Insurance rating of patients with inflammatory bowel disease: report of a conference on morbidity and mortality

Patient members reported to the Crohn’s and Colitis Foundation of Canada (CCFC) about their difficulties to obtain insurance. In 1991, the Lay Board of the CCFC requested its Medical Advisory Board (MAB) to investigate this problem. At that time, insurance ratings could be illustrated by the 1985 edition of Brackenridge’s monograph on life risks. The MAB found that data on mortality were outdated. A conference on morbidity and mortality of inflammatory bowel disease (IBD) was organized by the authors and held in May 1992. Based on questionnaires to patients, evidence provided by invited speakers and the results of small group conferences, it was concluded that patients with IBD have difficulties in obtaining insurance, even though the quality of life and mortality of IBD patients is not very different from that of the general population. However, the mortality rate of the healthy insured population is lower than that of the general population, and thus much lower than that of IBD patients. Patients have a better chance to obtain insurance if there is a close cooperation between the treating physician and the medical officer of the insurance company. Changes have occurred since the conference held in May 1992. The recent edition of Brackenridge’s text (1992) provides a better prognosis but unfortunately unchanged rating for patients with IBD than did the 1985 edition. Close cooperation between the Patient Advisory Committee of the CCFC and the Executives of the Canadian Life Insurance Medical Officers Association may further improve the insurance rating of patients with IBD.
Patients find symptoms of UC or CD embarrassing and humiliating. IBD can result in loss of education and difficulty in gaining employment or insurance. It can also cause psychological problems and growth failure or retarded sexual development in young people. About 5% of patients with IBD affecting the colon are unclassifiable after considering clinical, radiological, endoscopic, and pathological criteria, because they have some features of both conditions. This can be termed indeterminate colitis (IC).