Disability is defined by the World Health Organization (WHO) as a disadvantage for a given individual, assessed non-medically, that limits or prevents activities that are normal for a person in society at a specific age and sex. People with disabilities have physical, intellectual or sensory impairment that permanently limits their daily functioning, assessed medically with support reports from the occupational therapist.

In South Africa, the Social Assistance Act (13 of 2004) states that a person shall be eligible for a social grant when the degree of disability renders him/her incapable of entering the labour market and provided that he/she has not refused to accept employment that is within the scope of his/her capabilities. People excluded from receiving disability grants include those maintained in institutions run by the state, e.g. prison, psychiatric hospitals, state homes for the aged or rehabilitation centres for drug dependence.

Grants-in-aid can be awarded to a carer assisting a person receiving a social grant. An annual amount would be approved to a carer attending full-time to a physically or mentally disabled person. The social grant of a disabled person is converted into a grant for the aged when a woman recipient reaches 60 and a man 65 years. The Act requires that any changes in the general, medical or financial circumstances of a person must be declared to facilitate the review of the grant.1

The Act makes provision for social relief of distress, which has unfortunately not been found to be a workable option by one of the authors, even after repeated appeals via social workers.

The definition of a disabled person in terms of the Act is very broad and allows for subjective interpretation by the medical officer. As a result, the system is open to abuse or fraud, both by unscrupulous medical officers, but more importantly by the ‘disabled’ persons (discussed below).

Disability for work, and not the chronicity of the medical condition, should be used in determining disablement. To assist, occupational therapists can perform a work capacity evaluation, ascertaining the applicant’s eligibility for a disability grant on medical grounds, based on functional curtailment, evaluating the level of education, and of physical and cognitive capacity. This report will then state if the applicant has the minimum functional capacities required to work in the open labour market.2

Psychiatric patients must be on treatment and compliant for at least 6 months before assessment for a disability grant and should also be evaluated by paramedical personnel. Patients with bipolar mood disorder and major depression have to be screened for functional impairment, non-response to treatment, compliance, and frequency of relapses. Substance abuse patients do not qualify for a disability grant unless they have secondary dementia.4

The doctor conducting the physical examination of the claimant should obtain a detailed clinical history and carry out a systematic clinical examination and these may have to be repeated to check for consistency. Attention must be given to loss of function, range of movements, and neurological status evaluation, supported by psychological, and other, special investigations, as well as reports from

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3. The scenario of patients selling their antiretrovirals on the streets of East London.
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MORE ABOUT....FORENSICS

DISABILITY GRANTS

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Anecdotally, an article in The Daily Dispatch describes these patients selling their antiretrovirals on the streets of East London. The scenario of patients selling their antiretrovirals on the streets of East London.
the social worker and occupational therapist. All medical information in these reports is confidential.

The attitude of private pension funds and insurance companies towards disability is based on the ability of the insured person to carry on functioning in his or her current workplace. Disability insurance excludes medical conditions that existed before the cover began, and companies can reject claims if they believe that the insured person did not fully declare pre-existing medical conditions. With the increasing prevalence of HIV/AIDS, the distinction between disability and impairment has become important. Insurance firms have reviewed this distinction and have established protocols to standardise the evaluation process. They expect companies to counsel employees about claims to help them grasp the consequences of boarding and a disability claim. Many have also started HIV/AIDS care programmes to ensure that infected and affected employees remain functional for as long as possible.

Insurance companies have identified two conditions/diagnoses that are flawed by subjectivity: low back pain and psychiatric problems. The highest number of disability claims in South Africa documented in the 1990s were for musculo-skeletal or low back pain, followed by psychiatric conditions. The latter group of conditions have increased to become responsible for the highest number of claims today. The doctor treating patients with chronic pain should not be involved in assessing their impairment for the purposes of disability claims.

The main problem with evaluation of patients for disability grants is the inconsistent approach between medical professionals where protocols are not followed and objectivity is lacking. Many professionals have identified the need for guidelines on how to approach patients seeking disability grants in a practical and consistent way. The doctor should also be trained to express his/her professional opinion only on functional impairment resulting from a disease and not simply assume functional impairment because a claimant has the disease. In addition, decisions regarding the irreversibility of impairment should not be made hastily. Treatment should be optimal, with emphasis on compliance and follow-up. Doctors also need to make more use of paramedical personnel, such as physiotherapists, occupational therapists and psychologists, to assist them in assessing claimants of disability grants, because their input in the exercise is invaluable.

References available on request.

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**CHILD ABUSE: PECULIARITIES OF DIAGNOSIS**

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Literature on child abuse is replete with articles on its diagnostic difficulties, but these mainly relate to the infant or toddler (battered baby syndrome). Homicidal deaths of older children follow adult patterns. No single injury