

MAXIMUM UTILIZATION OF THE HANDICAPPED WORKER

MAXIMUM UTILIZATION OF WORKERS WITH EPILEPSY

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The purpose of this paper is to help develop better understanding of the occupational aspects of epilepsy including medical, psychological, and safety implications. There has been too much propaganda for hiring handicapped emphasizing social duty and employer obligations. There is little help in sweeping statements that "it is only ability that counts" or that "the primary handicap of epilepsy is social stigma." Selection for hiring is based upon, or at least should be based upon, objective information about the requirements of the job matched by the characteristics of the job applicant.

A guide for the vocational evaluation of persons with epilepsy identifies the dimensions of the handicap and other worker characteristics as they relate to the requirements of jobs.¹ There are three major disability considerations in selective placement:

1. the worker should have the ability to accomplish the job tasks, that is to meet physical demands such as walking, lifting, climbing, and so forth;
2. the worker should not be placed in a position where he is a hazard to himself or jeopardizes the safety of other people and property; and
3. the job should not aggravate the worker's disability.

A worker is handicapped for a specific job if his disablement constitutes a functional limitation for any of the critical requirements of that job. However, we must distinguish between a job handicap and an employment handicap. Disability results in an "employment handicap" because it makes it difficult to secure acceptance for suitable employment. It is hard to get a job no matter how well suited, if one is labeled epileptic. This unwarranted rejection of known epileptics without regard for the job requirements, makes this disorder today's number one employment handicap. Many disabilities create a more serious job handicap - in fact a seizure disorder does not preclude most tasks required with most jobs. Admittedly, epilepsy, if not fully controlled, can be a serious job handicap preventing placements in dangerous positions. But there is over-generalization of the handicap so epileptic applicants are not hired, even though they meet all of

the physical demands of the job, there is no safety problem, and the work does not aggravate the disability.

This employment handicap associated with epilepsy creates a problem for industry as well as for the epileptic worker. Applicants with epilepsy refuse to reveal it because experience has taught them that epileptics are rejected from suitable employment. Consequently they do not tell about their seizure history and are often placed in dangerous situations. The natural anxiety over a new job plus their fear of disclosure may bring on a seizure. Dismissal typically follows without understanding or selective placement attempt and the worker moves on to another company. Under these circumstances, it is amazing that the system does not lead to more frequent personal injuries and elevated workmen's compensation costs. The fact that epileptic seizures rarely result in loss of time or costly compensation suggests that industry overgeneralizes the concern.

People who have epilepsy generally try to keep it secret in the face of unsound attitudes and practices. While one percent of our population have clearly definable epilepsy, less than one-third are identifiable in survey research.² Epileptics don't tell. We need to take the penalty out of the label. Federal civil service regulations since 1958 have prevented employment discrimination due to epilepsy.³ State governments are doing their part by striking out discriminatory legislation which, until recently, made it illegal for an epileptic to marry, have children, and live a normal life.

The State of Wisconsin grants licenses to epileptic drivers when their seizures are controlled.⁴ This enlightened legislation in 1945 repealed a law that said "no epileptic person shall drive." Now a driver's license is issued whenever there is medical certification that the would-be driver is seizure-free.

The late Dr. Edward Schwade, Epileptologist of Milwaukee, was responsible for the Wisconsin medical certification concept through which a seizure-free epileptic is not considered a dangerous driver. Experience has validated this proposition since selective licensure has reduced accidents while allowing capable epileptic drivers an important privilege. Doctor Schwade also promoted the idea that controlled epileptic workers should be certified as seizure-free by a qualified physician to eliminate their employment handicap.

The successful experience in Wisconsin, and more recently in Ohio and other states, where epileptics with controlled seizures are given the right to drive a car proves epilepsy is not a job handicap.

These people have no limitation attributable to their history of epilepsy if they are seizure-free. There is no vocational limitation and there should be no employment handicap.

The issue of utilization of epileptic workers then starts with the premise that if there are no seizures there is no physical limitation. If, on the other hand, seizures are likely to occur, we must assess the demands and circumstances of the position. The occupational limitations of persons subject to periodic epileptic seizures are addressed here.

There are many types of epilepsy and the job handicap imposed varies according to seizure symptoms. An older classification system describes the variations of seizure behavior: petit mal, grand mal, psychomotor, Jacksonian, focal (partial) motor seizures, thalamic and hypothalamic, febrile, and infantile spasms. The operational definitions of this older behavioral description have functional value in job placement where the overt physical manifestation is more important than clinical understanding. In 1969 the Commission on Terminology of the International League Against Epilepsy published a detailed classification. The main features of the new classification are the distinctions between seizures that are generalized from the beginning and those that are partial or focal at onset and may become generalized. There is a discussion of these classifications in the new book Epilepsy Rehabilitation.⁵

The job limitations of persons with epilepsy vary according to seizure types and pattern and degree of control. We can narrow down the topic of occupational handicap in two ways. First we can generally eliminate epilepsy which is under full control because the seizure-free person is unrestricted. There are a few exceptions, e.g., bus driving or airline aircraft piloting as an occupation, even though there is a long history of completely effective anti-epileptic treatment.

We can focus on grand mal epilepsy as the most important seizure type in the work age population. In addition to convulsive episodes these people may have other epileptic manifestations, e.g., brief lapses of consciousness, tremor or psychomotor behavior. The remainder of this discussion, therefore, will focus on the most important problem of employees subject to convulsion.

An individual evaluation for selection and job placement must cover many factors. If the epileptic is subject to seizures it is essential to have comprehensive diagnosis and treatment by a neurologist or other physician specializing in epilepsy. Occupa-

tional pertinent questions are as follows: Which type or types of seizures are experienced now or in the past? How severe and how long are they? How frequent and regular? Are there precipitating factors? When do they occur? Is there an aura or warning and is it reliable? Is the seizure behavior (e.g., violent scream) disconcerting to others? What is the post seizure behavior and how long does it take to return to normal? What medication is taken and the apparent effect? How does the person feel about his disability? What other disabilities are there? Is there mental or emotional impairment?

Work activity, both mental and physical work, is good for the person with epilepsy - in fact seizures may be more likely to occur when the epileptic is idle than when he is occupied. Excessive emotional stress, however, should be avoided. The important consideration here is employment that is consistent with the applicant's physical and mental abilities.

Persons subject to seizures should not be placed in positions where their safety or the safety of others may be endangered by the loss of consciousness or uncontrollable actions. Environmental conditions to avoid are exposure to dangerous moving objects or mechanical and electrical shock hazards, situations where there is danger of falling from one elevation to another, exposure to burns, and work in cramped or otherwise hazardous quarters.

Examples of unsafe jobs include the operation of a crane, welding in which the torch may be dropped or thrown, handling molten metal, piloting an airliner, performing brain surgery.

Of all of the environmental characteristics and demands of jobs used by the United States Employment Service in job analyses, only a relatively small number would disqualify an applicant because of epilepsy.⁶ Consider just a few job requirements which disqualify disabled persons other than epileptics: lifting and carrying heavy loads, crawling, running and jumping, hand and finger dexterity, gripping, reaching, back strength, agility, exertion, vision, perception, hearing, talking, temperature excesses or change, humidity or wet conditions, dusts and respiratory irritants, repetitious motion and exposure to communicable diseases. Epileptic seizures, including convulsions, do not prevent assignment to any of these tasks or environments, and they are only examples of the many job demands that are suitable.

There are some placement cautions in addition to the safety considerations mentioned. Emotional and behavioral problems are not infrequently associated with grand mal epilepsy. Public stigma and

ignorance about the disorder damages the development of a positive self-concept. Moreover the unique ambiguity of this disorder is disturbing. But the problem may be due not only to the psychological impact of disability. In some instances, particularly where there is temporal lobe involvement, peculiarities of behavior may have a neurological basis. Careful evaluation of the neuro-psychiatric circumstances may be indicated for consideration on jobs where close interpersonal relationships and personal stability are essential for successful performance.

The personal acceptance of the epileptic worker by his supervisor and fellow workers is another issue. Generally speaking, after the initial shock of witnessing a grand mal seizure for the first time most people are sympathetic and accepting of the disorder. If the seizures are violent, loud and frequent, however, they will be disruptive in a work room where many employees are distracted. Assembly line personnel are particularly likely to be disturbed by such occurrences.

Vocational rehabilitation counselors and state employment service interviewers report that the epileptic client's greatest problem is finding and keeping a job. I recently conducted a study of epilepsy rehabilitation closures and found that relatively few, only 25% of state vocational rehabilitation clients are adequately employed two years after services.

The worst candidates for vocational rehabilitation success are those epileptics who have many and varied self-perceived problems, who perform poorly on intelligence testing, who are multiply disabled, who have no dependents or poor family support, who have inferior education and training, who have a negative work history, who have poor social skills and activities and who have weak ego strength or long-standing psychiatric problems.

These indicators of vocational rehabilitation and placement difficulty can be used to identify high risk applicants who need comprehensive rehabilitation services prior to competitive employment. The 1973 federal Rehabilitation Act and its 1974 Amendment mandate that priority be given to the severely disabled with agency accountability for quality and adequacy of services. This means that every work age person with epilepsy should have the benefit of comprehensive rehabilitation services: optimal medical control, through work evaluation and career planning, job training, continuing counseling and help in finding appropriate work. The total rehabilitation of epileptics, however, will require employment opportunity and the proper utilization in industry of workers with epilepsy through selective placement. Operational policy which precludes hiring of all epileptic workers is both unwise and unjustified.

Out of all of the severe and lasting medical conditions, epilepsy is the number one handicap to employment despite the fact that it may impose little or no vocational limitation.

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