FILE NAME: Insurance Industry (INS)

DATE: 1965

DOC#: INS071

DOCUMENT DESCRIPTION: Transactions of The Assoc. of Life Insurance Medical Directors of America - TOC, Guide to Professional Conduct & Appendix

TRANSACTIONS

of

The Association of

Life Insurance Medical Directors

of America

SEVENTY-THIRD ANNUAL MEETING

Samuel R. Moore, Jr., M. D.
Editor

VOL. XLVIII

PRESS OF
Recording & Statistical Company
New York City
1965

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GUIDE TO PROFESSIONAL CONDUCT

The Constitution of The Association of Life Insurance Medical Directors empowers the Executive Council to consider and take action with respect to questions which may arise concerning the professional conduct of members. The Constitution grants certain disciplinary powers to the Council in case it determines that professional misconduct has occurred. Although the Constitution does not define exactly what is meant by "professional misconduct," it clearly implies that a member has professional responsibilities to the public at large, to his employer, and to his professional associates. Every member of the Association will be guided not only by the accepted principles of medical ethics of his country but also by the following additional principles approved by the Council:

1. The member shall make a conscientious effort to improve the application of medical knowledge and skills to the field of insurance medicine.
2. The member is encouraged to participate in the activities of his local medical organizations.
3. The member shall avoid solicitation of business or other advantages for his employer by representing himself, by implication or comparison, as possessing unique, unusual or superior underwriting ability or knowledge when there is reasonable doubt of the truth of such representation.
4. The member shall not render his services under terms or conditions which impair, or tend to impair, exercise of sound medical judgment.
5. The member shall assume his rightful share of responsibility for the proper handling of all confidential medical information in possession of his employer.
6. In performing his professional duties, the member shall be responsible not only to his employer but also to the interests of society in general by supporting the activities of the insurance industry, as well as those in the field of clinical medicine, designed to maintain and improve the health of the people, and by promoting high quality life and health insurance for the public.

HISTORICAL HIGHLIGHTS OF ALIMD, 1889-1964*

The Transactions (formerly Proceedings) of the Association of Life Insurance Medical Directors of America both reflect and affect the evolution of life insurance medical selection during the past 75 years. Following are selected highlights of that history:

1889: Founding

ALIMD was founded by 34 charter members representing 27 life companies. They adopted a brief constitution. Article 2 states: "It (ALIMD) has for its object the promotion of medical science, applied to life insurance, by personal intercourse of its members, presentation of papers, discussion and such other methods as may be found desirable, and also the encouragement of social and friendly relations between its members and the advancement of the general interests of life insurance."

Dr. John M. Keating, at whose suggestion the Association was organized, was elected its first president.

1890-1900: Discussions at annual meetings were largely clinical, dealing with morbidity and death rates. No accurate knowledge of degree of increased mortality among impaired lives was offered.

1890: First annual meeting.

One scientific paper was presented at the first annual meeting: Bernacki's "Influence on Longevity of the Use of Large Quantities of Beer." It was based on a study published in Germany which indicated that brewery workers who consumed unusually large quantities of beer showed heart damage, especially dilation of the right ventricle. The author recommended that life insurance companies take risks on brewery workers only on short endowments, and not at advanced ages. The paper concluded that

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*"History and Philosophy of Life Insurance Medicine" by Harold M. Frost, Chapter 12 in Ungerleider and Gubner's Life Insurance and Medicine, Charles C. Thomas, Springfield, Illinois, 1958, is gratefully acknowledged as an invaluable resource in preparing this survey.

the moderate use of wine or whiskey was not deleterious, but that beer in large quantities was the most injurious of all alcoholic beverages.

1895: In a paper on "Practical Suggestions Concerning Life Insurance" Stebbins called, in his first suggestion, for the adoption of a uniform medical examiner's blank, although I found that in the literature . . . "it was declared to be quite, if not altogether, impossible."

1901: Rogers in his paper "Build as a Factor in Influencing Mortality" set down the first milestone in the scientific investigation of medical selection. Rogers postulated that (1) risk increases in proportion to degree of overweight and underweight; and (2) with advancing age, risk increases for overweights; decreases for underweights.

1907: Rogers presented his classical paper on "Medical Selection and Substandard Business." While substandard life insurance had been issued earlier by some companies, it was generally done in an unscientific manner, usually to cover hazardous occupations, residence, or travel. Rogers advocated substandard insurance based upon the Numerical Rating System which he had devised in collaboration with Actuary Arthur Hunter (The Numerical Rating System was supplemented by the Specialized Mortality Investigation of 1903*). Substandard insurance, Rogers asserted, is profitable for life companies and their agents, and beneficial to those policyholders who have a greater than normal need to insure their lives.

Medico-Actuarial Mortality Investigation (MAMI): An intercompany study of impaired lives carried out by ALIMD and the Actuarial Society of America through the Joint Medico-Actuarial Committee on Mortality. This committee has functioned over the years on an *ad hoc* basis, cooperating in numerous mortality investigations. MAMI published in 5 volumes, was based on data from 43 life companies. It broadened the scope of life

*Specialized Mortality Investigation: This combined the mortality experience of 34 life companies, 98 special classes of risks (occupational, medical, residential, miscellaneous). It was the first scientific investigation of combined life company mortality experience with relatively homogeneous groups of risks.

insurance medicine and stimulated company and intercompany mortality studies. MAMI also compiles new height and weight tables graded by age and sex, based upon 220,000 policies issued to men and almost 137,000 policies issued to women. These tables remained in use until their modification in 1959.

Such studies have been repeated periodically* to measure the influence of advances in medical science and improvement in general health on the mortality of insured lives. They have been instrumental in providing guidelines in the issuing life insurance to substandard risks.

1925: Significance of Blood Pressure in Medical Selection

Blood pressure readings, both systolic and diastolic, as part of the physical examination for insurance, were not generally used until about 1918. The use of the sphygmomanometer was described at the 1906 meeting by Root. A number of papers and discussions on blood pressure and blood pressure measuring instruments culminated in 1925 with the publication by the Joint M-A Committee of the Blood Pressure Investigation. Data were based on more than 700,000 policies issued by 26 companies. Results indicated that mortality rises as blood pressure increases over the average. This study provided the first tabulation of average blood pressure, by quinquennial ages and sex, on a large volume of data.

1938: Joint Occupation Study

The Joint M-A Committee conducted a follow-up study to the MAMI. This was an extensive investigation of the mortality experience of 176 occupational classes comprising over 1,300,000

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*Subsequent Joint M-A Studies

1932 - Supplement to MIS

1942 - Medical Impairment Ratings

1946 - Suggested Amendments, Medical Impairment Ratings

1946 - Medical Impairment Study

1948 - Occupational Study, Medical Impairment Study

1950 - Blood Pressure Study

1951 - Supplement to Blood Pressure Study, '39

1954 - Medical Impairment Study

1959 - Build and Blood Pressure Study. A more detailed study of build and blood pressure information assembled in the 1951 study revealed moderate but definite changes in build tables for [illegible] and a substantial increase in death claims found in [illegible] borderline to mild increase in build and blood pres-

persons insured by 12 life companies. The Committee also published a pamphlet on occupational mortality ratings based on the experience indicated by this study and other published experiences.

1929: Medical Impairment Study

As another follow-up of the MAMI, the Joint M-A Committee published (in 1931) the results of another voluminous study of the effect on mortality of medical impairments, the Medical Impairment Study. Thirty-nine life companies contributed the data, comprising about 2,100,000 entrants.

The study was divided into three sections dealing with: (1) medical impairments (including family history of tuberculosis); (2) mortality in relation to build; and (3) mortality on policies for large amounts. The medical impairment section, with nearly 1,100,000 entrants, covered about 100 of the more common impairments subdivided into a much larger number of classes. The section dealing with the relation of mortality to build comprised data on about 970,000 entrants.

In addition to these several extensive studies by the Joint M-A Committee, there were numerous individual company investigations. Prominent among these were the series on impaired lives by Rogers and Hunter.

Clinical Trends

The tentative application of modern clinical concepts to problems of medical selection has become more pronounced over the years. Annual meetings have featured an increasing proportion of clinical papers. The subjects of overriding interest were specialized examination techniques. Prominent among these were blood pressure measurement and significance (see above), glucose tolerance determination, electrocardiography, and roentgenology.

Glucose Tolerance Determination

In a paper entitled "A Proposed Method of Selecting Risks Among Individuals with Occasional Slight Glycosuria" (1924), MacFadden reviewed the literature dealing with sugar metabolism and suggested the adoption of a simple procedure for determining sugar concentration in venous blood by the Folin-Wu method, using 0.12% as the upper limit acceptable for standard insurance.

Numerous papers followed in succeeding years describing various tests and stating individual company mortality experiences. Some companies adopted the analysis of capillary rather than venous blood. Techniques of collecting blood samples in the field for transmission to the home office laboratory were developed. The Glucose Tolerance Test has come to be accepted as an invaluable means of evaluating the insurability of persons having glycosuria.

Electrocardiography

1928: In discussing a paper by Lambert on "Myocardial Degeneration and Coronary Thrombosis". Cook observed that medical directors would soon employ electrocardiograms to a greater extent in medical selection. Widespread interest in electrocardiography as an aid in medical selection began to develop around 1930. In 1931, papers by Taylor and Fellows read before the Association each reported on a substantial number of applicants studied by means of the electrocardiogram, citing the value of electrocardiography in medical underwriting. The use of the electrocardiogram was markedly intensified during the 1930s and continued to engage the interest of medical directors. Many outstanding papers presented to members of the Association have dealt with its technic, interpretation, and application to medical underwriting. Noteworthy among these were: Pardee's "The Theory and Practical Application of the Electrocardiogram in Life Insurance" (1933); Wilson's "Recent Progress in Electrocardiography and the Interpretation of Borderline Electrocardiograms" (1937); Bonnett's "Notes on One Method of Underwriting the Electrocardiograph", (1940) a proposed method of rating various features of electrocardiographs; Wilson's "The Precordial Electrocardiogram" (1942); "Mortality Studies of Isolated Electrocardiograph T-Wave Changes" (1955) by Kiessling, Schaaf and Lyle; "The Value of the Double Standard Two-Step Exercise Text in the Detection of Coronary Disease," (1956) by Robb, Marks and Mattingly; "Master Two Step Electrocardiographic Test Brought Up to Date" by Master and Rosenfeld (1959); "The Post-Exercise Electrocardiogram in the Detection of Coronary Disease" by Robb and Marks (1961); "High Frequency Electrocardiography";

Roentgenology

The use of roentgenology in life insurance medicine closely parallels that of electrocardiography. In "The X-ray in Tuberculosis" (1920) Brown first called it to the attention of ALIMD. Another paper at the 1920 meeting by Cole dealt with "The Roentgenological Detection of Latent or Non-Clinical Pulmonary Tuberculous Lesions." A 1924 paper by Miller reemphasized the value of x-rays in the examination of lungs. In 1927, x-ray examination to determine the configuration and size of the heart and aorta as selection procedure was referred to in a paper "Cardio-Vascular-Renal Degeneration." The value of this procedure was discussed in detail in a 1932 paper by Nichols, "Determination of Cardiac Hypertrophy." The relative merits of fluoroscopy, the orthodiagram, and teleoroentgenogram were compared. The last was judged most practical for life insurance purposes. At the same session, the technic for the x-ray examination of the chest at a distance of at least 6 feet was outlined by Fellows. Many subsequent papers, dealt with recommended standards for the determination of cardiac enlargement, notably that of Ungerleider and Clark, "A Study of the Transverse Diameter of the Heart Silhouette with Prediction Table based on the Teleoroentgenogram" (1938). These tables remain an invaluable aid to medical directors.

Baltimore Life Insurance Company
Baltimore, Md. 21201
Dr. Conrad L. Gerlach *Medical Director*

Bankers Reserve Life Insurance Company
Wilmington, N. C.
Dr. William S. Hinton *Medical Director*

Beneficial Life and Casualty Company
Salt Lake City, Utah
Dr. Anthony J. Vitale *Medical Director*

Berkshire Life Company
Pittsfield, Mass. 01201
Dr. [illegible] *V. P. & Med. Director*
Dr. [illegible] *Asst. Med. Director*
Dr. [illegible] *Asst. Med. Director*
Dr. [illegible] *Dir. Med. Director*

Boston Life Insurance Company of Nebraska
Omaha, Nebr. 68131
Dr. [illegible] *V. P. & Med. Director*

Bowles Financial Life Insurance Company
Durham, N. C. 27702
Dr. [illegible] *Medical Director*
Dr. [illegible] *Assoc. Medical Director*

Bowles Life Insurance Company
Durham, N. C. 27702
Dr. [illegible] *Dir. Medical Director*

Capitol Life Insurance Company
Denver, Colo. 80204
Dr. [illegible] *Medical Director*

Central Life Insurance Company
Omaha, Nebr. 68102
Dr. [illegible] *V. P. & Dir. Director*

[redacted]

Dr. [illegible] *Medical Director*