



MEDICAL EXPERTISE, WORKING CAPACITY AND SOCIAL ADAPTATION

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ABSTRACT:

Introduction: Global development shows an ever-increasing tendency in the number of people with disability who cannot solve their problems of everyday life on their own.

The purpose of this study is to identify the problems of medical expertise that reflect on social adaptation and to prepare suggestions for change.

Material and methods: *Material:* Selection of the participants (random method): internet announcement and „snowball“ method; focus groups. *Methods:* Qualitative research: „Implementation of the rights of people with disability/impairment under the current legislation using the focus group method“.

Results: Suggestions for change in the medical expertise system were made in relation to the identified key areas and unresolved issues. The patients' preparation for appearing before the committee can be facilitated by optimising the costs. The connection between the right to a disability pension and mandatory rehabilitation and requalification is absent. The medical and social assessments of disability should be united and implemented by one commission. A new regulation on medical expertise is necessary to optimise the cooperation between the Ministry of Health and the Ministry of Labour and Social Policy on the problems of people with disability.

Conclusions: The expected results of an effectively functioning medical expertise system are associated with an increase in the number of people with disability who have achieved comprehensive rehabilitation, a reduction in the degree of disability and return to the labour market. The accomplishment of such an objective contributes to the elimination of obstacles during rehabilitation activities, the selection of optimal assistive technology devices and social services.

Keywords: disability, social adaptation, people with disability, working capacity,

INTRODUCTION

Disability is a medico-social and legal phenomenon that provokes researchers to study the various aspects of its multidimensionality. It is a condition that refers to the hazardous phenomena in a person's life and requires protection from the state in the form of prestations (benefits). The idea enshrined in insurance law and insurance medicine within the European Union is for economic and social integration [1, 2]. The financial dimension of the medical expertise system's functioning in Bulgaria is not insignificant. Still, the social benefits - for society, for people with disability and their families - is of much greater value. The necessary social policy actions in this direction can be reduced to two main areas: actions directed towards the person with disability and his or her immediate social circle, and actions forming the physical and social environment [3]. The first area should comprise a rehabilitation system in its broadest sense, namely medical, psychological, professional and social, as well as the necessary social services for the disabled person and the entire family. The second area should aim towards the alteration and adaptation of the physical and social environment to the capabilities and needs of the disabled, including removing of architectural and transport obstacles, ensuring accessibility to communications, creating new or adapting already existing workplaces, creating conditions and introducing integrated education for children with disability and last but not least forming a positive attitude in society towards the disabled.

The social adaptation of people with disability in broad terms includes education, employment, starting a family, profession, appropriate working conditions as part of the indicators for effectiveness and efficiency of the public resource policies spent on their implementation [4].

Another indicator for sustainable results following the implemented policies is the attitude of all participants while ensuring the human rights of people with disability. The presence of a dissonance between the two indicators may lead to the restriction of the rights of the disabled. The person with disability seeks realisation of his or her rights from all institutions relevant to the rehabilitation process based on the expert's decision in accordance with the current legislation [5, 6].

The purpose of this study is to identify the problems of medical expertise that reflect on social adaptation and to prepare suggestions for change.

MATERIALS AND METHODS

The applied qualitative research method is: "Implementation of the rights of people with disability/impairment under the current legislation, using the focus group method". The study is part of the dissertation "Medico-Social Problems of Persons with Disabilities in the System of Disability Medical Assessment" authored by Prof. Paraskeva Mancheva, MD. The selection of the participants (random method) was conducted through an internet announcement and the "snowball" method. The focus groups were formed as follows: group 1 - politicians and heads of institutions in Varna Municipality (five representatives); group 2 - mothers of children with disability and people with disability (six representatives); group 3 - non-governmental organisations' representatives (five representatives); group 4 - representatives of the academic community (four representatives). During the discussion, the assistant moderator controlled the groups using pauses and questions such as: "Could you be more specific?", "Please give an example", etc. At the end of the discussion, which lasted 1 hour and 30 minutes, the moderator and assistant moderator reminded the participants of the objectives, summarised what was said, thanked them and said goodbye. The participants' statements during the focus group discussion were recorded via a dictaphone and processed into anonymous transcripts. The transcripts were analysed, the specific topics and the problems in realising the rights of people with disability/impairments under the current legislation were coded. Suggestions for change in the medical expertise system were made in relation to the identified key areas and unresolved issues at present.

RESULTS AND DISCUSSION

Focus group work is a natural continuation of the research concerning disability issues and is based on the methodology elaborately described by J. Brown and G. Sas (1994). The purpose of the focus group discussion is to identify the problems in realising the rights of people with

disability under the current legislation and to prepare suggestions for change. The research tasks were transformed into 4 topics included in the focus group discussion script:

Topic 1. Mechanisms for facilitating the preparation for appearing before the territorial expert medical commissions;

Topic 2. Citizens and their right to receive an expert's decision;

Topic 3. Connection between the right to a disability pension and mandatory rehabilitation and requalification;

Topic 4. Measures for optimising the functioning of the medical expertise system to facilitate the access of people with disabilities in realising their rights.

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Group 1 - politicians and heads of institutions in Varna Municipality (five representatives);

Group 2 - mothers of children with disability and people with disability (six representatives);

Group 3 - non-governmental organisations' representatives (five representatives);

Group 4 - representatives of the academic community (four representatives).

The discussion posed several questions in front of the four focus groups: politicians, Varna Municipality representatives, patients and their non-governmental organisations, lecturers at Medical University - Varna, a total of 20 persons divided into 4 groups and a moderator with an assistant moderator. At the beginning of the discussion, the assistant moderator presented the main objectives of the event to the participants. The moderator posed the main questions in front of the focus groups with a 10-minute presentation and began the discussion with an open question. Closed questions included in the intended topics in the script were also raised during the discussion.

The participants in the focus groups associate the *mechanisms for facilitating the preparation for appearing before the commissions* primarily with the possibilities of a lifelong expert's decision, especially for children with intellectual disability. The other subtopic in the focus group discussion was the disconnect between the paediatric expert medical commission and medical expertise for adults in assessing disability (from disability degree to permanently reduced working capacity) among adult children with intellectual disability. An optimisation in this direction is necessary according to the mothers of children with disability participating in the focus group because the medical expertise system determines a lower medical assessment of permanently reduced working capacity and a smaller disability pension, respectively, in comparison to the paediatric expert medical commission. The third subtopic raised for discussion in the focus groups was en-

tirely in the field of the undiscovered examination opportunities within the commissions. The fourth subtopic referred to the cost of one expert's decision. An idea arose within the focus groups to conduct a study on the cost of the preparation for appearing before the commission, according to the price list of the Regional Health Insurance Fund. The financial resource expenditure of the National Health Insurance Fund does not facilitate the realisation of the sought after patient rights.

The topic concerning the *citizens and their right to appear before the commission* includes, once again, the question of whether the pensioners of insurance experience or age should appear before the commissions. The principle of equity might suggest that this vulnerable social group (similar to children with disabilities) ought to undergo a social assessment over a period of time (e.g. every 5 years) at the Social Assistance Agency to establish their social status instead of health status, which is not in a position of health by any means. Thus, the focus group participants believe that the medical expertise system shall be unburdened, giving it the ability to assess working people and people of working age.

The connection between the right to a disability pension and the conduction of a mandatory rehabilitation and requalification is one of the most significant questions regarding the realisation of the rights of people with disability, incl. their right to work. The law clearly outlines the tendency of determining working conditions as "contraindicated" rather than "indicated", compliant with the professional qualification. The commission's authority to invoke a reasonable adjustment at work for persons with "group 3" disability has not been revoked, while an assessment below 50% requires the interference of the Medical Advisory Committees. The reasonable adjustment at work, however, does not start or end with the commission's decision. It is necessary for the employer to provide an appropriate workplace for persons who require reasonable adjustment at work, and only in the event of certification and pronouncement of the commission in the case of a person with a "working" status. In another situation, when determining a percentage of permanently reduced working capacity and contraindicated working conditions for an unemployed person at the moment of appearance before the commission, he is condemned to a long period of inability to find work due to the already issued expert's decision.

The *type of assessment* carried out by the commission was discussed. The participants from all focus groups united around the proposal that the medical expertise sys-

tem ought to simultaneously perform a medical and social evaluation of disability. A review of the European experience shows the existence of precisely such a practice.

Conclusions from the focus group discussions:

1. The patients' preparation for appearing before the committee can be facilitated by optimising the costs.

2. The connection between the right to a disability pension and mandatory rehabilitation and requalification, consistent with the contraindicated working conditions for the patient, is absent.

3. The medical and social assessments of disability ought to be united and implemented by one commission.

4. A new regulation on medical expertise is necessary in order to optimise:

- the expert's decision's period of disability since practice shows a frequent necessity of requalification of conditions that are not temporary but lifelong;

- the array of examinations for diseases that are often unnecessary, follow indicators that are not subject to change or have already been tested;

- the requalification procedure in the transition from childhood to adulthood.

5. The necessity for improving the cooperation between the Ministry of Health and the Ministry of Labour and Social Policy on the problems of people with disability.

The results were summarised as proposals and presented to the national representatives in Varna to be taken into account when discussing legal changes in the National Assembly.

CONCLUSION

Solving the problems of people with disability and restoring the principle of social equity requires political will for working changes in the territorial expert medical commission's concept. The medical diagnosis and disability assessment play a complementary role in a democratic society and are incorporated into the social model of expertise. Bulgarian practice highlights the disadvantages of separating medical from social assessment of disability. The changes necessary to accelerate the information stream include the creation of a national database, an electronic record of the disabled, improvement of the assessment methodology and successful rehabilitation programmes, attestation and control of expert members. The staff crisis in the commission can be overcome by educating medical experts in the field of social insurance. The effective functioning of a new system requires a working model of a complex medico-social expertise, allowing for a timely and adequate social integration.

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Please cite this article as: Mancheva P, Dimitrova T, Ivelinova M, Dzhordzhanova A. Medical Expertise, Working Capacity and Social Adaptation. *J of IMAB.* 2025 Oct-Dec;31(3):6572-6575. [Crossref - <https://doi.org/10.5272/jimab.2025314.6572>]

Received: 21/08/2025; Published online: 29/10/2025



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