

ALTERNATIVE MEDICAL EVIDENCE

The traditional basis for risk information gathering in the UK has been the application form supplemented by GP reports (GPRs), medical examinations and paramedical exams. Schedules of routine evidence employ these tools according to age and sum assured, and for exceptionally high amounts may demand additional screening such as laboratory tests or an ECG.

But we feel it is time to consider letting go of tradition and to think harder about getting the right information on the right lives.

In the past individuals have been largely unwitting players in the game of balancing health and ill health. Now, through knowledge, economic power and the consequent availability of choice, they are in a position to exercise considerable influence over their health and life expectancy via lifestyle factors such as smoking, alcohol intake, diet and use of recreational drugs. The nature of risk for life, critical illness and disability covers is changing, with new risk factors emerging and traditional ones assuming new significance.

- Twenty-eight per cent of men and 25% of women are smokers; prevalence is higher among lower socio-economic groups – 32% in manual workers. The popularity of smoking has reduced since the 1980s but the trend levelled off in the early 90s
- The increase in the prevalence of obesity (it has tripled since 1980 and is still growing) means a rise in its serious complications – classically type II diabetes and high blood pressure, both of which are risk factors for coronary heart and other vascular disease. Obesity also increases the risk of hypercholesterolaemia and cancer.
- High alcohol intake is associated with increased accident risk and, in the long term, excess mortality due to related illnesses such as liver disease and cancer. Over a quarter of men and 15% of women consume more than 21 and 14 units per week respectively.
- It is estimated that there are around 50,000 people with HIV in the UK.
- It is estimated that one in 250 people in the UK have hepatitis C virus, infection with which carries a high risk of progression to chronic liver disease.
- Recreational drug use is growing. For users – typically younger age groups – these drugs represent a significant source of additional accident risk, especially on the road and in the workplace. Usage is also an indicator of lifestyle, implying a higher incidence of other adverse risk factors. These sources of extra mortality are significant among younger age groups for whom disease-related mortality is otherwise exceptionally low.

Traditional medical evidence is poor at identifying these risks. Furthermore, critical illness, a cover quite different from life assurance, yet underwritten using very much the same sort of screening, surely demands a far more sophisticated approach to risk information gathering. In particular, the underwriter should be looking hard for information on *prospective* risk factors, especially for the vascular and cancer claim events, instead of concentrating retrospectively on the medical history. (The argument for more focus on prospective risk factors also applies with considerable force to other types of cover, including life.)

It is time to consider alternative sources of risk information, for example testing oral fluid (oral transudate, not saliva) for:

- Cotinine
- HIV
- Drugs of abuse - cannabis, cocaine, opiates, amphetamines
- Hepatitis B surface antigen and hepatitis C antibodies
- Carbohydrate-deficient transferrin (CDT) - an alcohol marker
- High-sensitivity C-reactive protein (Hs-CRP) - a marker of cardiovascular disease
- Glycated albumin - a diabetic marker.

These tests are available now at reasonable cost. Samples can be collected by advisers (as in other markets) or perhaps at high street pharmacies - which are now assuming a greater role in health maintenance. Pharmacies can also be a means of checking BMI and blood pressure - and maybe skin cholesterol too. Consider how useful true BMI, blood pressure, skin cholesterol, cotinine and glycated albumin values would be in assessing a CI risk...

Is all this rather far-fetched and something for the future? We believe not. A handful of major companies are considering piloting the use of alternative medical evidence, and reassurers are keen to see new initiatives that improve the quality of risk information.