

MEDICO-SOCIAL ASPECTS BY FRAMING THE DISABILITY DEGREE OF THE PEOPLE WHO HAVE LOST THEIR CAPACITY TO WORK DUE TO NEOPLASIA IN ARAD

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ABSTRACT. Starting from the premise that the main wealth of a nation is work force in the given context of world economic crisis and declining birth rates, on cabinets of medical expertise and work capacity recovery lies a major and difficult task. Specialist physician in medical expertise and work capacity recovery has the mission to diagnose clinical and laboratory the patient, but also to prepare and follow a rehabilitation program of medical professional and social activities measures that will lead to the return to employment of disabled persons. Patients with malignant neoplasms and validated as unable to work, shortly after they completed specific courses of treatment and rehabilitation, return to work. At the same time there is a high proportion of oncology patients, who by restrictions and even by longstanding exclusion from socially useful activities, are unfounded isolated, they lose the availability and interest in professional and social reintegration.

Keywords: disability degree, capacity to work, neoplasia, Arad, recovery

INTRODUCTION

The working hypothesis

In the county of Arad has been centralized all medical records in order to monitor the pathology and their importance in the medical decision that certify the inclusion of persons in public pension system. These data were correlated with those from last year, respectively 2012, to track changes in the influx of people from different environments and with different pathologies in order to achieve a management program

of public pension system in relation to the current needs of Romanian society.

PRELIMINARY RESULTS

The highest degree of prevalence of pathology accompanied secondary by framing in varying degrees of disability, is represented by the neoplasms as opposed to previous years when cardiovascular pathology was on the first place.

Year	Cardiovascular diseases	Tumors	Digestive diseases	Mental illness	Respiratory diseases	Neurology	TBC	Endocrine metabolic diseases	Orthopedic diseases
	%								
2006	27,3	8,4	11,21	9,9	12	6,67	6,2	5,1	4,2
2007	26,46	9,87	10,2	8,6	17,46	6,5	5,7	4,7	3,1
2008	29	10,4	9,3	9	14	6,6	5,5	5,1	4,5
2009	29	11,2	10,4	8,8	10,6	8,4	5,5	5,2	4,9
2010	16	15,8	12,3	11,2	9,8	9	3,7	3,6	3,4
2011	14,3	21,6	2,1	15,0	2,6	12,3	3,0	8,2	7,8
2012	17	18	6	18	1,5	12	1,7	7,5	7,5

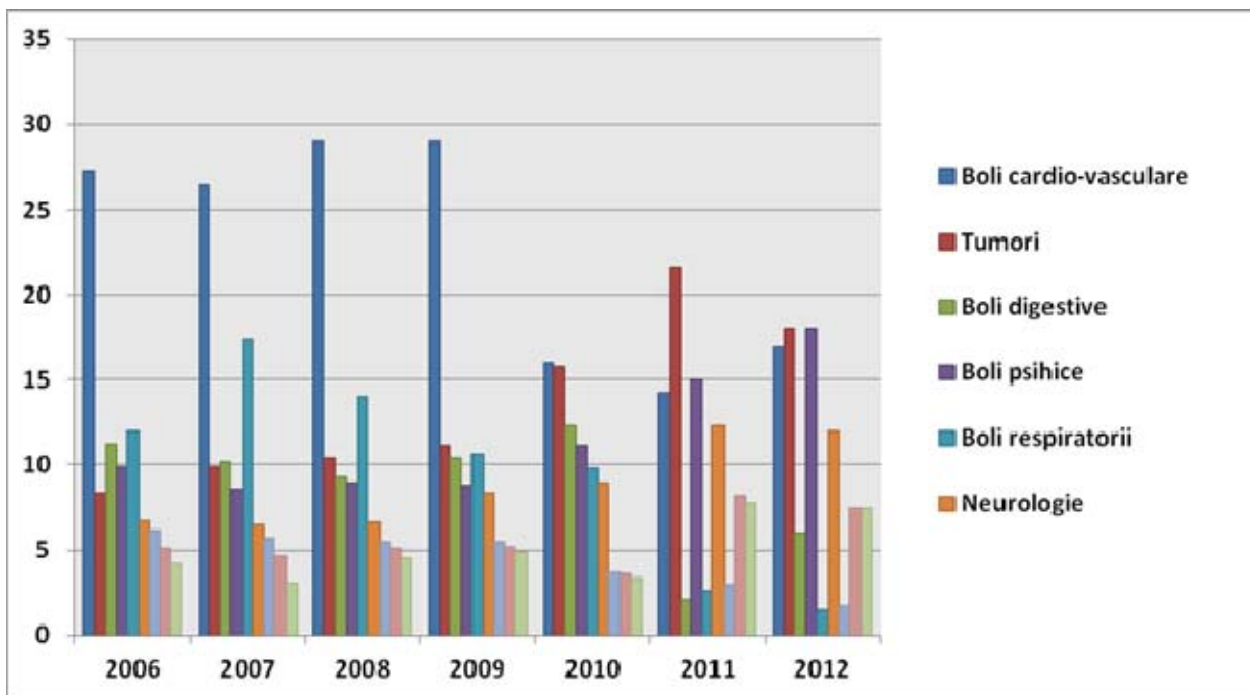


Fig.1 Structure of disability pensioners morbidity new enrolled in Arad County

Analyzing the evolution in recent years of the main diseases that underlie the classification in grade of disability of persons seeking medical expertise is a significant increase in neoplastic diseases that exceed the past two years on the cardio-vascular, majority in 2006-2009, in 2010 being almost equal. Also, alarming is the increase of mental and neurological diseases and global presents a major **problem**. Respiratory, digestive and TB diseases are declining.

After statistical processing for 2011 vs total files running until 2011, the first revealed cardio-vascular pathology, but to notice is the alarming increase from 8% per global to 14% of neoplastic pathology. In 2012 18% of neoplasms and 18% mental diseases outweigh cardiovascular disease 17%, given that until 2010 there were under the cardio-vascular.

Further it will be reviewed the situation of disability pensioners in Arad County.

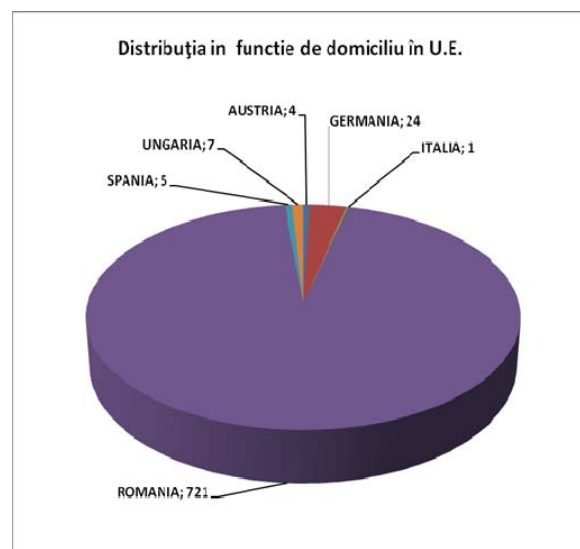


Fig.2 The situation of disability pensioners in Arad County depending on the country of domicile in EU

COUNTRY	PENSIONERS
AUSTRIA	4
GERMANIA	24
ITALIA	1
ROMANIA	721
SPANIA	5
UNGARIA	7

Next we will study the situation of disability pensioners with oncological pathology in Arad in relation to various parameters in order to monitor and to effectively manage the expertise and rehabilitation of their state of health.



Fig. 3 Distribution of disability pensioners with neoplasia in Arad County in administrative units

Degree of disability	Pensioners
1	78
2	426
3	215
Unframed	2

Analyzing the distribution of cases of disability pensions in Arad County is observed their higher density in the plains of the county, in the western part. Also in urban areas are concentrated over 50% of cases.

Gender	Pensioners
Woman	450
Men	271

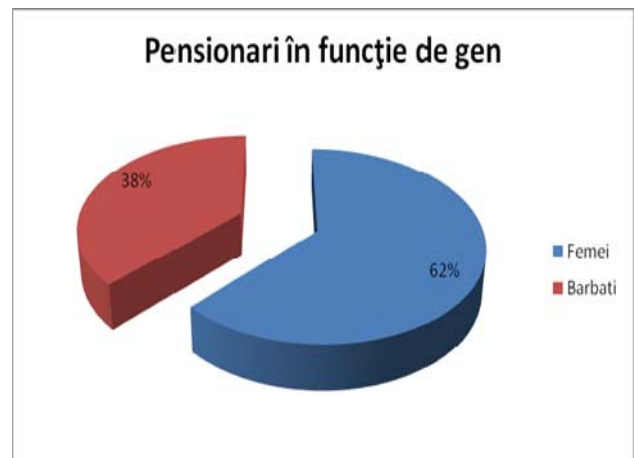


Fig.4 Arad county disability pensioners by gender

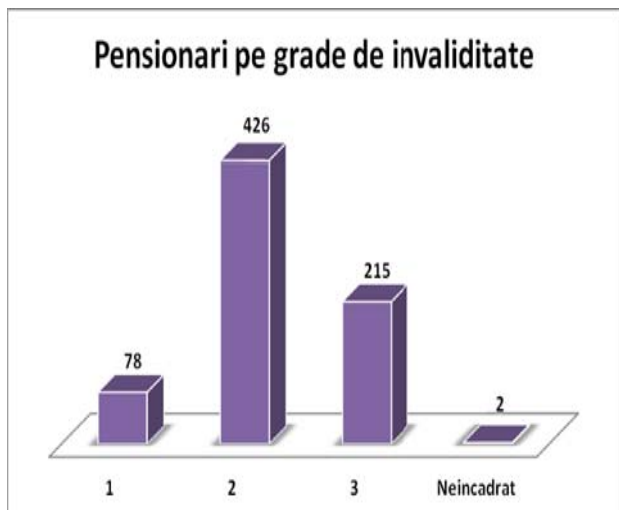


Fig.5 The situation of neoplasia pensioners on disability degrees in Arad county

Most pensioners from the county of Arad that have as classification in disability grade the neoplasia are women and they completely lost their ability to work (grade 2), but there are 78 cases in grade 1 who totally unfit to work, the ability to self-service of self-conduction or spatial orientation and they need caregiver.

Evolution of health	Pensioners
Unchanged	479
Improvement	147
Aggravation	95

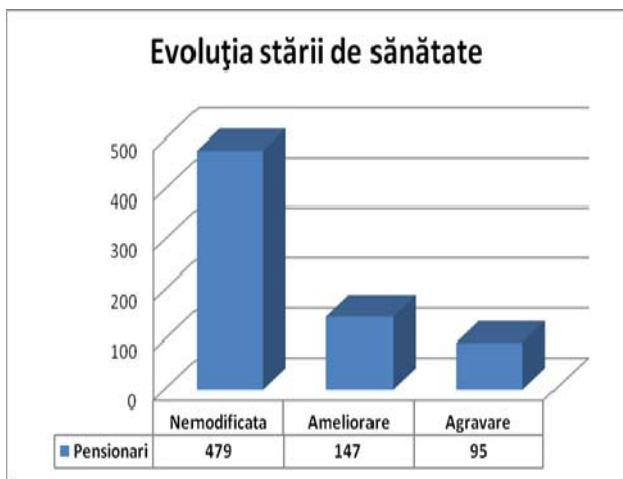


Fig. 6 Evolution of the health of the pensioners in degree of disability in Arad County

Analyzing the 721 cases we found that most retirees have kept their framing of disability, only 147 improvement and 95 cases have worsened. In 37 cases we found multiple changes of health.

One of the priority tasks of expert medical offices will be the detection and application of the recovery and rehabilitation measures of oncology patients as

plenary. Patients assaulted by malignant neoplasms and validated as being unable to work, shortly after they completed specific courses of treatment and recovery in specialized establishments return to work. But it is also true that there are a high proportion of oncology patients, who by restrictions and longstanding exclusion from socially useful activities, are isolated and lose their willingness and professional interest and reintegration into the labor market.

CONCLUSIONS

The Arad County is a rising curve of oncologic pathology, which loads the diagram of pensioning decisions with varying degrees of disability, between I, II and III.

Basic principle of the healthcare and expertise activities is not only the preservation and strengthening of health parameters, but also those related to the patient's neoplastic professional potential. Medico-professional rehabilitation of oncology patients requires perfect cooperation between medical rehabilitation activities of the deficiencies post-curative and physical potential outstanding expertise especially in terms of appropriate reinstatement of work and professional reintegration. To develop an effective program of recovery and rehabilitation is required the order and estimation of a complex of clinical investigation parameters diagnosis and instrumental samples, socio-demographic indicators, reflecting the true state of health of oncology patients in stage after hospitalization.

Labour market integration is very difficult without grant facilities to the employer. It also requires counselling and, in some cases, professional reconversion of persons who have suffered from oncological diseases.

Fundraising projects financed by European funds in the future will be the concern of all stakeholders involved in the rehabilitation and reintegration of patients with malignancy: County Houses of pension, health County Houses, and unemployment agencies.

ACKNOWLEDGEMENTS

This work was supported by Structural Funds POSDRU/CPP107/DMI 1.5/S/77082” “Burse doctorale de pregătire ecoeconomică și bioeconomică complexă pentru siguranța și securitatea alimentelor și furajelor din ecosisteme antropice.”

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