



# Assessing and Categorizing Health-Related Expert Opinion(s) and Scientific Evidence

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## Purpose

The purpose of this policy is to provide general guiding principles for experts asked by Veterans Affairs Canada (VAC) to provide an opinion assessing and categorizing health-related expert opinion(s) and scientific evidence in relation to causality, for the purposes of disability benefit entitlement.

## Policy

### Definitions

1. For the purposes of this policy, the following terms are defined as:
  - a. **Association:** A factor and a health outcome are said to be associated when the two appear to occur together. Associations can be explained by chance, bias or confounding, or causality.

- b. **At least as likely as not that causality exists:** On balance, health-related expert opinion(s) and scientific evidence is equally for and against causality and it cannot be determined which is stronger.
- c. **Causality:** The relating of causes to the effects they produce; a relationship between a factor and a health condition where exposure to the factor earlier in life results in the health condition later in life, as in a causal relationship.
- d. **Evidence:** Any form of proof that is offered to substantiate a claim and/or to establish the existence or non-existence of any fact in dispute.
- e. **Health-Related Expert Opinion(s) and Scientific Evidence:** Evidence comprised of opinions of experts and results of scientific research. Examples include, but are not limited to, results of scientific studies, reviews of scientific studies, opinions of other medical/scientific experts, and experts' clinical experience.
- f. **Insufficient to form an opinion about causality:** Health-related expert opinion(s) and scientific evidence is not sufficient to conclude that causality exists without speculating.
- g. **More probable than not that causality exists:** Health-related expert opinion(s) and scientific evidence supports causality with a degree of certainty of more probable than not or greater.
- h. **More probable than not that causality does not exist:** Health-related expert opinion(s) and scientific evidence supports the lack of causality with a degree of certainty of more probable than not or greater.

## Guiding Principles

- 2. The expert should follow these steps when weighing and categorizing other expert opinion(s) and scientific evidence:
  - a. Acquire - Gather the evidence. VAC may acquire evidence from a number of sources, not solely the evidence being presented by applicant.
  - b. Assess - Determine the strength of health-related expert opinion(s) and scientific evidence, using standard principles of epidemiology and critical review.

- c. Adapt – Synthesize the findings and communicate opinion and certainty of opinion as follows:
  - i. Category 1 – More probable than not that causality exists
  - ii. Category 2 – At least as likely as not that causality exists
  - iii. Category 3 – Insufficient to form an opinion about causality
  - iv. Category 4 – More probable than not that causality does not exist
3. The VAC decision-maker will consider and weigh the opinion as part of the entitlement decision making process. The expert’s opinion is not binding on the VAC decision-maker. The decision-maker will assess the opinion along with all the evidence, make findings of fact and apply VAC’s legislation when making a decision. For VAC purposes, causality (a finding of fact) is more likely to be inferred when the expert's opinion is category 1 or 2 (at least as likely as not or stronger).

## References

[Pension Act](#), subsection 5(3)

[Veterans Well-being Act](#), section 43

[Benefit of Doubt](#)