Many nurses are involved in screening but as Jack Shamash reports, when it's for insurance purposes nurses can find their integrity compromised

OVER THE past few years an increasing number of nurses have been doing work for insurance companies. The insurance companies claim that this is for the benefit of the clients. Some nurses feel, however, that they are being pushed into snooping on clients and acting in an underhand way. Insurance work has become a grey area – a twilight zone for nurses.

The problem was highlighted last year by three calls on the UKCC's professional helpline. The nurses – all recruited through advertisements in local papers – had been asked by insurance companies to spy on patients.

One of them had been asked to use a secret video camera to film a person who was claiming insurance for a back injury. Two other nurses had been asked to take a blood sample for an HIV test, without any explanation. The nurses, based in England, refused to disclose the identity or location of the insurers. Since then other cases have come to light where nurses believe that their professional integrity has been compromised.

There are two kinds of checks carried out for insurance companies. The first – which is the least problematic – involves screening people who want to get insurance. This is a standard series of checks to ensure that they are in reasonable health. The second sort involves checking people who have made claims against their health insurance policies. This is more controversial.

Wendy, a nurse working in a nursing home, replied to an advertisement distributed by Paramed. It asked her to do health checks for permanent medical insurance. 'I was asked not to tell patients if health problems emerged. In one case I had a woman of 70 with large amounts of blood in her
urine. I told her to get it checked out. I felt I was working as an insurance company worker rather than a nurse,' she says.

More worryingly, she was asked to assess people who had made insurance claims. She was asked to fill out one form in the presence of the clients and one after leaving the premises. The second form asked if there were any signs in the house that the clients had been working. She was asked to note if the clients had dirty hands—a sign that they might have been working. In addition, she was asked to observe if the house needed redecorating and if there were any dependent children or elderly relatives—an indication that the client might have been staying at home to look after them rather than through ill health.

'I felt more like Sherlock Holmes than someone doing a medical,' says Wendy. 'In one case I was asked to look at a woman who had repetitive strain injury. I was asked if the house needed redecorating. The assumption was that she might have been capable of doing the decorating when she claimed to be unable to move her hands.'

In another case she assessed a woman whose husband was a newsagent. 'I was asked to ascertain if it was a family business for which she might be encouraged to work. Some of the clients were in bad shape both physically and mentally. We had to ask some searching questions. We also had to log our calls, in case it showed evidence that they were at work.'

Another nurse, Jane, enquired about doing work for the British Nursing Association. She refused when she learnt that she would have to check people with back problems to ensure that their problems were not invented.

Most nurses who do this kind of screening work on a part-time basis. There are two organisations specialising in this sort of work: Paramed and the United Kingdom Underwriting Service.

Paramed is an independent company run by David Gee and a staff of around ten. Its larger rival, UKUS, is owned by six major insurance companies—Sun Life, Commercial Union, Sun Alliance, M&G, Axa Equity and Law, and Lincoln National. Paramed recruits its own staff. It currently has around 300 nurses on its books. UKUS recruits through the nursing agency British Nursing Association.

For nurses, the work is seen as a handy source of extra money. Paramed pays £11.50 for each screening. UKUS pays £10.40. The firms will pay significantly more for assessment of claims—usually around £25.

Mr Gee of Paramed explained: 'We base our work on what has been going on in the US and Canada for the past 40 years. Nurses visit people in their own homes. It is all computerised, arranged around postcode numbers, so that nurses don't have to travel far. They should never have to travel more than 30 minutes in any direction.'

Recruiting is sometimes done through local papers, although more often Paramed will simply ring up local nursing homes to find out if anyone wants the work. Paramed gives around half a day's training to nurses.

Mr Gee insists that Paramed does not work in an underhand way. 'We never ask nurses to take videos or to use subterfuge. We're not spies and we don't go unannounced. There are people who do that sort of work, but they are usually private investigators and we wouldn't get involved.'

Nurses working for Paramed fill out a two-part form. In the presence of the client, the nurse will answer routine health questions about pain and symptoms. Away from the client, the nurse will fill out the second part of the questionnaire. It asks the nurse to make more subjective assessments. It includes questions such as: 'How motivated is the patient to return to work?'; 'Is there any evidence of recent manual work?' and 'Are there other factors which may have a bearing on the length of the claim, i.e., working spouse or young family?'

However, Mr Gee denies that there is anything wrong with nurses answering these questions, which are never shown to the client. The nurses are simply acting in the best interests of the client. As long as the client is making a genuine claim, he or she should have nothing to worry about.

He added: 'The nurse's report is only part of the claims procedure. I have no idea what happens when we send in our report. I tell the insurance company that we are not interested in knowing the eventual result. It's none of our business.' He insists that his staff are trained to let clients know if they have a health problem and to suggest, without causing alarm, that they should contact their GP.

Dawn Jackson, marketing director of BNA, says that BNA currently has approximately 200 nurses involved in insurance screening and assessment. They will screen people who want insurance, although she insists that no BNA staff are involved in taking blood for HIV tests—with or without the claimant's approval.

BNA will organise 'care assessment' for clients making insurance claims. There are no standard questions—the questions are compiled by the nurse. A copy of the report is sent to the client, who can comment on the findings. The person being assessed sees everything,' says Ms Jackson. 'It is not our position to judge anyone.'

Screening is becoming increasingly big business for nursing. Many nurses are involved in screening executives to ensure that they can continue to do mentally demanding jobs, and job applicants to ensure that they are physically fit and do not carry contagious diseases.

Liz McAnulty, professional officer of the UKCC, said the whole issue of screening raised serious issues. She said: 'It's entirely wrong for nurses to collect information without the patient's consent. If any nurse behaves in this way, we would consider taking the matter to the professional conduct committee.'

Sue Norman, chief executive of the UKCC, in a letter to the Association of British Insurers, raised the issue of nurses being asked to film patients secretly and take blood samples for HIV tests. She received a reply from Richard Hobbs, head of life insurance, which stated: 'We view these, hopefully, isolated incidents very seriously indeed.'

Maggie Dunn, senior national officer at Unison, was also concerned. 'As long as nurses are honest, there isn't a problem. I'd rather assessment was done by a qualified nurse than a lay person. However, snooping is out of order. If a nurse is employed to do medical assessment they shouldn't be looking at people's social circumstances. I'd regard that as snooping. They are working under false pretences. The whole issue of working is a grey area, but nurses must strive to maintain their professionalism.'