Disability Support Pension Impairment Tables Questionnaire

Response: 203

Australia Pain Society

11a Select the key theme of the proposed changes to the Impairment Tables that is the most important to you

Pain

11b Select the theme of the proposed changes to the Impairment Tables that is the second most important to you

Chronic Illness

11c Select the theme of the proposed changes to the Impairment Tables that is the third most important to you

Cancer

12a (i) The removal of the term 'permanent condition' provides greater clarity that a condition must persist for two years as part of the DSP eligibility criteria

Strongly agree

12a (ii) The proposed changes more clearly describe the requirements of diagnosis, treatment and stabilisation of conditions for DSP assessment

Agree

13a (i) The inclusion of additional defined terms provides greater clarity around terminology used in the Instrument

Agree

13a (ii) Simplification in Part 2 of the Instrument improves the guidance and readability of the section

Unsure

13a (iii) The proposed changes to Table introductions and descriptors has made it easier to understand the requirements of Tables

Unsure

13a (iv) The additional guidance in appropriate Tables provides greater clarity when considering functional impairment. For example an additional guidance point to all Tables on fluctuating and episodic conditions

Unsure

13a (v) The updating of references to relevant assistive technology provides clearer guidance and modernises the Tables

Agree

13a (vi) The broader range of examples in the Tables illustrates how a person's functional impairment may impact their ability to work

Agree

14a The proposed changes recognise and capture the functional impacts relating to alcohol, drug and other substance misuse in appropriate Tables

Unsure

15a The addition of guidance recognises the impacts of ongoing side effects from prescribed medication and treatment

Agree

15b Please provide any additional comments regarding changes about the ongoing side effects of treatment.

It is not uncommon for people with chronic pain and cancer pain to experience significant side effects from analgesic medication or cancer treatments.

16a (i) Proposed changes better represent the functional impact of pain

Unsure

16a (ii) Additional examples of pain related conditions that result in functional impairment provide more clarity around the types of conditions that may be assessed against a Table

Unsure

16b Please provide any additional comments regarding changes about pain.

Thank you for the opportunity to comment of this important review. This document review was undertaken by an occupational therapist, a rehabilitation / addiction specialist and pain management nurse, all members of the Australian Pain Society Board.

We welcome these changes as they relate to chronic (persistent) pain and the expansion of the cancer section – it is not uncommon for cancer treatments (radiotherapy, chemotherapy and surgery) to result in significant persistent pain for cancer sufferers and survivors.

We have restricted our comments to those sections relevant to pain and its management.

Chronic pain is a personal experience and may have adverse effects on bodily function, psychological wellbeing, social functioning and participation and the capacity to work. It may occur after injury, surgery or disease but may also without a history of trauma or surgery. Chronic pain impacts upon 20% of the Australian population with many experiencing significant physical and psychological disability including anxiety and depression.

Chronic pain has no cure, with those experiencing chronic pain requiring ongoing interventions to optimise and maintain their level of function – their condition fluctuates and is not fully treated and stabilised at a definite time point. As a result, the doctor and allied health professionals such as occupational therapists, physiotherapists and psychologists often have a long-standing therapeutic relationship with a person with chronic pain. We welcome the fact that a doctor does not need to "finish" helping someone for them to access a DSP.

There are multiple treatments marketed for chronic pain and it might have previously been possible for an assessor to conclude that a person with a chronic pain disability has not engaged in "reasonable treatment" if they have not accessed them. We welcome the changes, particularly clause 7:

Reasonable treatment
(7) For the purposes of subsection 8(5) and (6), reasonable treatment is treatment that:
(a) is available at a location reasonably accessible to the person;
(b) is at a reasonable cost;
(c) can reliably be expected to result in a significant functional improvement;
(d) is regularly undertaken or performed;
(e) has a high success rate; and
(f) carries a low risk to the person.
which helps to delineate what is considered reasonable treatment, and by default, excludes many of the treatments that are marketed for chronic pain.

With respect to clause 8:
Assessing functional impact of pain
(8) There is no Table dealing specifically with pain and when assessing pain, the following must be considered:
(a) acute pain is a symptom which may result in short term loss of functional capacity in more than one area of the body; and
(b) chronic pain is a condition and, where it has been diagnosed, reasonably treated and stabilised for the purposes of subsections 8(4), (5) and (6), any resulting impairment should be assessed using the Table relevant to the area of function affected.

We welcome the inclusion of chronic pain as a condition in its own right and the inclusion of chronic pain syndromes such as fibromyalgia in the table. Greater consideration and emphasis needs to be given to the widespread impact of chronic pain across multiple tables. The following list of tables might be covered by one person with a chronic pain condition:

Table 1: Physical Exertion and Stamina
Table 2: Upper Limb Function
Table 3: Lower Limb Function
Table 4: Spinal Function
Table 6: Mental Health Function
Table 7: Brain Function
Table 9: Digestive and Reproductive Function
Table 13: Functions of the Skin
Table 14: Functions of Consciousness

In many cases it may be impossible to determine which area contributes most to the level of disability, as it is a cumulative effect.

We suggest the tables reflect the International Classification for Functioning, Disability and Health (ICF) classifications and focus on the limitations posed by the condition on the person's ability to perform activities (the execution of a task or action). The ability to perform functions such as mobility, self-care, communication, learning, social, domestic management and participation in the community determines their ability to engage in employment many provide a better metric than solely focussing on specific body part dysfunction.

17a Additional examples of chronic illnesses that result in functional impairment provide greater clarity around the types of conditions that may be assessed against a Table

Agree

18a Additional examples of renal conditions that result in functional impairment provide more clarity around the types of conditions that may be assessed against a Table

Unsure

19a (i) Additional examples of fatigue related conditions that result in functional impairment provide greater clarity around the types of conditions that may be assessed against a Table

Agree

19a (ii) The inclusion of a personal care descriptor captures the functional impacts of fatigue on a person's ability to undertake personal care activities

Agree

19a (iii) Proposed changes better represent the functional impact of fatigue related conditions

Unsure

19b Please provide any additional comments regarding changes about fatigue.

As fatigue can be a factor in chronic pain conditions, we welcome this change.

20a Additional examples of cancer and subsequent conditions that result in functional impairment provide more clarity around these types of conditions that may be assessed against a Table

Agree

21a (i) Additional examples of specific pieces of evidence that may be used to support a claim assists individuals to identify the accepted range of medical evidence that can be provided

Agree

21a (ii) Additional examples of professionals assists individuals identify the range of appropriate practitioners who are able to provide medical evidence in support of their claims

Agree

21b Please provide any additional comments regarding changes to medical evidentiary requirements.

It is pleasing to see the recognition of the invaluable role health professionals (occupational therapists, clinical nurse consultants, nurse practitioners, physiotherapists and psychologists) play in patient assessment and treatment and their inclusion as examples of practitioners who can provide evidence.

Medical Specialists are the best placed health professionals to provide information on diagnosis, treatment and prognosis, but not functional impact. Allied health professionals (occupational therapists, physiotherapists, psychologists, speech pathologists and exercise physiologists) are far more able to provide evidence on the functional impact of any condition and should be included as suitable health professionals to provide such evidence.

We recommend the following:

"a report from a medical specialist confirming the diagnosis of conditions commonly associated with extreme fatigue or exhaustion (such as diabetes mellitus, renal failure, end stage organ failure, widespread/metastatic cancer, chronic pain, myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), lymphoedema and fibromyalgia), and providing details of treatment, functional impact and prognosis;"

22a (i) Addition of descriptors better capture shoulder function in Table 2 - Upper Limb Function

Unsure

22a (ii) The addition of descriptors for the loss of function of a dominant limb under Table 2 – Upper Limb Function better recognises functional impacts of losing a dominant upper limb

Unsure

22a (iii) Additional examples of specific skin conditions that result in functional impairment provide more clarity around the types of conditions that may be assessed against a Table

Unsure

22b Please provide any additional comments regarding changes about musculoskeletal and skin functions.

Please refer to our response for Section 16: PAIN

23a The proposed changes better capture the functional impacts of balance, dizziness and a person's ability to stand

Unsure

24a The proposed change will better support individuals by providing a broader range of medical professionals allowed to provide corroborating evidence in support of a diagnosis of a mental health condition for assessment under Table 5 – Mental Health Function

Agree

24b Please provide any additional comments regarding changes about psychologists.

This is an important inclusion see our comments under Section 21: EVIDENCE

25a The proposed changes improve alignment with other recognised mental health assessment tools (including the World Health Organization Disability Assessment Schedule –WHODAS, Diagnostic and Statistical Manual of Mental Disorders – DSM, World Health Organization International Classification of Diseases - ICD)

Unsure

26a (i) Proposed changes better reflect conditions on the spectrum of neurodiversity

Unsure

26a (ii) The addition of a new social skills descriptors in the table relating to brain function recognise difficulties a neurodivergent person may experience in social situations

Unsure

26b Regarding the proposed change on Table 6 – Brain Function to better recognise social skills difficulties, would you prefer to:

add a new social skills descriptor and require a person to meet at least two descriptors for the relevant impairment rating to be assigned

27a The proposed changes better recognise the need for culturally appropriate assessments

Agree

28 In accordance with the Privacy Collection Notice, please select one of the following.

I would like my submission to be published with identifying information (including name or name of organisation as provided in the questionnaire)