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Canadian Disability Policy Alliance
Alliance Canadienne concernant
les politiques reliées au handicap

Is medical documentation necessary for a disability claim?

Introduction

As a result of a number of inquiries about this topic, we have developed a response to the question of **whether or not medical documentation should be necessary in order to substantiate a claim for disability-related accommodations or compensation**. There is considerable controversy about the need for medical documentation when providing benefits or resources. Some say it is essential – otherwise how do we ensure that the limited pot of resources stretches to meet the needs of all those with legitimate claims? Others say that requiring medical documentation unduly medicalizes disability, and denies the autonomy and dignity of disabled claimants. The answer is simple, as long as we focus on DISABILITY rather than on diagnosis. Here is CDPA’s response after several years of experience with this issue and policy associated with it.

Typically, workplaces, schools and other organizations are not obliged to compensate or accommodate people on the basis of a diagnosis, but rather on the basis of a disability. For example, we do not provide compensation to people simply because they have migraine headaches, or diabetes, or even a spinal cord injury. We compensate or accommodate people in recognition of things they can’t do – to effectively level the playing field.

Disability vs. diagnosis

In years gone by, people with disabilities simply accepted that medical documentation was necessary in order to claim any sort of benefits or accommodations. However, since the 1980’s, a different way of thinking about disability has been in force, both in ideology, and more importantly, in law. Referred to as the *Social Model of Disability*, it states that a disability is not the direct result of illness or injury. Rather, a disability occurs when a person with an impairment (an illness, injury, diagnosis) encounters an environment that does not permit him or her to function optimally.

The problem with using a medical diagnosis as the basis for accommodation or compensation is that a single diagnosis can be associated with vastly different levels of disability. For example, two people could each have had a stroke, but one could be fully functional with no evidence of disability, whereas the other could be completely disabled (ie., restricted to bed). The diagnosis does not provide the necessary information to know how to adjust the environment to optimize performance. In order to provide suitable accommodations or compensation, we need to know two things:

- exactly what the person can and can’t do; and
- the gaps or barriers that exist in the particular real-world environment in which the person needs to function.

In other words, we need to understand his or her disability.

A disability refers to things an individual can’t DO. The World Health Organization’s *International Classification of Functioning, Disability and Health* identifies 9 types of disabilities:

- Learning and applying knowledge
- General tasks and demands

- Communication
- Mobility
- Self care
- Domestic life
- Interpersonal relationships
- Major life areas
- Community participation

(WHO, 2001; for more information, see <https://apps.who.int/classifications/icfbrowser/>)

To reiterate, a disability occurs when an individual with an impairment encounters an inaccessible environment. An inaccessible environment is one lacking in the necessary:

- Products and technology
- Natural or built structures
- Supports and relationships
- Attitudes
- Services, systems and policies (WHO, 2001).

Examples

As an example, a person with a mobility impairment might be fully functional in his or her home, where everything is set up to meet his or her needs; however, out in the community, he has difficulty getting around. Obstacles like uneven pavement, lack of handrails, curbs and stairs, narrow doorways, or heavy doors, interact with his impairment to create a Mobility disability.

Here's a more subtle example of how a work environment can interact with an impairment to create a disability. Imagine a person who has a mental illness that is exacerbated by a work environment that doesn't understand. Perhaps there is a lack of understanding from co-workers, inhospitable attitudes, policies that fail to take account of needs, lack of services or supports, or need for specialized technology. These environmental factors can combine with the individual's illness to create a disability in a Major Life Area (like education or work). In another environment, where the right people, products and systems were in place, this same individual would not experience a disability.

There are a number of ways of accommodating this disability, including training for co-workers and managers, policies around accommodation, noise-cancelling headphones, separate or restructured work-space, to name a few examples of how the environment can work together with the person to overcome the limitations of his or her disability.

Summary

In summary, medical documentation may be required in order to substantiate the presence of an impairment (illness or injury), but by itself, it does not indicate the presence of a disability. The presence and extent of a disability can only be determined in collaboration with the individual who experiences the disability, and in consideration of the environment in which he or she is expected to function.

World Health Organization (2001). *International Classification of Functioning, Disability and Health*. Geneva, Switzerland: WHO. <https://apps.who.int/classifications/icfbrowser/>