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liability and insurance**

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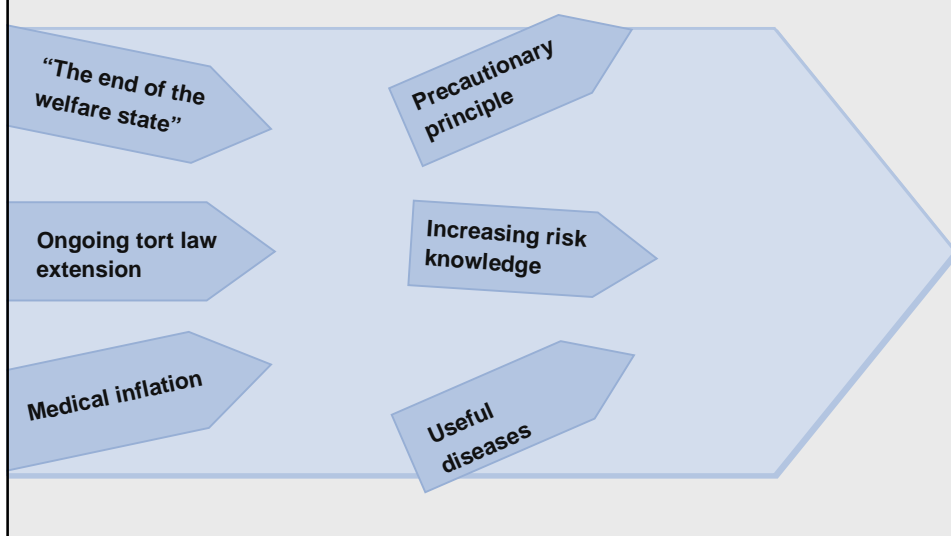
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Layout & Distribution: Valéria Kozakova

The Social Construction of Bodily Injury

Christian Lahnstein

Megatrend bodily injury compensation six aspects






Useful diseases: the social construction of bodily injury

**Burnout, back/neck pain, depression, post-traumatic stress and other diseases easy to imagine but impossible to prove or disprove.
Negotiated in each local insurance / medical / legal context.**

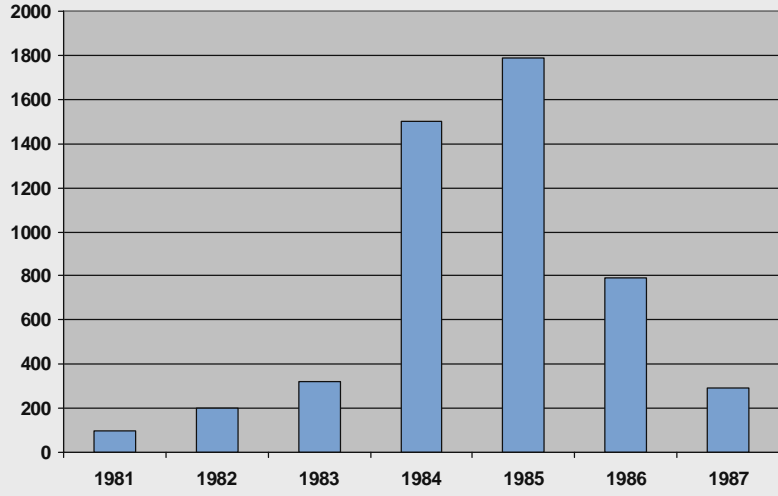
<p>Whiplash: Long-standing fashionable disease. First described in 1953 in USA, became a multi-billion dollar industry in USA and Canada. Other countries followed in the 1980s. Current annual cost in UK £3 billion. Norway: 70,000 in a population of 4.5m claim to be disabled.</p>	<p>Back pain and RSI as short-term epidemics. In the late 1980s, 8% of Swedish working population off work for 34 days/year because of back pain. RSI Australian epidemic (fibromyalgia) in the 1980s/1990s led to the near collapse of WC and disability insurance.</p>	<p>Effect on disability insurance: 10% of Norwegian working age population receive disability pension. Cost of Swiss disability insurance doubled between 1993 and 2003 (from Sfr 3.2bn to 6.4bn).</p>
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The Australien RSI experience: rise and fall

Cases of RSI reported at Telecom Australia 1982 - 1987




Year	Cases of RSI
1981	100
1982	200
1983	320
1984	1500
1985	1800
1986	800
1987	300

Source: Dembe, Occupation and Disease, 1996

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The Australian RSI experience: rise and fall explanations




.... of increase of decline
new technologies, new work organisation, anger at multinational companies ("dumping of outmoded keyboards")	investment in more ergonomic work methods, reduced workload
liberalizing legal criteria of compensation, change in medical nomenclature	reduced compensation, growing medical skepticism
new labor government, trade union campaigns	social backlash against the epidemic

media: building up the issue discrediting the issue

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Social construction of bodily injury: 11 aspects



1. over- vs. undercompensation
2. prospective vs. retrospective view
3. compensation vs. prevention
4. main scenario and secondary scenario
5. diversity of permissible-limit concepts
6. alternative and accumulative compensation systems
7. positive vs. negative discrimination
8. interaction patient – physician – lawyer – insurer
9. welfare state and neo-liberal state
10. liability vs. insurance
11. social vs. private insurance

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