

Workers' Medical Centre

Dr. Sherryl Catchpole MBBS m Hlth. Sc. (Occ. Med. Hlth. Sfty.)

Ms. Jeanette McLean B.A. Dip Psych. Dip. Soc. Sci. (Counselling) M.A.P.S.

November 2002

Submission into the inquiry into Aspects of Workers' Compensation

Structural behaviours that may encourage fraudulent claims or conduct with the workers compensation system in Australia

Workers Compensation as a no-fault insurance scheme

Workers compensation was established as a no-fault insurance scheme to aid injured workers. This scheme was to provide insurance for a worker who was injured or suffered a health related condition as a result of their occupation. Most workers believe that if they suffer an injury at work or become ill because of their work they will be compensated for their medical expenses and loss of work time when they make a claim.

Here is where the problem starts. From the moment the claim is made the worker is presumed to be attempting fraud. The onus is placed on the worker to prove their injury or health condition was work related. The worker is often sent to a rude and unsympathetic doctor. They are accused of lying about their condition. They are told that it is a natural aging process or it was self-inflicted.

It is my experience that very few people would put themselves through the kind of stress involved in making a workers compensation claim if they weren't genuine. I have interviewed many people over the fifteen or so years that I have been dealing with workers suffering occupational injuries and diseases. They are horrified at the level of stress placed on them in trying to achieve what they consider their right as fair compensation for a condition that occurred as a result of their work.

Quite often people are unable to make a successful claim and therefore unable to receive compensation for their injury or disease and are unable to work and have nowhere to go. They believe that that have been treated with contempt and constantly I am asked the question "why".

I do not encourage workers to make appeals as this process is quite often so stressful that they become more ill than they were to start with. Many workers end up lodging Common Law claims because they feel they have been treated so badly.

Structural factors instrumental in encouraging fraudulent behaviour

Workers compensation legislation in Queensland

Over the years changes have been made to the legislation when too many claims have been proving to be successful. I speak of stress claims and claims for musculoskeletal injuries. Changes to the wording of the Workcover Queensland Act defining "injuries" and "diseases" and what contributes to a "work related condition" often make it extremely difficult for workers to prove their condition to be work related. Recently it has become almost impossible for workers to make a successful claim for musculoskeletal injuries because from the age of fifteen workers are considered to be suffering degenerative changes in their bone structure, which are considered to be part of the natural aging process.

In the 1980's WorkCover brought in a Psychiatrist to help prevent claims for musculoskeletal injuries being successful. Workers claiming to have tenosynovitis, tendinitis etc.(repetitive strain injuries) were accused to having "conversion syndrome" (a mental disorder).

Legislation written specifically to make is extremely difficult for workers to receive compensation for their injuries and diseases is instrumental in causing the perception of fraud in the minds of employers.

Using medical practitioners specifically to deny workers insurance claims is perceived by workers to be fraud perpetrated by the Board.

*Judy Kennedy
Practice Manager*