



by Donald Victorson, CLU

UNDERWRITER:

Defined as someone sitting
in an ivory tower 900 miles
from here, trained to say,
"NO."

YOUR JOB:

To convince that
underwriter, with truthful
information, presented in
as favorable a light as
possible that it is desirable,
even possible to say
"YES."

To properly evaluate risks today, life insurance companies all require a full blood chemistry analysis including liver function tests on all but the smallest cases.

Here are some of the things that they are looking at:

AST aspartate aminotransferase

AST is found in the liver, cardiac muscle, kidneys, brain, pancreas, lungs, leukocytes and erythrocytes.

ALT alanine aminotransferase

High levels of ALT are found in the liver and therefore abnormal levels of this enzyme are a very specific indicator of liver damage.

Abnormal levels of AST and ALT are both sensitive indicators of liver cell damage.

Underwriting

Elevated Liver Enzymes

Gamma CT Glutamyltransferase

Gamma GT is found in the hepatocytes and biliary epithelial cells. It is a sensitive indicator of hepatobiliary disease. It has been found to be elevated in heart attack, renal failure, COPD, diabetes, and alcoholism. As an indicator it is usually evaluated in conjunction with other abnormal enzyme levels.

Alkaline Phosphatase

Elevated levels originate mainly in the liver or bones. Chronic cholestatic, or infiltrating liver disease may be the cause, or frequently the cause could be sarcoidosis, granulomatous disease or metastatic cancer.

Common Cause of elevated Liver Enzymes include:

Alcohol Abuse

An accurate diagnosis can frequently be difficult to achieve due to "Alcoholic Amnesia."

However, one large study of patients with confirmed liver disease found that more than 90% of patients with elevated AST/ALT had alcohol problems. With an elevated GT level, a diagnosis of alcohol abuse was virtually certain.

Most patients with chronic alcoholic liver disease have consumed the equivalent of a bottle of 80 proof whiskey daily for at least 10 years. Approximately 30% of these heavy drinkers will have alcoholic hepatitis and about 20% will develop cirrhosis.

Medication

Many medications can cause a temporary elevation in liver enzymes, including: antibiotics, anti-inflammatory drugs, anti-epileptic drugs, statins, TB treatment, illicit drugs, and many herbs and homopathics.

Chronic Hepatitis B and C

Serological tests for Hepatitis B and C are extremely sensitive in establishing the presence of Hepatitis B and C. A liver needle biopsy is however necessary to establish the extent of the liver damage.

Those with the highest risk of chronic infection are individuals with a history of I.V. drug use, blood transfusion, work related duties, body piercing, and high-risk sexual behavior.

Fatty Liver Hepatic Steatosis

Fatty infiltration of the liver can be identified by ultrasonography or CT. It appears to be a relatively benign condition. However, fatty liver is commonly the first manifestation of alcohol injury to the liver. Detected early, fatty liver is reversible.

Non-Alcoholic Steatohepatitis

An extremely serious disease that can frequently progress to cirrhosis. A definitive diagnosis requires a liver needle biopsy.

Obesity

In the presence of any of these indications, weight loss is extremely important in improving the patient's chances of long-term survival.

Here are a few sobering thoughts to consider:

26,000 Americans die each year from chronic liver diseases and cirrhosis.

Total deaths each year from liver and gall bladder diseases exceed 50,000. This is the seventh leading disease related cause of death.

75 to 80% of cirrhosis could be prevented by eliminating alcohol abuse.

An estimated 35,000 were infected with hepatitis C each year and there are an estimated 3.9 million people chronically infected with hepatitis C.

Deaths from hepatitis C are on the increase. The Center for Disease Control estimates 38,000 deaths each year by the year 2010.

Hepatitis B is responsible for 5,000 deaths annually, including over 3,000 from cirrhosis.

Underwriting Comments:

"Elevated Liver Enzymes" are one of the most common causes of insurance declinations.

Unfortunately, when confronted with this condition the underwriter knows that there is probably a serious problem present. He does not know how serious it is, nor does he know the exact nature of the liver problem. He does however know that he may not be able to accept this risk.

What should you do in this situation?

- Impress upon the client that he may be seriously ill.
- Strongly recommend that he write to the company and have them send their findings to his doctor.
- Urge him to consult a qualified specialist. Most primary care physicians are simply not good enough.
- Following proper evaluation, including a liver needle biopsy, and appropriate treatment, he may be insurable on some (frequently sub-standard) basis.

Appreciate that although this client may or may not be insurable, you have probably just saved his life. It is also possible that following a course of proper treatment he may once again become an acceptable risk on some basis.