

Debilitating conditions

Subject

Instructions for screening clients with debilitating conditions in the context of the Canadian immigration medical examination (IME).

Goal/Objective

These instructions are provided to ensure that panel physicians (PPs) follow a consistent and appropriate process for the following:

- identification of clients with a debilitating condition;
- further investigation of clients with a debilitating condition; and
- completion and grading of an IME for a client with a debilitating condition.

Instructions

Screening and Testing

It is particularly important to screen for and identify clients with debilitating conditions as well as identify their ability to carry out daily tasks and capacity to live independently. Such conditions may have a significant impact on Canadian medical and social services.

During the medical history-taking and physical examination, the PP is expected to be vigilant about the presence of debilitating conditions. If an interpreter is used, the PP must select and ensure that the interpreter is unbiased and has no connection to the client. Family members or friends cannot act as interpreters for clients. The use of a professional interpreter is at the client's expense.

The identification of clients with debilitating conditions is based upon a directed medical and surgical history-taking including co-morbidities (e.g., diabetes, hypertension, cardiovascular diseases or neurological diseases) as well as a review of symptoms, and physical examination. Populations at increased risk include elderly, patients with long standing chronic diseases such as diabetes and hypertension, smokers, and patients with a family history of cardiac/neurological diseases.

A wide range of chronic diseases may lead to a debilitated state, including the following:

- neurological diseases: multiple sclerosis, lateral amyotrophic sclerosis, Parkinson's, cerebrovascular disease, stroke;
- musculoskeletal diseases: Rheumatoid arthritis, lupus, fibromyalgia;
- cardiovascular diseases: peripheral vascular disease with amputation, cerebrovascular disease with stroke;
- pulmonary diseases; chronic fibrosis disease with restrictive syndrome, COPD, oxygen therapy at home; and
- others such as advanced cancers.

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Screening for such debilitating conditions can be done through identification of risk factors in the client or his/her family as well as during physical examination, careful review of the various systems and the assessment of cognitive functions and global functioning level.

The following will assist the Regional Medical Office in its assessment of the IME:

- clear diagnosis and prognosis;
- duration and progression of symptoms;
- level of autonomy and functioning;
- need for social services and specialized assistance (e.g., nursing, home care, occupational therapy);
- whether the applicant lives alone/current living arrangements (e.g., with family or in long term care facility and who is paying);
- whether the current caregiver continues to look after the applicant; and
- medications used to treat the disorder.

Additional Investigation

- For clients presenting with debilitating conditions, an assessment of Activities of Daily Living (ADL), a Global Assessment of Function (GAF), and a screening test for cognitive functioning must be included (Refer to the respective IMEIs for more information); and
- The PP should obtain a relevant specialist report in order to get further important information on the prognosis and requirement for specific medical/social services for the client if any of the above assessments indicate impairment of cognitive functioning and/or lack of autonomy.

Reporting

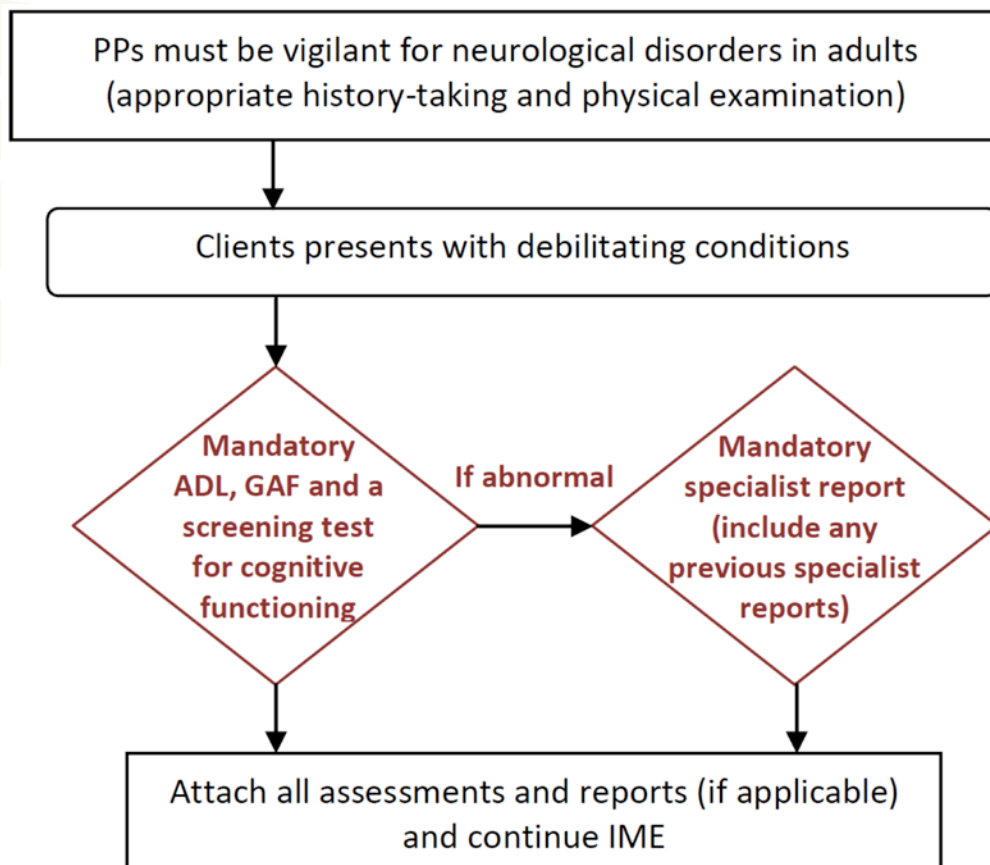
- All additional assessment information (i.e., ADL, GAF, and a screening test for cognitive functioning) must be attached to the IME report.
- Any specialist report that may be available from previous consultations should also be attached.

Grading

All IMEs for clients with a debilitating condition must be graded B.

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Algorithm



HB Approval and Authority

Director General, NHQ, Health Branch, CIC

Implementation Date

2013/06/01

Revision Date(s)

2013/11/01