

2024/02/06-03

WORKERS' COMPENSATION BOARD (WorkSafeBC)

RESOLUTION OF THE BOARD OF DIRECTORS

RE: Cancer as a Compensable Consequence

WHEREAS:

Pursuant to section 319 of the *Workers Compensation Act*, R.S.B.C. 2019, c. 1 (*Act*), the Board of Directors of WorkSafeBC must set and revise as necessary the policies of the Board of Directors, including policies respecting occupational health and safety, compensation, rehabilitation, and assessment;

AND WHEREAS:

The policy in Item C3-22.40, Compensable Consequences – Certain Diseases and Conditions, in the Rehabilitation Services & Claims Manual, Volume II (RS&CM) sets out criteria for cancer to be considered a compensable consequence of trauma;

AND WHEREAS:

The Policy, Regulation and Research Department developed amendments to policy in Item C3-22.40 to reflect current medical and scientific literature;

AND WHEREAS:

The Policy, Regulation and Research Department has undertaken stakeholder consultation on this issue and has advised the Board of Directors on the results of the consultation;

THE BOARD OF DIRECTORS RESOLVES THAT:

- 1. The amendments to Item C3-22.40, Compensable Consequences Certain Diseases and Conditions, of the RS&CM as set out in Appendix 1 attached to this resolution, are approved, and apply to all decisions made on or after June 1, 2024, respecting claims for injuries occurring on or after January 1, 2014.
- 2. This resolution is effective February 6, 2024.
- 3. This resolution constitutes a policy decision of the Board of Directors.

I, Baltej Dhillon, hereby certify for and on behalf of the Board of Directors of WorkSafeBC that the above resolutions were duly passed at a meeting of the Board of Directors hosted in British Columbia on February 6, 2024.

Original signed by Baltej Dhillon

BALTEJ DHILLON Chair, Board of Directors Workers' Compensation Board



REHABILITATION SERVICES & CLAIMS MANUAL

ITEM: C3-22.40

RE: Compensable Consequences –

Certain Diseases and Conditions

BACKGROUND

1. Explanatory Notes

This policy provides guidance for determining a worker's entitlement to compensation for certain specific diseases or conditions that may be considered a compensable consequence of a worker's personal injury.

2. The Act

Section 134(1):

If, in an industry within the scope of the compensation provisions, personal injury or death arising out of and in the course of a worker's employment is caused to the worker, compensation as provided under this Part must be paid by the Board out of the accident fund.

POLICY

Once it is established that an injury arose out of and in the course of a worker's employment, a disease or condition beyond the immediate physical damage caused by the compensable injury may also be considered to be a consequence of the compensable injury. If the compensable injury was of causative significance in the subsequent disease or condition, then the subsequent disease or condition is sufficiently connected to the worker's compensable injury as to be considered to arise out of and in the course of the worker's employment, and is therefore also compensable.

A. Suicide

In a case of suicide, death benefits are payable if it is established that the suicide resulted from a compensable injury.



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If the employment-related compensable injury was of causative significance in the suicide, then the suicide is sufficiently connected to the employment-related injury as to also be compensable. Consideration is given to the worker's mental health history and any evidence of causal connections between the employment-related injury and the suicide.

B. Cancer

In claims where trauma is alleged to be the cause of cancer, the following five criteria should be satisfied before a cancer can be considered to be traumatically induced.

- 1. Authenticity and adequacy of trauma.
- 2. Previous integrity of the wounded part.
- 3. Origin of tumour at exact point of injury.
- 4. Reasonable time limit between injury and time of appearance of tumour.
- 5. Positive diagnosis of the presence and nature of the tumour.

Reviews of the medical literature have been completed to ascertain whether or not there is new evidence to associate trauma as a causal agent in cancer.

Except in the case of skin cancer, there is little firm evidence to associate trauma with cancer as an etiologic agent. Although there is general recognition of what has been called "traumatic determinism", i.e. that an injury may call the person's attention to a pre-existing tumour, there is no known causal relationship between trauma and bone cancer.

CB. Alcoholism and Drug Dependency Problems

Where it is claimed that an alcohol or drug dependency problem was caused or made worse by a compensable injury, the compensability of the alcohol or drug dependency problem is thoroughly investigated in the same manner as followed in investigating the relationship of other problems to an injury. Because of the psychological nature of alcohol and drug dependency problems, this investigation would normally include a reference to a Board Psychologist, though the decision on acceptability will be made by the Board officer adjudicating the claim. Any pre-existing alcohol or drug dependency problems are treated in the same way as any other pre-existing condition. The Board determines whether the worker's alcohol or drug dependency problem is a continuation of a pre-existing alcohol or drug dependency problem, or has resulted from or been made worse by the compensable injury.



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If the Board accepts one alcohol or drug dependency problem as a compensable consequence of an injury, it does not mean the Board will accept all such problems. Any further or subsequent alcohol or drug dependency problem is investigated, following the procedure set out above. The Board determines whether the further alcohol or drug dependency problem is related to the compensable injury and the previously accepted alcohol or drug dependency problem, or to some pre-existing condition or other cause.

Policy regarding the prescription of narcotics and other drugs of addiction is set out in Item C10-80.00.

Compensation for alcoholism as an occupational disease is addressed in Section C. of Item C4-32.00.

EFFECTIVE DATE: February 1, 2020 June 1, 2024 AUTHORITY: Section 134(1) of the *Act*.

CROSS REFERENCES: Item C3-14.00, Arising Out of and In the Course of a Worker's

Employment:

Item C3-16.00, Pre-Existing Conditions or Diseases;

Item C3-22.00, Compensable Consequences;

Item C3-22.30, Compensable Consequences – Psychological

Impairment:

Item C4-32.00, Other Matters (Section C.i. Alcoholism);

Item C10-80.00, Potentially Addictive Drugs, of the Rehabilitation

Services & Claims Manual, Volume II.

HISTORY: June 1, 2024 – This policy was revised to delete section B. Cancer.

April 6, 2020 - Housekeeping changes consequential to implementing

the Workers Compensation Act, R.S.B.C. 2019, c. 1.

February 1, 2020 – Policy amended to provide guidance on the legal

issues of standard of proof, evidence, and causation.

January 1, 2015 – Consequential amendments were made arising from changes to Chapter 10, *Health Care, Rehabilitation Services & Claims*

Manual.

January 1, 2014 – This policy was revised to delete section B, Multiple

Sclerosis.

July 1, 2010 – This policy resulted from the consolidation of former policy items #22.22, #22.30, #22.31, #22.32, and #22.34 of the *Rehabilitation*

Services & Claims Manual, Volume II.

The criteria to be met before considering whether a cancer is traumatically induced set out in former policy item #22.32 was derived from J. Ewing's "Modern Attitude Toward Traumatic Cancer", *Archives of Pathology* 19:690-728, 1935. The statement that there is no causal relationship between bone cancer and trauma is based on the following

four studies:



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Coley, W.B.; *Neoplasms of Bone*, Paul Haber Inc., 2nd ed., 1960; Dahlin, David C.; *Bone Tumours*, Charles C. Thomas, 3rd ed., 1978; Monkman et al.; *Trauma and Oncogenesis*, Mayo Clinic Proceedings

49:157-163, March 1974; and

Pritchard et al.; The Etiology of Osteosarcoma, Clinical Orthopedics and

Related Research, 111:14-22, September 1975

APPLICATION: Applies to all decisions made on or after February 1, 2020 June 1, 2024,

respecting claims for injuries occurring on or after January 1, 2014.