

IMPAIRED RISK REFERENCES

Issue 7

THE CASE

STUDY FOR

THIS MONTH

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Case Study: A 50-year-old woman is looking for \$750,000 of term life insurance. She was told she had Hepatitis C two years ago when she attempted to donate blood. She has no symptoms and her liver tests are normal. She was believed to acquire this infection from a blood transfusion in 1980 when there was a complication of pregnancy.

Hepatitis is a liver inflammation and hepatitis C virus is the major cause. It is present in 2% of the population and frequently encountered in underwriting. It can cause cirrhosis and liver cancer after about 20-30 years of infection. Since it can slowly destroy the liver, it has become the major cause of liver failure and transplantation to be needed. This is the problem that killed the baseball hero, Mickey Mantle.

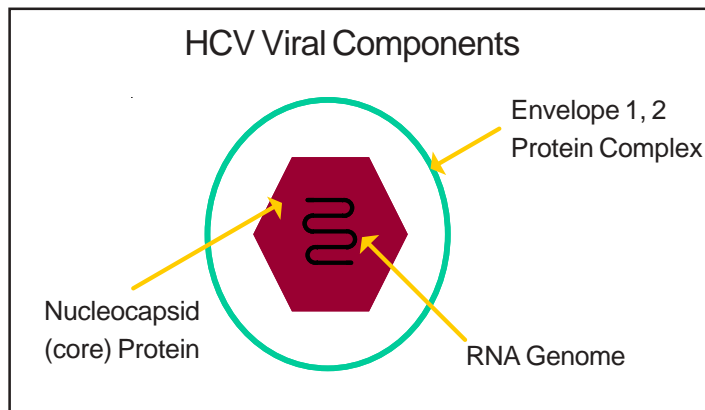
The hepatitis C victim usually has no symptoms and feels quite well. The infection is often discovered by coincidence or because there were some mildly abnormal liver tests. The liver tests may be normal even when there is serious liver damage; so there may not be any obvious clues.

Testing has become more and more sophisticated since the virus was first discovered in 1989. At first, just the antibodies could be detected in the blood of the victim. The virus is so small it took years to be found. Now through advances in laboratory technology, not only the virus, but the amount of virus that is released into the blood by the liver can be measured. This is called the viral load. Once the hepatitis C blood test is positive

the liver biopsy is the only way to know the severity of damage.

Hepatitis C is most often contracted with a previous blood transfusion (blood is now safe from hepatitis C), from tattoos or from contaminated needles. The virus travels through the blood and attacks only the liver. It causes an inflammation that deteriorates the liver slowly. A person's own natural defense can overcome the virus only 20

percent of the time. The other 80 percent of those people exposed to the virus get persisting infection unless treated successfully and can develop the complications of cirrhosis and liver cancer; so it is a major health concern and underwriting



risk.

Treatment has been developed that can cure over half of those with persisting infection. The treatment that has been found to be most effective is a combination of an anti-viral pill called ribavirin and an anti-viral injection called interferon. These medications are given for a year to most affectively eradicate the virus.

In the case study, the assessment that can be anticipated is table 2, a 50 percent increase in the mortality charge of term life insurance. Even though the liver tests are normal and there are no symptoms, the risk of progressive liver damage poses a future mortality risk. If treatment was prescribed and the virus cured then preferred class may be possible a year after completion of treatment and proof of no virus present.



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