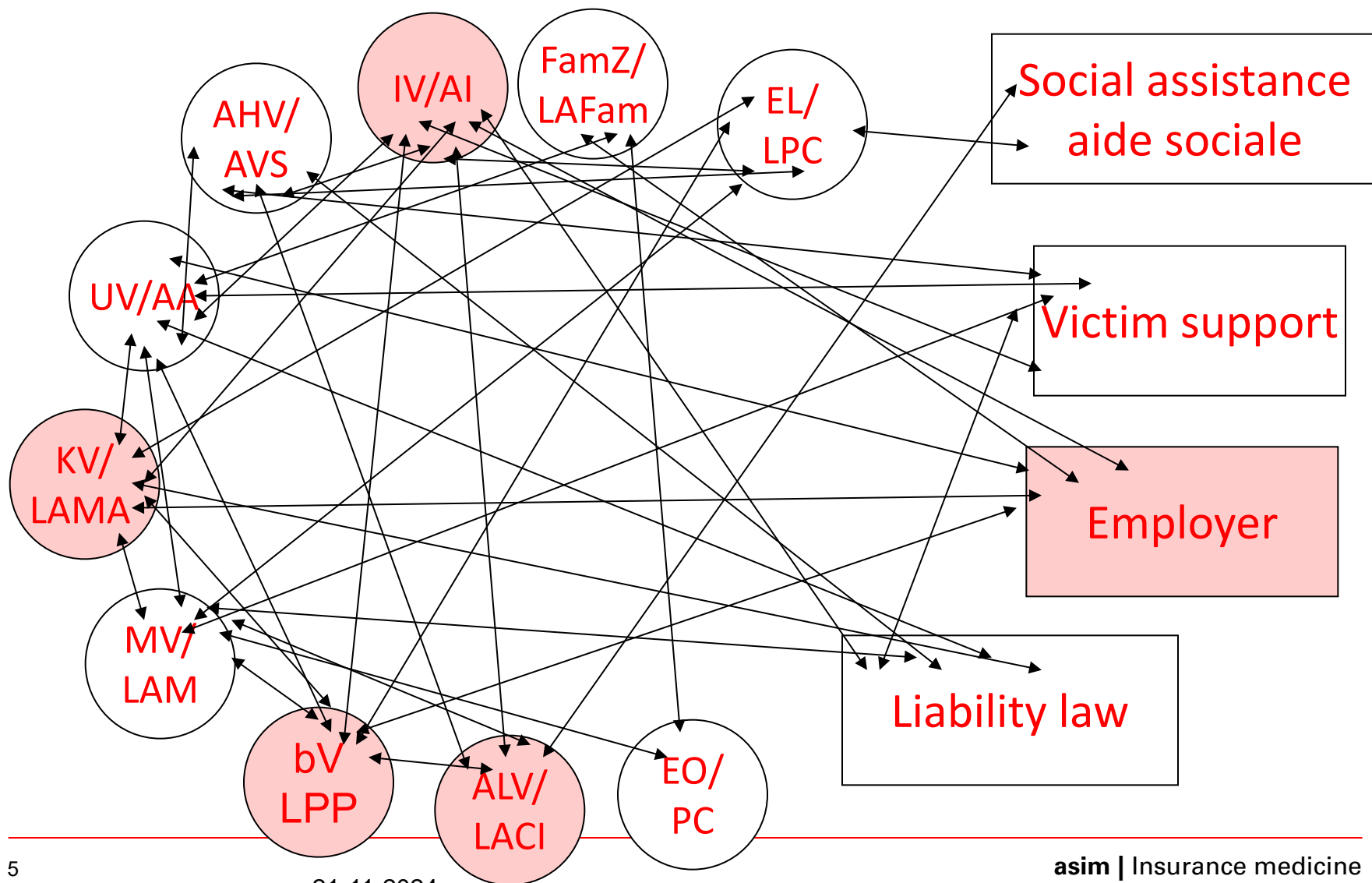
## Social security:

- Pressure to save on the public sector and social insurances
- Competitive pressure on employers
- Raising of retirement age
- Decrease in social solidarity
- "Survival of the fittest?" High individual contribution required

## Central question apart from treatment costs:

- How does the illness and therapy affect the **ability to work**?
- The interplay between "law" and medicine is complex

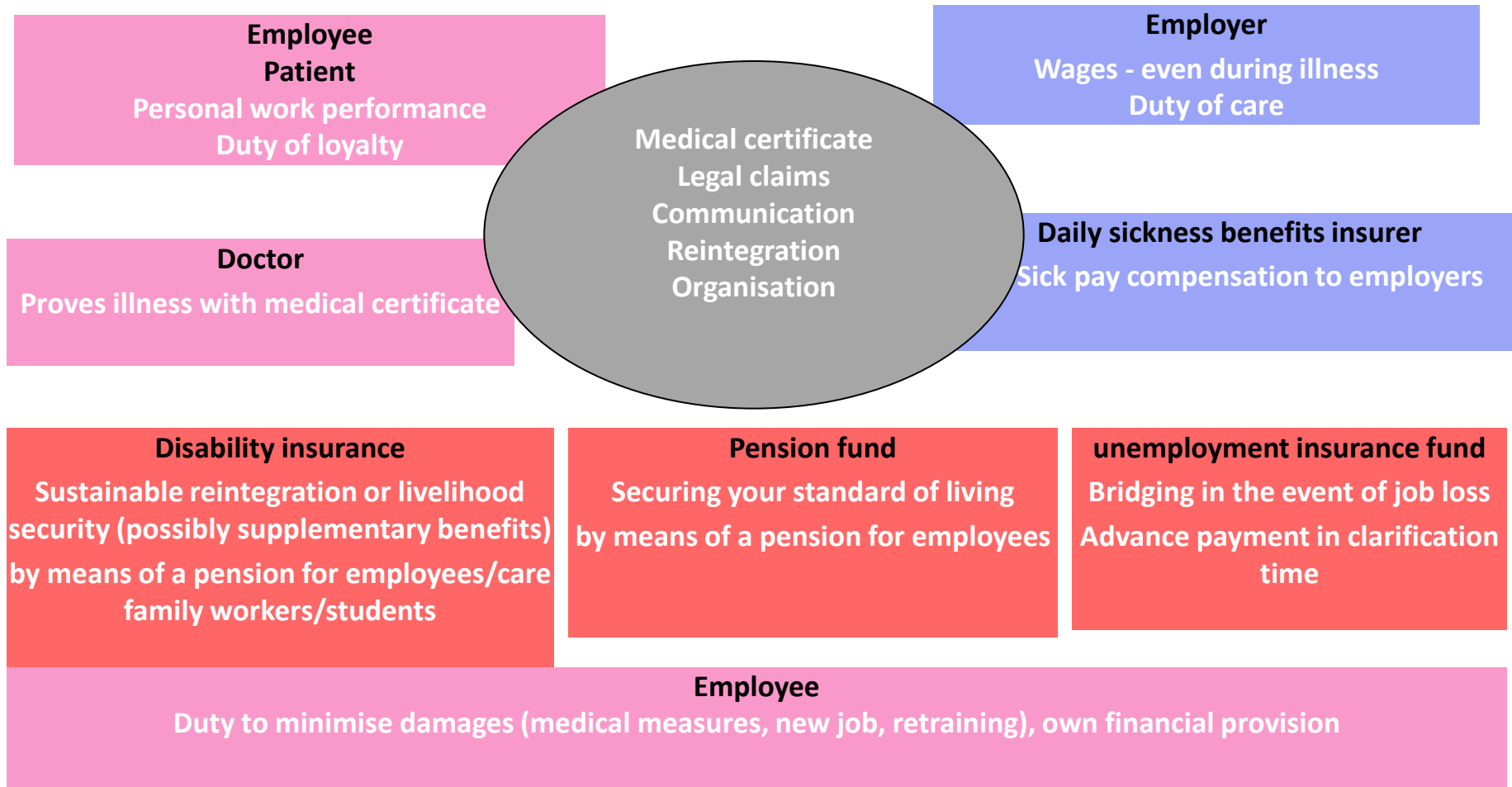
# Social insurance CH: Chaos - Coordination?



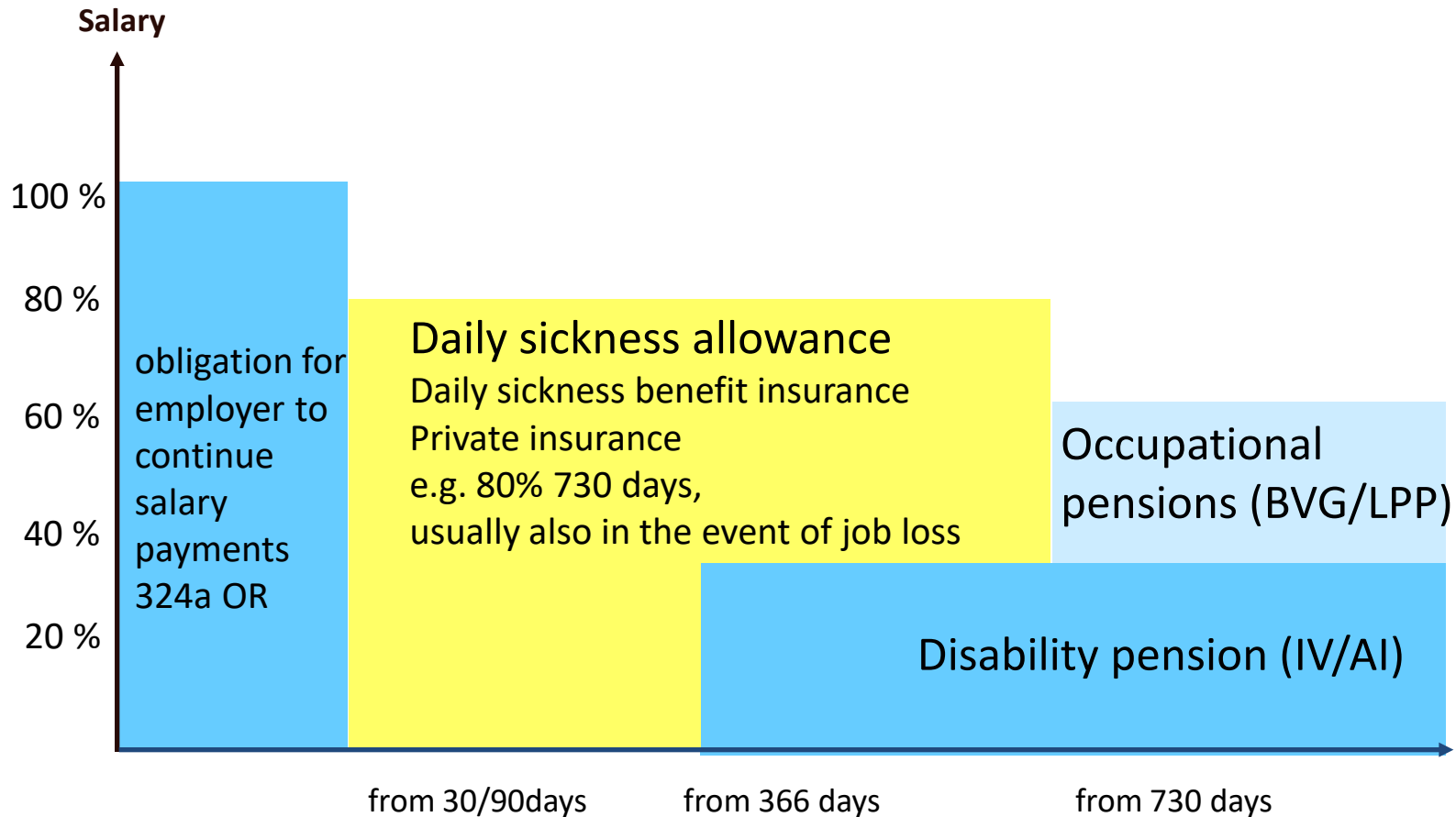
# 10 + 1 Social Security Laws in Switzerland

	<b>Abk.</b>	<b>Gesetz</b>	<b>Abréf.</b>	<b>Loi</b>
AtSG BG über den Allgemeinen Teil des Sozialversicherungsrechts (2003) / LF sur la partie générale du droit des assurances sociales	KVG	BG über die Krankenversicherung (1996)	LAMA	LF sur l'assurance-maladie (1996)
	IVG	BG über die Invalidenversicherung (1959)	LAI	LF sur l'assurance-invalidité (1959)
	BVG	BG über die berufliche Alters-, Hinterlassenen- und Invalidenvorsorge (1985)	LPP	LF sur la prévoyance professionnelle vieillesse, survivants et invalidité (1985)
	AVIG	BG über die obligatorische Arbeitslosenversicherung und Insolvenzenschädigung (1983)	LACI	LF sur l'assurance-chômage obligatoire et l'indemnité en cas d'insolvabilité (1983)
	UVG	BG über die Unfallversicherung (1984)	LAA	LF sur l'assurance-accidents (1984)
	MVG	BG über die Militärversicherung (1994)	LAM	LF sur l'assurance militaire (1994)
	AHVG	BG über die Alters- und Hinterlassenenversicherung (1948)	LAVS	LF sur l'assurance-vieillesse et survivants (1948)
	ELG	BG über Ergänzungsleistungen zur Alters-, Hinterlassenen- und Invalidenversicherung (1966)	LPC	LF sur les prestations complémentaires à l'assurance-vieillesse, survivants et invalidité (1966)
	EOG	BG über den Erwerbssersatz für Dienstleistende und bei Mutterschaft und Vaterschaft (1953, *2005, 2019)	LPC	LF sur les allocations pour perte de gain en cas de service, de maternité et de paternité (1953, *2005, 2019)
	FamZG	BG über die Familienzulagen (2006)	LAFam	LF sur les allocations familiales (2006)

# The medical certificate in the «heptagon»



# Interaction - Salary payment - Daily allowance – Disability Pension - Occupational pensions





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## Law\*: Incapacity for work (Art. 6 ATSG, LPGA)

IFW is the full or partial inability **to** perform **reasonable work** in the previous occupation or area of responsibility **due to an impairment** of physical, mental or psychological **health**.

In the case of a **long duration**, reasonable work in another occupation or area of responsibility is also taken into account

- Objectification of subjective complaints
- Causality of the complaints and the IFW
- Extent of the IFW

\*Law is static and abstract = normative

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## Law: Art. 16 ATSG/LPAG/Art. 6

### Reasonable work/activity

- Functional performance
- Mental resources

- Describes which activities are still possible from a medical point of view, sets the framework
- Negative description what is not possible, what is medically "forbidden" / conceivably unfavourable
- Positive description of what is possible, what resources are available
- Factual question / to be answered by the doctor

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# Challenge - Question

- Thanks to advances in therapy, oncology patients remain in the labour market more often than before, but:
- High clinical evidence that disease and/or therapy can have long-term and persistent effects on performance: somatic, cognitive, psychological
- Insurance protection as a legal claim requires "objectification" of restrictions that are primarily often only subjectively recognised/detectable
- Objectification **never** means
  - "scientific" evidence or proof
  - Also not blind 1 to 1 acceptance of anamnestic descriptions
- Objectivisation means  
Best possible **plausibilisation and assessment of functionality**

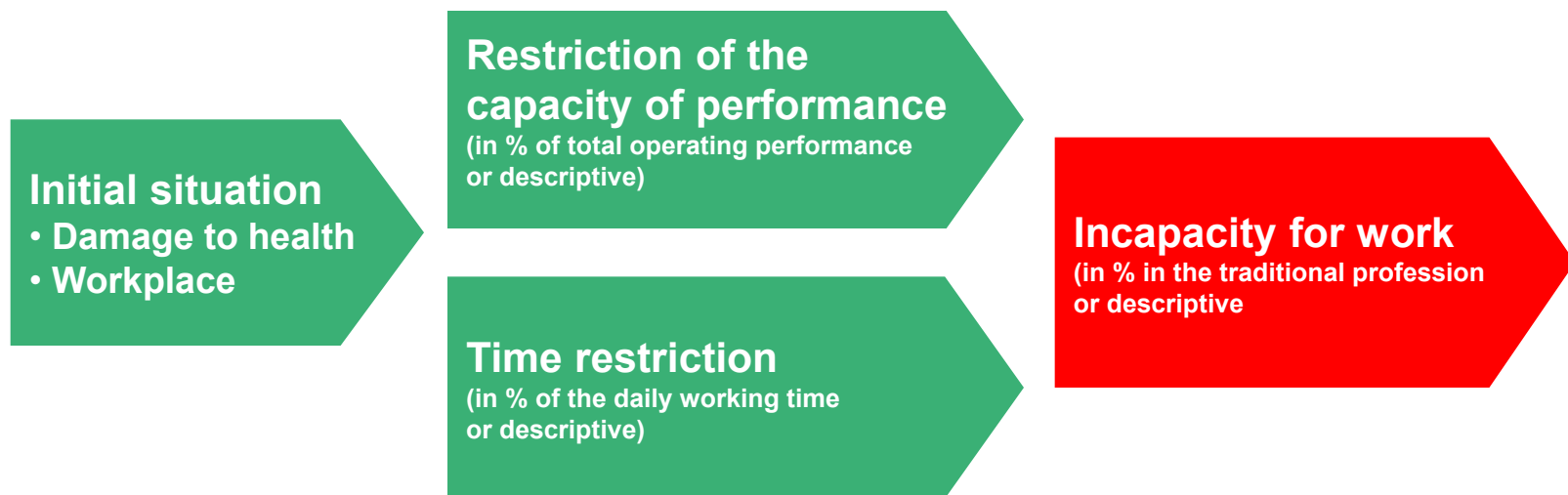
# Doctor's procedure for IFW/partial IFW

What does the doctors assessment refer to?

- Previous profession or area of responsibility, REP

Two dimensions of incapacity of work

- Time component = possible attendance time
- Performance-related component = performance (yield)



The two dimensions can be cumulative or integrated

SIM brochure AUF



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## Definition of Cancer Related Fatigue (CRF)

"Cancer-related fatigue is a distressing persistent, subjective sense of physical, emotional and/or cognitive tiredness or exhaustion related to cancer or cancer treatment that is not proportional to recent activity and interferes with usual functioning. "

Denlinger, C. S., Ligibel, J. A., Are, M., Baker, S., Demark-Wahnefried, W., Friedman, D. L. et al. (2014). Survivorship: Fatigue, Version 1.2014. Journal of the National Comprehensive Cancer Network, 12, 876-887. doi:10.6004/jnccn.2014.0082

- Physical (tiredness, weakness, exhaustion)
- Cognitive (concentration, memory, speed)
- Emotional (mental exhaustion, apathy)

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# Tumour-associated fatigue: some facts

Frequent **follow-up problems** of the cancer disease or treatment: 59%-100%  
(Hofmann et al 2007, Mesa 2006, Servaes et al 2002)

Frequency in **long-term survivors**: 17-21% according to ICD diagnostic criteria  
or 33-53% screening according to fatigue guidelines

Especially cancer patients after **radiotherapy** or **chemotherapy**

Effects on quality of life, everyday activities and social reintegration  
(occupation, social environment) (NCCN 2013, Wagner & Cella 2004)

low rate of successful symptom treatment compared to pain or nausea (Stone  
et al. 2000)

Patients receive little counselling or treatment

ICD-10 included as symptom complex R. 53.0 (neoplastic malignant related  
fatigue)

Quoted from J. Weis, Conference on cancer in the workplace, Basel 22 September 2016

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# Professional reintegration after cancer

Returning to work is of great importance for coping with illness, quality of life and the financial situation of those affected

In an international comparison, on average only 62% of cancer patients return to work one year after diagnosis, compared with an average of 89% after two years (Mehnert et al 2011).

Key predictors are the severity of the disease, type of occupation, age and symptom burden (fatigue etc.) (Böttcher et al 2013, Mehnert et al 2011)

Quoted from J. Weis, Conference on cancer in the workplace, Basel 22 September 2016



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# Professional reintegration after cancer

Think about professional reintegration (from the outset):

- Diagnosis: how to communicate, how to secure, how to relieve?
- Treatment: further work possible, sensible? Plan your return in good time
- Reintegration: Create a reintegration plan
  - Consider restrictions and time requirements
  - Flexible working hours
  - More frequent short breaks / opportunities to rest
  - Quieter working environment
  - Good work and task structuring
  - Regular exchange with superiors / counselling
- Information from the doctor **to employer**:
  - What restrictions exist
  - Which adjustments make sense
  - Working hours and performance
  - Prognosis

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# Adjustments to employment contract

Reduction in workload or new function

Attention: Daily allowance entitlement on previous contract

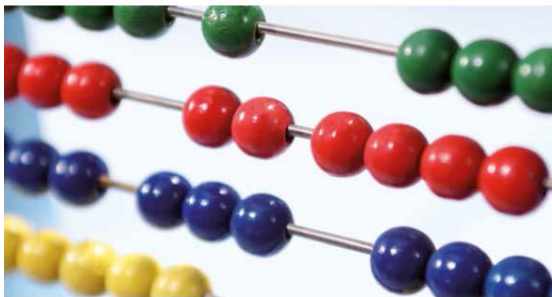
Attention: Pension fund claims on previous contract

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# Take Home message - Back to work success factors

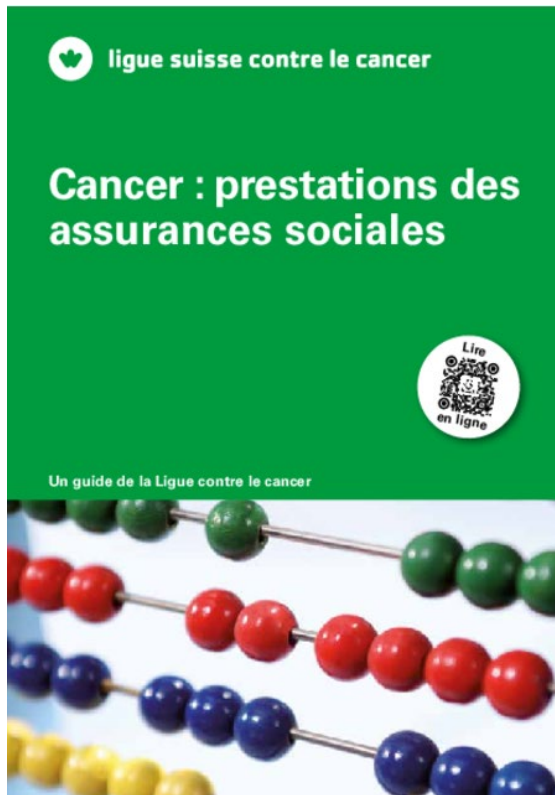
- Doctor - Doctor: open to flexible process
  - "From a medical point of view, a **work trial** is to be favoured"
  - Name limitations
  - Work Ability =0%", step by step to partial work ability to full work ability
  - In dialogue with patient - employer - insurers
  - Take into account the patient's fear of damage to health through work
- Employees:
  - Resource-orientation instead of deficit-orientation
  - Openness and ability to change
- Employers/insurers:
  - Remove administrative hurdles
  - Support and empower the line
  - Develop clear concepts for realistic reintegration (timeline, achievable performance profiles, adjustments and redeployment)
  - Adopt a conscious attitude to values, honest cost/benefit analyses

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## Further reading and links

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