Underwriting

Liver Function Tests

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."

The term "liver function tests", abbreviated LFTs applies to a variety of blood tests that assess the general state of the liver and biliary system.

There are two general categories of "liver enzymes." The first group includes the ALT and the AST, also frequently referred to as SGPT and SGOT. These are enzymes that are indicators of liver cell damage. The second group of frequently used liver enzymes are the GGT and GGTP that indicate obstruction to the biliary system, either within the liver or in the larger bile channels outside the liver.

The ALT and AST are enzymes that are located in liver cells and leak out and make their way into circulation when liver cells are injured. In the case of acute liver disease such as acute viral hepatitis, the ALT and AST may be highly elevated. In chronic hepatitis or cirrhosis, the elevation of these enzymes may be minimal.

Moderate elevations of ALT or AST are non-specific and may be caused by a wide range of liver diseases.

The GGT and GGTP are elevated in a large number of disorders that affect the drainage of bile, such as gallstones or tumor blocking the common bile duct, or alcoholic liver disease, or drug induced hepatitis, blocking the flow of bile in smaller bile channels within the liver.

Bilirubin is the main bile pigment in humans which, when elevated, causes the yellow discoloration of the skin and eyes called jaundice. Normal individuals have only a small amount of bilirubin circulating in the blood. Destruction of red blood cells, or a decrease in its removal from the blood stream caused by liver disease may result in an increase in the level of serum bilirubin.

Serum bilirubin is generally considered a true test of liver function (LFT) since it reflects the liver's ability to take up, process and secrete bilirubin into the bile.

Another common indicator of liver function is serum albumin.

Albumin is a major protein which is formed by the liver, and chronic liver disease causes a decrease in the amount of albumin produced. In liver disease, particularly more advanced liver disease, the level of serum albumin is reduced.

Elevations in serum iron, the percentage of iron saturated in the blood, or the storage protein ferritin may indicate the presence of hemochromatosis, a liver disease associated with excess iron storage.

Blood tests are used to diagnose or monitor liver disease. They may be simply markers of disease (ALT, AST, alkaline phosphatase and GGT), or more true indicators of overall liver function, or specific tests that allow the diagnosis of an underlying cause of liver disease.

Perhaps a few facts are in order:

- 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%-80% of cirrhosis could be prevented by eliminating alcohol abuse.
- An estimated 35,000 are 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 reasons that we see for 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 cannot afford to accept this risk.

What should you do in this situation?

1. Impress upon the client that he may be seriously ill.
2. Strongly recommend that he write to the company and have them send their finding to his doctor.
3. Urge him to consult a qualified specialist. Most primary care physicians are simply not good enough.

Appreciate that although this client may be uninsurable, you may have 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.

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