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Bridging the Damages Silos: Understanding the Serious Health Risks Caused by Changes in Lifestyle

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Everyone reading this publication probably has a few third-party auto cases in their file cabinet. Certainly, everyone knows that a third-party auto case requires proof of a threshold injury, and that most cases fall into the “*serious impairment of body function*” category under MCL 500.3135(5). In fact, third-party auto cases are so common for those of us who represent injured people that it is easy to fall into comfortable routines when handling our files.

One habit that many of us develop is the way we view our clients’ damages. We often separate damages evidence into two silos: the first silo being the medical evidence of our clients’ injuries, and the second silo being the “*life impacts*” of our clients’ injuries. Take, for example, a case involving a tri-malleolar ankle fracture in a physically-active young woman. We tend to focus first on the anatomical nature of the fracture, the surgery and therapy required to treat it, and the long-term medical residuals like arthritis. We then shift our focus to how the injury has diminished our client’s quality of life by preventing her from resuming her hobby of running.

Recent medical research, however, suggests that this “*silo*” thinking is preventing us from truly appreciating the extent of our clients’ damages. That is, recent medical research has established that, apart from diminishing quality of life, physical inactivity has a profound effect on the development of serious illness and early death.

The most significant study appeared in July 2012 edition of *The Lancet*,¹ the world’s leading independent medical journal. The article, “*Impact of Physical Inactivity on the World’s Major Non-Communicable Diseases*,” was written by a group of doctors from some of the most esteemed medical institutions, including Harvard Medical School. The purpose of the study was to quantify the effect of physical inactivity on non-communicable diseases (e.g., coronary artery disease, diabetes, and cancer). The results were measured by the changes in the incidence of those diseases and life expectancy caused by eliminating physical inactivity. The results are nothing short of staggering.

¹ I-Min Lee *et al.*, *The Impact of Physical Inactivity on the World’s Major Non-Communicable Diseases*, 380 *Lancet* 219 (July 2012), available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3645500/>.

The authors found that physical inactivity is responsible for the following percentages of non-communicable diseases: 6% of coronary artery disease; 7% of type-2 diabetes; 10% of breast cancer; and 10% of colon cancer. The authors also found that physical inactivity was responsible for 9% of premature deaths and caused a total 5.3 million deaths each year.

Certainly, these numbers appear significant on their face. Yet perhaps the most significant finding was the quantitative similarity between physical inactivity and other serious health risks. ***The study found, in no uncertain terms, that physical inactivity was as detrimental to one's health as smoking or obesity.*** As the authors stated: “[P]hysical inactivity appears to have an impact comparable to smoking or obesity.”

This should be a startling revelation for those of us who handle any kind of serious personal injury case. The medical literature tells us that we can no longer put “*life impact*” evidence into a silo separated from the medical evidence. The two are interrelated. That is, if a client’s injury prevents her from resuming meaningful physical activity, then the client’s risk of serious disease and early death is significantly increased. Simply put, a serious personal injury can turn an otherwise healthy person into the health equivalent of a smoker.

And it goes even further. Recent medical literature has also studied the relationship between social relationships and mortality. Certainly, all of us know how a devastating injury can erode our clients’ social support networks. Whether it be because of feelings of inadequacy, embarrassment, or fear, it is all too common to see an injured person withdraw from those around her.

In July 2010, medical researchers published a major article about the serious health risks caused by poor social relationships. The study was published in the open-access medical journal *PLoS Medicine*² by a group of psychologists and epidemiologists. This study, “*Social Relationships and Mortality Risk: A Meta-Analytic Review*,” was a comprehensive review of nearly all of the medical literature regarding social relationships and mortality. Once again, the results are breathtaking.

In this study, ***the authors found that having poor or inadequate social relationship reduces a person's chances of survival by 50%***. Eerily, the authors found that poor social relationships were equivalent to smoking, and even more harmful to one’s health than obesity or physical inactivity. As the study concluded:

² Julianne Holt-Lunstand, “*Social Relationships and Mortality Risk: A Meta-Analytic Review*,” 7 *PLoS Medicine* (July 2010), available at: <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316>.

“Data across 308,849 individuals, followed for an average of 7.5 years, indicate that individuals with adequate social relationships have a 50% greater likelihood of survival compared to those with poor or insufficient social relationships. The magnitude of this effect is comparable with quitting smoking and it exceeds many well-known risk factors for mortality (e.g., obesity, physical inactivity).”

Imagine how a jury would react if a negligent driver forced your client to smoke every day? Imagine further that the negligent driver then forced your client to also become obese. Obviously, these are unlikely factual scenarios. Yet from a health risk standpoint, the effects of that tortfeasor’s conduct are no different. It is incumbent on all of us to educate juries, defense counsel, and adjusters about this new medical literature and to make sure that it is considered when evaluating our clients’ damages.