

CONFERENCE OF THE EUROPEAN FORUM



Medical-legal criteriology for the recognition and
compensation of stress-related diseases

INAIL PROTECTION

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CONCEPT OF "WORK-RELATED CAUSE" EVOLUTION OF THE JUDICIAL PRECEDENTS

"... not only the harmfulness of the manufacturing processes which are part of the production cycle (both listed and not listed) but also that referable to the organisation of working activities"

TOWARDS INAIL PROTECTION OF PSYCHIC STRESS-RELATED DISORDERS

Board of Directors' Deliberation No 473 on 26 July 2001

- approved "initiatives aimed at defining methodological procedures for the etiological diagnosis of psychic and psychosomatic pathologies caused by stress as well as trouble in working, included 'bullying'"
- established a Scientific Committee in order to carry out the above initiatives

A "NEW" FACTOR OF RISK FOR WORK-RELATED STRESS

"THE ORGANISATIONAL CONSTRICTIVENESS"

as a cause of occupational stress-related disease
affects directly and explicitly the work organisation,
more precisely the "disergonomy of work organisation"

and the so-called "strategic bullying"
- when referable to work aims in a situation of
organisational constrictiveness -

MAIN INSURANCE-RELEVANT CASES OF "ORGANISATIONAL CONSTRICTIVENESS"

- **Marginalisation** within the working activity
- **Impoverishment** of working duties
- **Non-assignment** to working duties and consequent inactivity
- **Not providing** working equipment
- **Repeated and unwarranted transfers**
- **Long-lasting assignment** to devaluating duties, inferior to own professional profile

MAIN INSURANCE-RELEVANT CASES OF "ORGANISATIONAL CONSTRICTIVENESS"

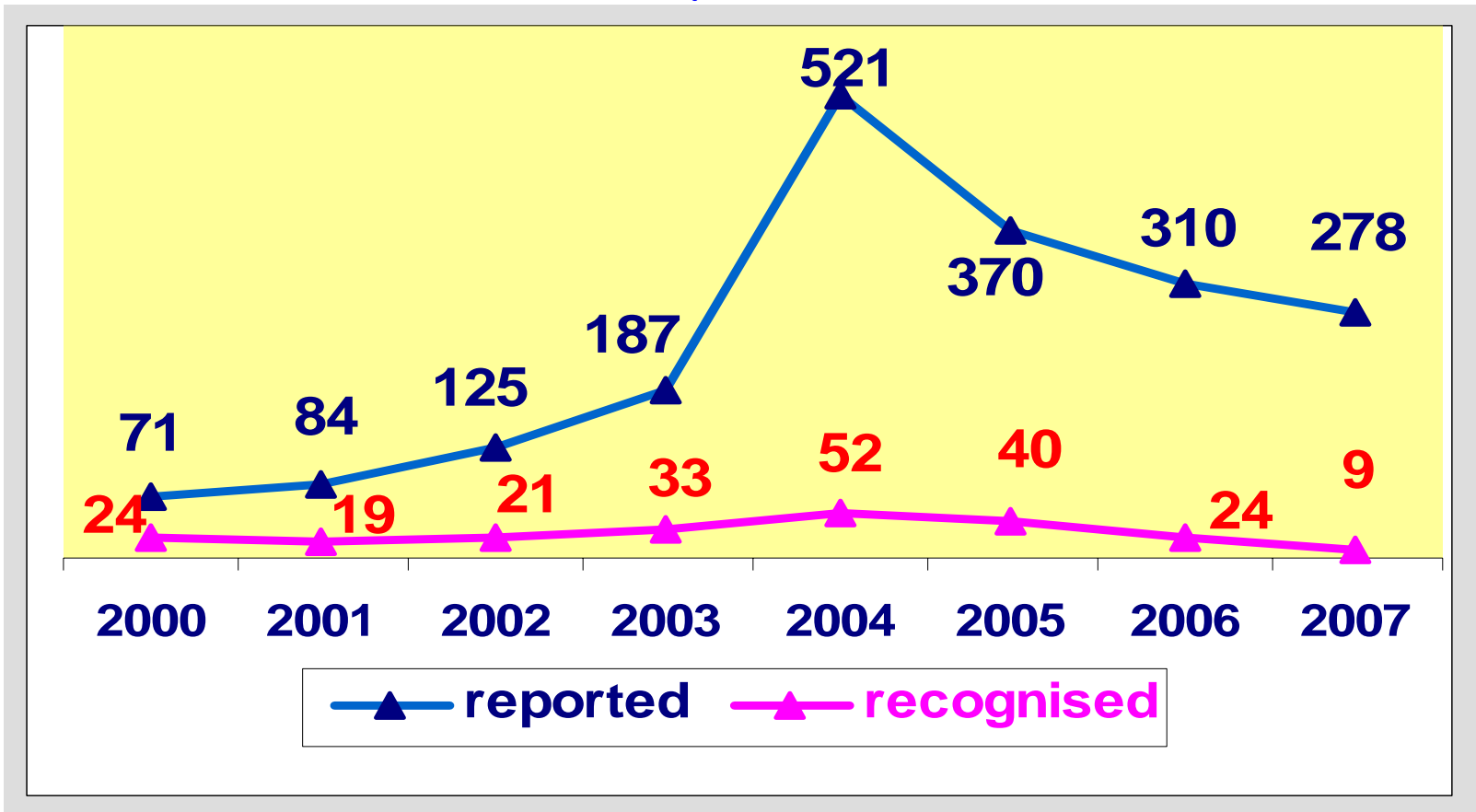
- **Long-term assignment to excessive duties** also in relation to the possible conditions of psycho-physical disability
- **Creating systematic and structural obstacle** to access to information
- **Structural and systematic inadequacy** of information concerning the ordinary working activity
- **Repeated exclusion of the workers** from initiatives of training, re-qualification and professional updating
- **Extreme and exaggerated control.**

RISK NOT COVERED BY INAIL

- **“Bullying” actions**, with no connection to the working activity, fall under the sphere of persecutor's individual responsibility (voluntariness/malice) and do not have insurance **relevance** (only mere concurrence in time and space):

The only persecutory intent is not a pre-condition of INAIL protection, which intervenes when this intent is made objective through one of the so-called cases of “organisational constrictiveness”

"Organisational constrictiveness" THE PHENOMENON FIGURES (years 2000-2007)

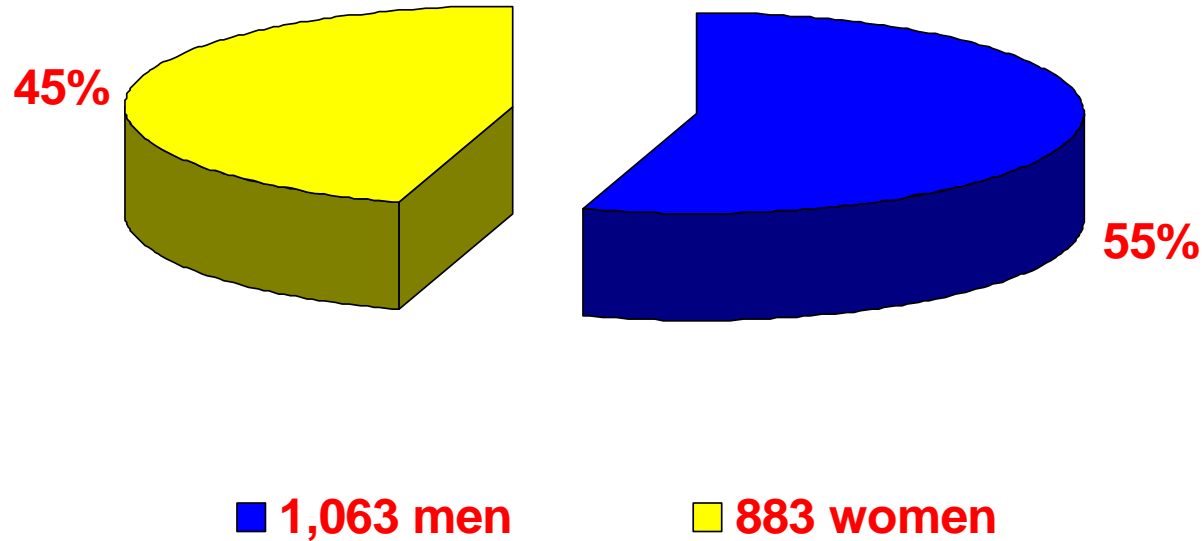


1,946 reported cases

222 recognised cases

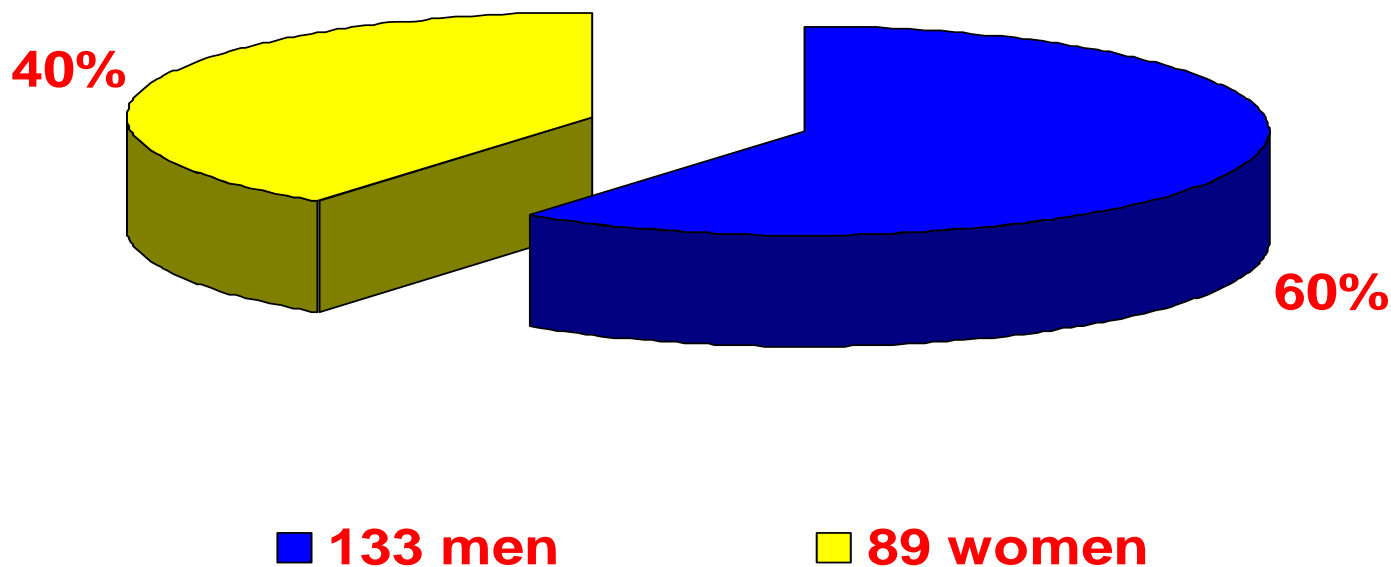
1,946 REPORTED CASES

distinction by gender (by 31 December 2007)



222 RECOGNISED CASES

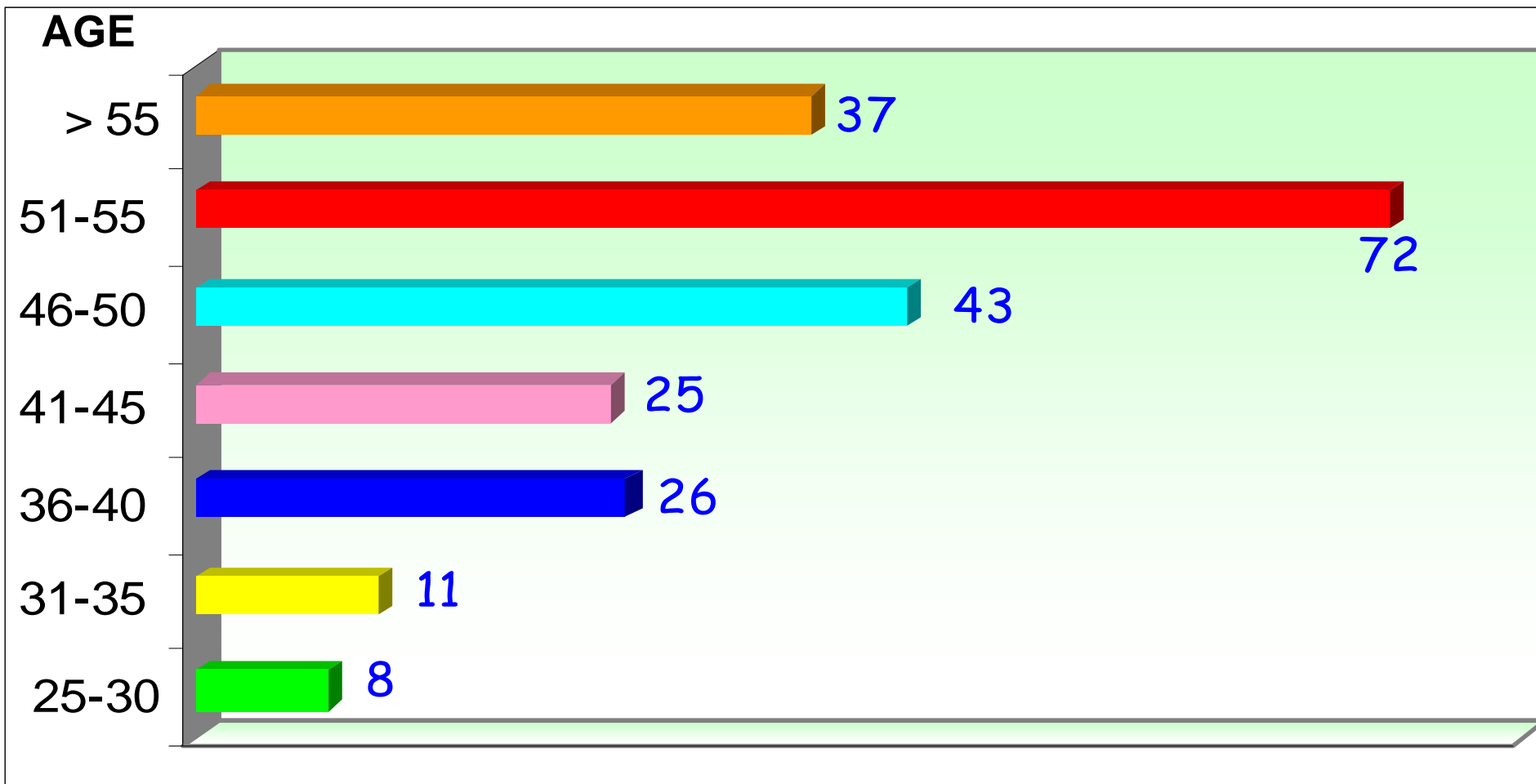
distinction by gender (by 31 December 2007)



222 RECOGNISED CASES

age categories

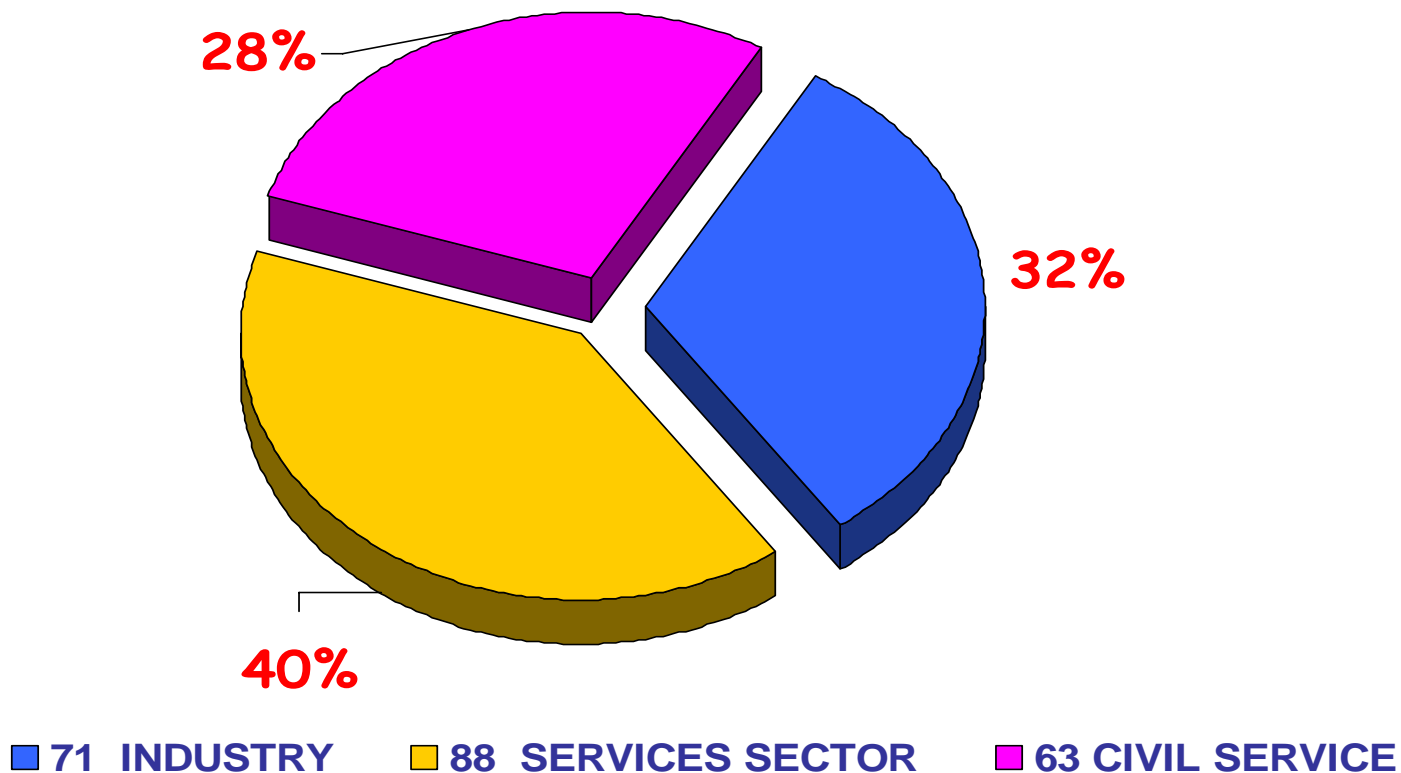
(by 31 December 2007)



222 RECOGNISED CASES

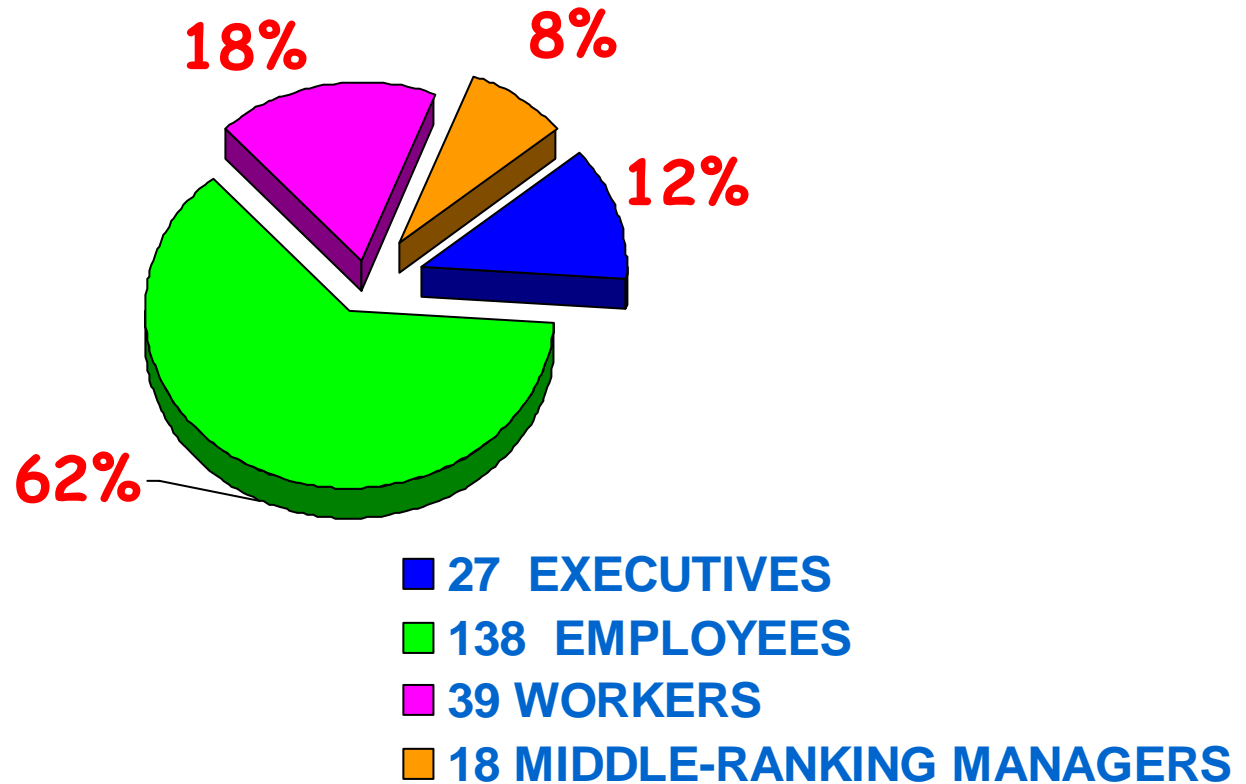
working sector

(by 31 December 2007)



222 RECOGNISED CASES

qualifications (by 31 December 2007)



PROCEDURE FOR THE RECOGNITION OF OCCUPATIONAL DISEASE

1. Risk assessment
2. Diagnosis of illness
3. Medical-legal diagnosis
4. Damage evaluation

1. Risk assessment

Prejudicial idoneity as to quality, intensity and duration

RISK FEATURES

- strictly linked to the work environment, affecting one or more aspects of working life
- present more times over a period, in relation to a specific managerial/organisational decision
- of variable duration, but significant as to the specific organisational condition
- in the case of “strategic bullying”, resulting from an imbalance - even psychological - between the possible competitors

2. Diagnosis of illness

Specificity of psychiatric illness

- multifactorial
- pre-existing condition and extra-working concomitant causes (injury, impairment, invalidity)

Plurispecialistic intervention

- occupational physician
 - occupational psychologist
 - psychiatrist
 - medical examiner
-
-

2. Diagnosis of illness

Disorder/syndrome caused by maladjustment

Post-traumatic stress disorder/syndrome

“Burnout”

- Somatisation disorders (involving somatic symptoms in different organs and apparatuses)

3. Medical-legal diagnosis

Recognition of causal nexus

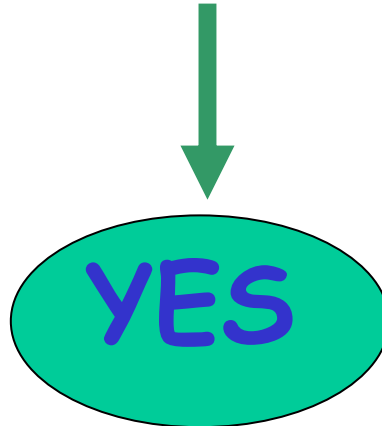
• The assessment of the existing etiological nexus - although in terms of qualified probability - between **the assessed working risk** and the **diagnosed illness**, must lead to the recognition of the occupational nature of the illness, **even though extra-working factors of risk** have contributed to it

3. Medical-legal diagnosis

Case 1

WORK-RELATED CAUSE: ADEQUATE CAUSAL
EFFECTIVENESS

NON WORK-RELATED CAUSE: ADEQUATE CAUSAL
EFFECTIVENESS



Irrespective of the major or minor incidence resulting from the comparison between work-related and non work-related concomitant causes

3. Medical-legal diagnosis

Case 2

WORK-RELATED CAUSE: INADEQUATE CAUSAL EFFECTIVENESS

NON WORK-RELATED CAUSE: INADEQUATE CAUSAL EFFECTIVENESS



4. Evaluation of permanent biological damage

Table of impairments (12/07/2000)

Item No 180

Post traumatic disorder caused by moderate chronical stress, according to the effectiveness of psychotherapy

up to 6 %

Item No 181

Post traumatic disorder caused by severe chronical stress, according to the effectiveness of psychotherapy

up to 15 %
