

Unfit for Work, Fit for Firearm or driving license - Is that Possible?

Lalić, Hrvoje

Source / Izvornik: **Open Access Macedonian Journal of Medical Sciences, 2019, 7, 2864 - 2867**

Journal article, Published version

Rad u časopisu, Objavljena verzija rada (izdavačev PDF)

<https://doi.org/10.3889/oamjms.2019.727>

Permanent link / Trajna poveznica: <https://urn.nsk.hr/urn:nbn:hr:184:408093>

Rights / Prava: [Attribution 4.0 International](#) / [Imenovanje 4.0 međunarodna](#)

Download date / Datum preuzimanja: **2024-12-27**



Repository / Repozitorij:

[Repository of the University of Rijeka, Faculty of Medicine - FMRI Repository](#)



Unfit for Work, Fit for Firearm or driving license - Is that Possible?

Hrvoje Lalić*

University of Rijeka, Rijeka, Croatia

Abstract

Citation: Lalić H. Unfit for Work, Fit for Firearm or driving license - Is that Possible? Open Access Maced J Med Sci. 2019 Sep 15; 7(17):2864-2867. <https://doi.org/10.3889/oamjms.2019.727>

Keywords: Expert witness; Legislation; Military casualty; Psychiatric disorders; Work assessment

***Correspondence:** Hrvoje Lalić. The University of Rijeka, Rijeka, Croatia. E-mail: hlalic@inet.hr

Received: 29-May-2019; **Revised:** 23-Sep-2019; **Accepted:** 24-Sep-2019; **Online first:** 30-Aug-2019

Copyright: © 2019 Hrvoje Lalić. This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

Funding: This research did not receive any financial support

Competing Interests: The authors have declared that no competing interests exist

BACKGROUND: Psychiatric disorders are not compatible with carrying firearms or with driving a car. Persons with such disorders are often not employed and are persistent in demanding invalidity pensions, but some of them also insist on holding on to the mentioned licenses. In such cases, where persons are already in possession of firearms and driving licences, it never occurs to them, that they should surrender their permits back. AIM Pointing to the importance of OM controlling firearm/car driving licenses.

CASE REPORTS: This paper discusses the problem of three cases that should be widely recognised as it is potentially life-threatening to other people. The first is the case of a war veteran in retirement with PTSD that had his application for firearms licence rejected by the authorities. The second is the case of a labourer who suffers from a depressive disorder, temporarily incapable of work. The third is the case of a war veteran, a chronic alcoholic with toxic epilepsy, who is applying for invalidity retirement but wants to keep his driving license.

CONCLUSION: Occupational medicine assess every single worker by applying advanced methods and psycho tests that enable a thorough assessment of work capacity and fitness for carriage of firearms, driving as well as the assessment of psychiatric disorders, which are the most delicate to assess.

Introduction

Although it has been more than 20 years since the end of the war in Croatia, the consequences are still present. Among the military veterans, the most frequent diagnosis is PTSD, the diagnosis that causes interaction and work-related functioning problems [1]. It could take only seconds to suffer and acquire the PTSD but for the recuperation is needed a very long time [2]. Heavy traumas, long periods in battle zones and other traumatic experiences can lead towards alcoholism which causes changes in a patient that for a clinician are hard to assess [3]. Alcoholism is often the cause, as well as a tragic attempt to solving social problems [4].

Recession, bankruptcy and loss of employment, lead to people developing insecurity, apathy and worry. That leads to a decline in life and work skills, bad perception of oneself and consequently, it leads to depressive disorders [5].

This paper intends to show the effect of some psychiatric disorders on working capacity as well as on capability for carrying firearms / driving cars in patients with a reduced self-criticism due to their disorders. The paper presents three cases, diagnosed with PTSD, depressive disorder and chronic alcoholism (Table 1). Such disorders, if ignored by the community and especially by the medical professionals and competent jurists/judges in charge, can be fatal for the safety of citizens who live in their immediate surroundings.

Table 1: Croatian Institute for Pension Insurance Expert Witness, Independent Second Instance Expert Witness and Board of the Institute Expert Witness for Firearms/Driving licence opinion, regarding disability and licences for firearms and car driving

Cases	Age	Diagnosis	CIPi Expert Witness opinion on work capacity	Independent Second Instance Expert wit. opinion on work capacity	Board of the Institute Exp. witness opinion on firearm/car driving	Independent Second instance expert witness opinion on firearm/car driving
1	59	PTSD	Disabled	Disabled	Disabled	Disabled
2	60	Depressive disorder	Capable - needed for additional treatment	Disabled	Not evaluated	Disabled
3	52	Alcohol abuse	Capable - needed for additional treatment	Capable with contraindications and abuse control	Not evaluated	Temporary disabled 6-12 month up to recovery

CIPi, Croatian Institute for Pension Insurance.

Series of Cases

Case 1

The war veteran, 59 years old, pressed charges against the Board of the Institute for Assessing Firearms / Car driving ability for rejecting his application in 2018 for carrying firearms. He is in military invalidity retirement, due to diagnoses of PTSD and damages of the spinal vertebra. In 2013 his invalidity came up for revision, and according to the experts, his PTSD diminished below 20%. But this same year 2013 his application for firearms was rejected. In 2018 he obtained health certificates from two different private Occupational Medicine practices, where he was assessed as fit and on that basis applied for the firearms licence again. He also obtained a psychiatric report stating that his mental state is regular. However, in their report, the psychiatrist did mention that during the illness of the patient's father, the patient had had mental difficulties, went to psychotherapy and was on medication in the period from 2004 to 2007.

Nevertheless, the patient, after obtaining all the above documentation applied for the firearms licence again. He was one more time rejected, and he then sued the Board of the Institute for assessing Firearms / Car driving capability at the Administrative Court.

He referred to the Firearms Licensing Law, article 5, paragraph 10 that quotes contraindications for carrying firearms: "Neurotic disorders connected with stress and somatic disorders except for mild and feebly expressed disturbances that do not affect secure manipulation of firearms".

The patient at the time of his claim was free of psychiatric disturbances and not on any drug therapy, so he considered himself capable of handling firearms, as stated by the Law [6].

To assess the patient's capabilities to carry firearms, as the Independent Second Instance Expert

Witness for this trial was chosen Occupational Medicine specialist.

Case 2

A manual labourer sued the Croatian Institute for Pension Insurance (CIPi) for rejecting his disability claim. The patient considers himself incapable of work because he is diagnosed with recurrent depressive disorders (F 33.3) and organic psycho syndrome (F 07.9). He suffers from hypotony and damages of the spinal vertebra. Additionally, the patient encloses psycho tests dated the years 2013 and 2017 that point to the diminished cognitive capabilities that are according to the psychologist's opinion caused by organic disease. Private OM practice assessed him as incapable of work and issued the patient the certificate of disability, which is contrary to the attitude of the CIPi experts who considered the patient fit to work.

The score of his test for visual motoric capabilities was under average. He encloses tree hospital letters from the psychiatric clinic. The patient is in combination therapy of antidepressants Velafax (*venlafaxine*), Calixta (*mirtazapine*), antipsychotic Nozinan (levomepromazine) and an antiepileptic drug Phenobarbital (*phenobarbital*). In this case, the Administrative Court engaged the OM specialist, the Independent Second Instance Expert Witness to assess the patient's work capacity.

Case 3

A 52 years old volunteer war veteran, a construction worker with only six years of working experience, sued the CIPi unsatisfied with their refusal to grant him invalidity pension under the Article 39 of the Law for Pension Insurance [7].

As the main reason for his retirement, the patient states his epilepsy (G 40.5), organic psycho syndrome (F 0.7), hypertonic (I 10.0) and vertebrae deformations (M 40). His last major epileptic attack was in 2012, and he is under the therapy of Lamal (*lamotrigine*), twice daily one tablet. In his claim, the patient encloses the letter from the clinic for psychiatry where he was admitted on the 5th of October 2012 and from then received daily hospital treatments until 9 January 2013. The patient was also diagnosed with alcohol addiction (F 10). Electroencephalography test was regular. The psychological test showed simple personality structure, alcohol addiction, anxiety and organic psycho syndrome in development. MR showed multiple small subcortical lesions that imply hypertensive encephalopathy.

The Administrative court engaged the OM specialist, the Independent Second Level Expert Witness to assess if the patient lost his working capacity. The court itself did not raise the question about the patient's capacity for driving, nor did it do that in the case of a patient who suffers from the

depressive disorder (Case 2), under the Article 13, Paragraphs 11 and 22 of the Law for Motor Vehicles Drivers [8]. However, that topic was brought up by the expert witness who considered it his professional duty to raise this question and express his opinion that the lives of the public were in danger.

Discussion

Here are presented three cases of patients with psychiatric disorders, none of whom at the time of assessment were working. There is a well-known fact that such patients are prone to sick – leave and for invalidity pensions. This paper emphasises not only that well-known matter of fact; it indicates problems that influence general safety. Weapon and steering wheel must be in healthy arms, if no, fatal accidents could be expected. Medical practitioners in their surgeries, scientists, politicians and other professionals, who regulate the security of our lives globally, should be conscious of such problems that can generate while issuing licenses for firearms or car driving. Full attention to such problems is needed, so this article is trying to challenge debates and undertake more strict measures and rules for issuing firearm and car driving licenses.

The first patient was retired due to the PTSD and vertebra injuries. Although after the revision of his invalidity the PTSD was found diminished, his incapacity for work remained undeniable. The Independent Second Instance Expert Witness concluded that the patient is incapable of carrying firearms even though he had two certificates from private OM practices that claimed the opposite. It is to be expected that persons who are members of the military and other special units have significant resilience to stress [9]. Generated stress should be solved through stress and recuperation programs [10]. Some current studies point to the fact that negative environmental factors can also trigger genetic materials that lead to PTSD [11]. The harder stress strikes, the longer period for recovery is needed [12]. Although it has been a long time since this patient was exposed to stress and although his condition is stable now, every unpredicted and unpleasant event can awake dormant PTSD (as mentioned above in the event of the death of his father, when the patient visited psychiatrist due to repeated PTSD symptoms). The law that regulates carrying firearms issues firearms permits to persons with mild neurotic disturbances, but neurosis is not the same as PTSD, which is a serious disorder.

The second patient with the recurrent depressive disorder sued CIPI due to rejection of his claim for invalidity retirement. Persons with serious depressive disorders have impairment in cognition and everyday functioning [13], [14]. This is particularly

expressed as a negative impact on work productivity [15]. The patient was hospitalised three times at the clinic for psychiatry, and he is taking psychiatric medication. Due to his impaired cognitive functions, he is not capable of working as a sweeper of metal waste in an industrial plant where heavy vehicles such as tractors, forklifts and lorries pass the whole day. The patient regularly visits psychologist and psychiatrist, where he takes special therapies [16]. For all the reasons above mentioned he is not capable of work at his workplace, but the CIPI demands further analysis and experts sent the patient to do MR as the organic brain damages could be expected to be proven. For the patient is not capable to work, he is also not capable to drive a car, due to significant loss of cognitive functions and with delayed reactions as a consequence of being on psychiatric medicine. Therefore, the Independent Second Instance Expert Witness insists that the judge advises the relevant authorities that the patient's driving license should be revoked.

The third patient, with only six years of working experience, is applying for invalidity pension. It is well known that alcohol abuse leads to work absence and increases the interest of invalidity pension [17]. Alcohol abuse is connected to reduced work memory capacity [18]. Alcoholics have reduced social sensitivity and capability to solve interpersonal situations [19]. Alcohol consumption/addiction can be proved by changes in the central nervous system [20]. The described patient has small punctual changes on his brain that are more typical for hypertonic encephalopathy. The Independent Second Instance Expert's opinion is that the patient is capable of work regardless of having to lift and carry heavyweight and the work in unfavourable microclimate. He should receive the relevant support through social structures and refrain from alcohol consumption. The judge should advise the relevant authorities of the reasons for the patient's temporary suspension of his driving license. He should refrain from alcohol consumption for a minimum of 6-12 months before his driving license can be returned. This action is necessary to avoid exposing the life of the public, such as other drivers and the pedestrians, to danger.

In conclusion:

In Case 1, Independent Second Instance Expert Witness agreed with the Board of the Institute for Firearm / Car Driving experts, that the patient, a military veteran is not capable of carrying firearms. As the CIPI experts concluded, he is unfit to work as his state remained unchanged.

In Case 2, Independent Second Instance Expert witness disagreed with CIPI experts where the state of the patient's health does not permit him further work in his occupation. Still, MR is recommended to prove organic brain damages and continuing psycho tests that show cognition impairments. The patient is not capable of driving a

car; therefore, it is recommended that his driving licence is permanently revoked.

In Case 3, all experts agree that there is no invalidity. The patient's driving license should be temporarily suspended until the patient proves he restrained from alcohol for a minimum of 6 up to 12 months. He is assessed capable of work in spite of all his work requirements.

Occupational Medicine has once again proven its important role in the assessment of work capacity [21]. Here, OM goes a step further pointing to the importance of controlling firearms/car driving licenses parallel with the assessment of work capacity.

In the end, the answer to the question from the paper title: If a person is unfit for work, they are most often also unfit to carry firearms or to drive, especially in cases of the psychiatric disorders.

Acknowledgements

I wish to express my special gratitude to Tanja Mamula, B. A., for her kind help and useful advice I needed when I was preparing the English version of my paper.

References

- Muschalla B, Rauh H, Willmund GD, Knaevelsrud C. Work disability in soldiers with posttraumatic stress disorder, posttraumatic embitterment disorder, and not-event-related common mental disorders. *Psychol Trauma*. 2018; 10(1):30-35. <https://doi.org/10.1037/tra0000293> PMID:29323524
- Tournier , Charnay P, Tardy H, Chossegros L, Carnis L, Hours M. A few seconds to have an accident, a long time to recover: consequences for road accident victims from the ESPARR cohort 2 years after the accident. *Accid Anal Prev*. 2014; 72:422-32. <https://doi.org/10.1016/j.aap.2014.07.011> PMID:25146496
- Restifo S. A review of the concepts, terminologies and dilemmas in the assessment of decisional capacity: a focus on alcoholism. *Australas Psychiatry*. 2013; 21(6):537-40. <https://doi.org/10.1177/1039856213497812> PMID:23884961
- Thoma P, Friedmann C, Suchan B. Empathy and social problem solving in alcohol dependence, mood disorders and selected personality disorders. *Neurosci Biobehav Rev*. 2013; 37(3):448-70. <https://doi.org/10.1016/j.neubiorev.2013.01.024> PMID:23396051
- Milanović M, Holshausen K, Milev R, Bowie CR. Functional competence in major depressive disorder: Objective performance and subjective perceptions. *J Affect Disord*. 2018; 234:1-7. <https://doi.org/10.1016/j.jad.2018.02.094> PMID:29518625
- People's Gazette. Law about the Firearm, 2013:22.
- People's Gazette. Law on Disability Insurance, 2013:157.
- People's Gazette. Law on Medical Examination of Drivers and Candidates for Drivers, 2015:13.
- Van den Meulen E, van den Velden PG, Setti I, van Veldhoven MJPM. Predictive value of psychological resilience for mental health disturbances: A three-wave prospective study among police officers. *Psychiatry Res*. 2018; 260:486-494. <https://doi.org/10.1016/j.psychres.2017.12.014> PMID:29289832
- Parsloe E, Jones N, Fertout ; Luzon O, Greenberg N. Rest and recuperation in the UK Armed forces. *Occup Med (Lond)*. 2014; 64(8):616-21. <https://doi.org/10.1093/occmed/kqu119> PMID:25190713
- Malan-Müller S, Seedat S, Hemmings SM. Understanding posttraumatic stress disorder: insight from the methylome. *Genes Brain Behav*. 2014; 13(1):52-68. <https://doi.org/10.1111/gbb.12102> PMID:24286388
- Pélissier C, Fort E, Fontana L, Charbotel B, Hours M. Factors associated with non-return to work in the severely injured victims 3 years after a road accident: A prospective study. *Accid Anal Prev*. 2017; 106:411-419. <https://doi.org/10.1016/j.aap.2017.06.020> PMID:28728063
- Bowie CR, Milanovic M, Tran T, Cassidy S. Disengagement from tasks as a function of cognitive load and depressive symptom severity. *Cogn Neuropsychiatry*. 2017; 22(1):83-94. <https://doi.org/10.1080/13546805.2016.1267617> PMID:27996635
- Knight MJ, Baune BT. Cognitive dysfunction in major depressive disorder. *Curr Opin Psychiatry*. 2018; 31(1):26-31. <https://doi.org/10.1097/YCO.0000000000000378> PMID:29076892
- Clark M, DiBenedetti D, Perez V. Cognitive dysfunction and work productivity in major depressive disorder. *Expert Rev Pharmacoecon Res*. 2016; 16(4):455-63. <https://doi.org/10.1080/14737167.2016.1195688> PMID:27268275
- Birgitta Gunnarson A, Hedin K, Hakansson C. Treatment of depression and/or anxiety - outcomes of a randomised controlled trial of the tree theme method versus regular occupational therapy. *BMC Psychol*. 2018; 23;6(1):25. <https://doi.org/10.1186/s40359-018-0237-0> PMID:29792226 PMCid:PMC5967043
- Nurmela K, Heikinen V, Hokkanen R, Ylinen A, Uitti J, Matilla A, Joukamaa M, Virtanen P. Identification of alcohol abuse and transition from long - term unemployment to disability pension. *Scand J Public Health*. 2015; 43(5):518-24. <https://doi.org/10.1177/1403494815580149> PMID:25930940
- Gunn RL, Finn PR. Impulsivity partially mediates the association between reduced working memory capacity and alcohol problems. *Alcohol*. 2013, 47(1):3-8. <https://doi.org/10.1016/j.alcohol.2012.10.003> PMID:23200800 PMCid:PMC3545083
- Schmidt T, Roser P, Juckel G, Brüne M, Suchan B, Thoma P. Social cognition and social problem solving abilities in individuals with alcohol use disorder. *J Clin Exp Neuropsychol*. 2016; 38(9):974-90. <https://doi.org/10.1080/13803395.2016.1180346> PMID:27456035
- Cosa A, Moreno A, Pacheco-Torres J, Ciccocioppo R, Hyytia P, Sommer WH, Moratal D, Canals S. Multi-modal MRI classifiers identify excessive alcohol consumption and treatment effects in the brain. *Addict Biol*. 2017; 22(5):1459-1472. <https://doi.org/10.1111/adb.12418> PMID:27273582
- Lalić H. Expert assessment of war casualties. *Med Sci Law*. 2017; 57(1):47-51. <https://doi.org/10.1177/0025802416686465> PMID:28043203