

Medical-legal implications of hepatitis C virus infection

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Does chronic hepatitis C virus (HCV) infection prevent patients from working?

The effect of HCV infection on work activities depends on the patient's personality. When notified that they have a chronic infection, some people develop anxiety, depression, insomnia, headache, and irritability, which are unrelated to etiology of the disease *per se*. There are few ways in which a physician can objectively conclude that the patient suffers from a disability secondary to the infection, especially in previously asymptomatic patients with normal aminotransferase levels.

Objective symptomatology

1. Symptoms related to the disease

Some patients do not display symptoms for several years after contracting hepatitis C even though their aminotransferase levels are elevated. On the other hand, patients with cirrhosis may exhibit portal hypertension, liver encephalopathy, digestive tube bleeding, or spontaneous peritonitis. These complications require a period of rest subsequent to hospitalization. Patient protection committees in the United States, Europe, and Canada have established minimum and maximum terms of domiciliary rest for each type of complication related to hepatitis C.

2. Causes of treatment-related disability

Many treatments for hepatitis C cause disabilities. Interferon produces symptoms similar to those of acute flu: fatigue, myalgia, fever, and a general feeling of sickness. Ribavirin induces neutropenia, anemia and thrombocytopenia. Liver transplant patients are unable to work for a lengthy period after the operation. The duration and grading of the disability should be modified if the graft requires treatment with drugs such as cyclosporine or is rejected.

Is a pension or relocation justifiable for medical or paramedical personnel who contract hepatitis C?

In Canada, Europe, and the United States the total cost of treatment, including the cost of psychiatry in the event of depression or the cost of liver transplantation, if applicable, is reimbursed to medical and paramedical personnel. An additional sum is paid to cover loss of income in the event of disability, and the patient receives a monthly pension for a period determined by his/her doctor and an institutional committee.

New cases of hepatitis C infection occur every two to three years among medical and paramedical personnel at Calgary Hospital, Canada. The infections are mainly acquired by needle punctures. Most legal cases are resolved in favor of the patients, as there are law firms who have experts in litigation on behalf of hepatitis C patients. Such firms attempt to procure a judgment of relocation or even retirement in the event of liver failure or its complications.

Question number 3. The answer is: if the patient as above mentioned has previously gone through several mental and physical disability periods, because of the disease and treatment and in any case, his/her doctor and a group of experts may determine so.

Recommendations of the consensus panel

Is chronic infection usually an impediment for work-related activities?

Chronic infection with the hepatitis C virus *per se* does not impede work performance.

Evidence quality: 3

Are pensions or relocations justified for HCV-positive personnel such as surgeons, specialized nurses, gynecologists, and deontologists who do not attain sustained virological responses?

Consensus was not reached.

Evidence quality: 3

Is temporary disability necessary during treatment for HCV?

The need for temporary disability during antiviral treatment should be evaluated on an individual basis.

Evidence quality: 3

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