



## PART C – Decision under Appeal

The decision under appeal is the reconsideration decision of the Ministry of Social Development and Social Innovation (the ministry) dated 03 October 2013 denying the appellant designation as a person with disabilities (PWD). The ministry determined that the appellant did not meet all of the required criteria for PWD designation set out in the *Employment and Assistance for Persons with Disabilities Act*, section 2. Specifically, the ministry determined that, while a severe mental, though not a severe physical, impairment had been established, the information provided did not establish that the appellant's impairment, in the opinion of a prescribed professional,

(i) directly and significantly restricts his ability to perform daily living activities (DLA), either continuously or periodically for extended periods; and,

(ii) as a result of those restrictions, he requires help to perform those activities.

The ministry determined that the appellant satisfied the other 2 criteria: he has reached 18 years of age and his impairment, in the opinion of a medical practitioner, is likely to continue for at least 2 years.

## PART D – Relevant Legislation

*Employment and Assistance for Persons with Disabilities Act (EAPWDA)* – section 2  
*Employment and Assistance for Persons with Disabilities Regulation (EAPWDR)* – section 2

## PART E – Summary of Facts

With the consent of the parties, the hearing was conducted in writing pursuant to section 22(3)(b) of the *Employment and Assistance Act*.

The evidence before the ministry at reconsideration consisted of the following:

1. The appellant's PWD Designation Application dated 01 May 2013. The Application contained:
  - A Physician Report (PR) dated 15 May 2013 completed by the appellant's general practitioner (GP) who has known the appellant for 20 years and has seen him 11 or more times in the past year.
  - An Assessor Report (AR) dated 09 May 2013 completed by a clinical psychologist who has known the appellant for 8 months and seen him 11 or more times in that period. The psychologist attached a 12 page report, dated 26 March 2013, that he had prepared for the appellant's lawyer, referring to 11 medical reports dating from 2011 and 2012 (see below under "Medical Reports").
  - A Self Report (SR) dated 01 May 2013 completed by the appellant.
2. The appellant's Request for Reconsideration, dated 26 September 2013, attached to which is a letter from the appellant (reconsideration letter, or "RL"), with 12 medical reports appended. (see below under "Medical Reports").

The appellant filed his Notice of Appeal on 24 October 2013. On 27 November 2013 the appellant's lawyer filed a written submission, to which was attached an addendum by the appellant to his SR of the same date and a revised Assessor Report (AR2) dated 15 November 2013 from a second psychologist, who has known the appellant for 1 month and seen him 2-10 times in that period.

In an e-mail dated 18 November 2013, the ministry stated that there will be no submission on this appeal provided by the Reconsideration Branch, as it is relying on the reconsideration decision.

### Summary of the evidence

In the PR, the GP diagnoses the appellant with post traumatic stress disorder (PTSD), dysthymic disorder, chronic grade II lumbar and cervical spine soft tissue injuries and multiple joint sprains, all with onset November 2010 and "all severe."

The panel will first summarize the evidence from the PR and AR relating to the appellant's impairments as it relates to the PWD criteria at issue.

### *Severity of impairment*

PR:

Under health history, the GP writes:

"[The appellant], as a passenger, was involved in a serious MVA. The truck rolled over into a river and although he escaped, he was severely injured physically & mentally. Although he has seen multiple physicians, psychologists & mental health workers, he has not recovered. This happened over two years ago & the prognosis is now guarded. There is very minimal hope. His condition is prolonged & severe."

The GP indicates that the appellant has not been prescribed any medication and/or treatments that

interfere with his ability to perform DLA. The GP also reports that the appellant does not require any prostheses or aids for his impairment.

The GP comments: "At present I can see little hope for recovery & he is certainly unemployable due to the interaction of mental & physical injury."

#### *Physical impairment*

PR:

The GP reports that the appellant can walk 2 to 4 blocks unaided, climb 5+ steps, lift 15 to 35 lbs. and can remain seated for less than 1 hour. The GP reports no difficulties with communication.

#### *Mental impairment*

PR:

The GP identifies significant deficits with cognitive and emotional function in the areas of executive, mobility, emotional disturbance, motivation, attention or sustained concentration and other (PTSD). The GP comments: "His post traumatic stress disorder is the major cause of his inability to work or even enjoy life."

AR:

The psychologist assesses the following impacts of the appellant's mental impairment on daily functioning:

- Major impact – bodily functions, emotion (high levels of anxiety and depression), attention/concentration (distractible, unable to maintain concentration, poor short term memory), motivation, and motor activity (agitation).
- Moderate impact – consciousness (confusion), executive (problem solving).
- No impact – impulse control, insight and judgment, memory, language, psychotic symptoms, other neuropsychological problems, and other emotional or mental problems.

The psychologist comments: "motivation: improving but depends on pain levels."

#### *Restrictions in the ability to perform DLA and help required*

PR:

The GP assesses the appellant as not restricted in his ability to perform the DLA of personal self care, mobility inside the home and use of transportation. The appellant is restricted on a continuous basis for the DLA of management of medications and social functioning and periodically for the DLA of meal preparation, basic housework, daily shopping, mobility outside the home and management of finances.

The GP explains "periodic" as follows: "This man has some improvement on some days but most days the conditions make it very difficult to function at all."

Regarding social functioning, the GP states: "His post traumatic stress disorder is severely disabling in all functions, in communication and interactions."

The GP notes that the appellant's parents help him as much as they can.

AR:

Regarding mobility and physical ability, the psychologist makes the following assessments:

- Periodic assistance from another person required for walking indoors, walking outdoors, climbing stairs and standing.
- Continuous assistance from another person required or unable for lifting and carrying and holding – for anything over 20 pounds

As to the DLA applicable to a person with a severe mental or physical impairment, the psychologist assesses the appellant as independent in all aspects of personal care, basic housekeeping, shopping, meals, paying rent and bills, medications, and transportation, with no commentary.

With respect to social functioning, the psychologist assesses the appellant as independent for making appropriate social decisions, ability to develop and maintain relationships, interacting appropriately with others and ability to secure assistance from others. The psychologist assesses the appellant requiring periodic support/supervision in the area of ability to deal appropriately with unexpected demands.

The psychologist describes the appellant's relationship with his immediate social network as good functioning and with his extended social network as marginal to very disruptive functioning (comment: "has been very disruptive – improving with treatment").

The psychologist reports that assistance provided to the appellant by other people is from family, health authority professionals, community service agencies, and friends.

The psychologist reports that the appellant routinely uses a knee brace and stomach sleeping pillow as assistive devices.

### Self Report

The appellant describes his disability as follows:

"Sudden jolts of pain all over upper body randomly. Anxiety, depression, low back pain when walking for more than like a half hour, or when standing. Pain is also in my knees when standing or walking too long. Pain areas – neck, back, pelvis/groin /left hip, knees, shoulders, chest, ribs, elbows, wrists, also get splitting headaches all the sudden. Muscle stiffness and spasms, pain in joints."

He describes how his disability affects his life as follows:

"Pain areas make it challenging to do simple tasks such as showering, shaving, dishes, driving, household chores. Depression/pain makes it hard to get out of bed some days to go to the gym/pool. I get really bad anxiety when I'm driving or in the passenger seat after the MVA. I have a hard time standing or walking for longer than around half an hour, because my knees and lower back seizes up and I need to stretch them out with multiple different stretches, or sit or lie down for a while to give them a break. Can't sit for too long either it affects my low back and neck and in between my shoulder blades starts to stiffen

up and get a burning sensation. I get sudden jolts of pain shooting all over my upper body at random times. I never know when it's going to happen. It scares me to drive because of it, because my body locks up sometimes when I have the attacks. The attacks feel like a lightning bolt shooting and spreading all over my back. I also get them in my ribs, neck and really bad ones in between my shoulder blades. Also shooting down my arms, into the fingers sometimes. My elbows and wrists get deep severe pain all of the sudden. And my knees, elbows and wrists always crack or lock up and I have to force them to crack, which is painful. Headaches come on in waves of throbbing pain during the day. I also sometimes have panic attacks where I can't breathe good. I get all lightheaded and my body starts to lock up. My friend had to call the ambulance because I also had a severe back spasm at the same time, which wouldn't subside. I was then brought to the hospital for inspection."

#### Evidence submitted at reconsideration

In his RL, the appellant describes the MVA in which he was involved in November 2010. He writes that as a result of this accident, he developed a chronic pain condition and suffers from debilitating PTSD. Treatment for his pain condition is aggravated by the PTSD. He has been receiving treatment for the PTSD from the psychologist who prepared the AR on a regular basis since October 2012. The psychologist is no longer available to him and his treatment has been taken over by another psychologist. He has also been referred to a pain clinic by his GP, but as of July 2013 the waiting list is approximately 15 months. He goes on to write that he has not worked since the MVA and is not able to work at this time. Given the chronic nature of his pain condition and PTSD there is no certainty or predictability with respect to the time that he will be able to return to work. He attaches 12 medical reports.

#### Medical Reports (page numbers refer to Appeal Record pages)

The psychologist's report dated 26 March 2013 attached to the AR is in response to a request by the appellant's lawyer to provide a complete report of his opinion with regard to the appellant's diagnosis, causation, extent of impairment and treatment. The report is based on 14 one-to-one one hour sessions with the appellant between October 2012 and March 2013. The report also reviews 11 other medical reports. The panel has reviewed this report. Under "Extent of Impairment," the panel notes the following: (page 53)

"The above noted symptomatology has rendered [the appellant] incapable of employment of any type; daily living activities have been extremely limited, recreational activities have been almost non-existent, although again, he has been progressing in treatment."

The panel also reviewed the other medical reports attached to the RL. These reports mainly deal with diagnoses, symptoms, medications and treatments, not with the appellant's ability to perform DLA. The most recent is a letter (page 61) from the appellant's GP dated 19 June 2013 to a pain clinic seeking an assessment and opinion as to whether the pain clinic could be of any value to him.

The panel noted a report dated 14 October 2011 (page 77) from a specialist in physical medicine and rehabilitation. The specialist wrote, under "General Limitations": (page 83)

"[The appellant] informed me that he rents his own place from his parents. It is a trailer. He

[REDACTED]

still does the tasks around his trailer, but finds it more difficult to lean over a sink and do heavier cleaning. His mother helps him, at times, including doing his laundry. He has helped with the limited yard work around his trailer, such as weed whacking."

Information provided on appeal

The submission provided by the appellant's lawyer goes to argument (see Part F, Reasons for Panel Decision, below).

*AR2*

The second psychologist identifies the appellant's impairments that affect his ability to manage DLA as PTSD and dysthymic disorder.

Regarding ability to communicate, the psychologist assesses as satisfactory the appellant's ability for speaking (irritable), reading, writing and hearing.

The psychologist provides no assessment with regard to mobility and physical ability or the ability to perform those DLA applicable to a person with a severe mental or physical impairment, noting "can't comment as I am not qualified."

The psychologist assesses the following impacts of the appellant's mental impairment on daily functioning (comments in parentheses):

- Major impact – emotion (high anxiety & depression); attention/concentration (distractible, unable to maintain concentration); and motivation.
- Moderate impact – consciousness; impulse control (irritability); executive; memory.
- No impact – insight and judgment, motor activity, language, psychotic symptoms, other neuropsychological problems, and other emotional or mental problems.
- N/A – bodily functions.

The psychologist comments: "motivation – improving but depends on pain levels."

As to social functioning, the psychologist provides no assessment with regard to the support/supervision required except to indicate that for interacting appropriately with others "occasional moderate interpersonal irritability."

The psychologist assesses the appellant's relationship with his immediate social network as marginal functioning. No assessment is provided regarding the appellant's relationship with his extended social networks, but the psychologist comments "relatively compromised by irritability & and fear of others talking about accident." and "Fear of driving restricts social contact."

With respect to assistance provided by other people, the psychologist notes that the appellant receives help from family and friends and sees the psychologist on a regular basis.

*Addendum to SR*

The appellant writes that at the time of his application in May 2013 he lived in his parent's trailer. When he lived there he relied on his girlfriend for meal preparation and planning and on his mother

[REDACTED]

for most of his housekeeping. This would include washing dishes, laundry, sweeping, vacuuming and washing floors. His mother would also assist with meal preparation and would bring meals with her when she went to visit him in the trailer. His mother would also help him with his laundry and would pick up his laundry at the trailer and take it with her to her home.

He writes that he and his girlfriend ended their relationship in March 2013. After the breakup he tried to live on his own but could not cope and moved into his parents' home in mid-June 2013.

At this time he depends on his mother for all meal preparation and planning, basic housekeeping, transportation, shopping and assistance with paying bills. His depression and PTSD restrict his daily living activities so he finds it difficult to get out of bed in the morning. He often requires assistance from his mother to complete his daily living activities. He relies on his mother for all meal preparation and planning. His mother does all the cooking, meal planning and grocery shopping.

He goes on to write that he is dependent on his mother for all his transportation related to his daily living activities. His mother drives him to another city to his doctor's appointments and to his physiotherapy and massage appointments. He is not able to leave the house without her assistance. He writes that he is not able to get motivated to do things without her help.

#### Admissibility of evidence

The panel notes that the ministry was given the opportunity to state a position on the admissibility of the new information provided by the appellant at appeal and made no objection. The panel finds that the new information provided by the appellant in his Addendum to the SR and by the second psychologist in AR2 is in support of the information before the ministry at the time of the reconsideration decision. His description of the help provided by his girlfriend and his mother while living in the trailer and subsequently provided by his mother when he returned to his parents' home is consistent with the general assessment provided by the GP in the PR, regarding periodic help required for the DLA of meal preparation, basic housekeeping, daily shopping and mobility outside the home. AR2 provides similar assessments regarding the impact of the appellant's mental impairment on daily functioning and provides additional information describing the appellant's social functioning, consistent with the assessments provided by the first psychologist. The panel therefore admits this evidence pursuant to Section 22(4)(b) of the *Employment and Assistance Act*.

## PART F – Reasons for Panel Decision

The issue in this appeal is whether the ministry reasonably determined that the appellant is ineligible for PWD designation because he did not meet all the requirements in section 2 of the EAPWDA. Specifically the ministry determined that, while a severe mental, though not a severe physical, impairment had been established, the information provided did not establish that the appellant's impairment, in the opinion of a prescribed professional

- (i) directly and significantly restricts his ability to perform daily living activities either continuously or periodically for extended periods; and,
  - (ii) as a result of those restrictions he requires help to perform those activities.
- The ministry determined that he met the 2 other criteria in EAPWDA section 2(2) set out below.

The following section of the EAPWDA applies to this appeal:

2 (1) In this section:

"assistive device" means a device designed to enable a person to perform a daily living activity that, because of a severe mental or physical impairment, the person is unable to perform;

"daily living activity" has the prescribed meaning;

"prescribed professional" has the prescribed meaning.

(2) The minister may designate a person who has reached 18 years of age as a person with disabilities for the purposes of this Act if the minister is satisfied that the person has a severe mental or physical impairment that

- (a) in the opinion of a medical practitioner is likely to continue for at least 2 years, and
- (b) in the opinion of a prescribed professional

- (i) directly and significantly restricts the person's ability to perform daily living activities either
  - (A) continuously, or
  - (B) periodically for extended periods, and
- (ii) as a result of those restrictions, the person requires help to perform those activities.

(3) For the purposes of subsection (2),

- (a) a person who has a severe mental impairment includes a person with a mental disorder, and
- (b) a person requires help in relation to a daily living activity if, in order to perform it, the person

requires

- (i) an assistive device,
- (ii) the significant help or supervision of another person, or
- (iii) the services of an assistance animal.

The following section of the EAPWDR applies to this appeal:

2 (1) For the purposes of the Act and this regulation, "daily living activities",

- (a) in relation to a person who has a severe physical impairment or a severe mental impairment, means the following activities:

- (i) prepare own meals;
- (ii) manage personal finances;
- (iii) shop for personal needs;
- (iv) use public or personal transportation facilities;
- (v) perform housework to maintain the person's place of residence in acceptable sanitary condition;
- (vi) move about indoors and outdoors;



- [ ]
- (vii) perform personal hygiene and self care;
  - (viii) manage personal medication, and
- (b) in relation to a person who has a severe mental impairment, includes the following activities:
- (i) make decisions about personal activities, care or finances;
  - (ii) relate to, communicate or interact with others effectively.

The panel will consider each party's position regarding the reasonableness of the ministry's decision under the applicable PWD criteria at issue in this appeal.

### **Severity of impairment**

For PWD designation, the legislation requires that a severe mental or physical impairment be established. The determination of the severity of impairment is at the discretion of the minister, taking into account all the evidence, including that of the applicant. However, the starting point must be medical evidence, with the legislation requiring that a medical practitioner (in this case, the appellant's GP) identify the impairment and confirm that impairment will continue for at least two years. At reconsideration, the ministry determined that a severe mental impairment had been established, but not a physical one.

### **Physical impairment**

In the reconsideration decision, the ministry noted that the GP has indicated that the appellant is able to walk 2 to 4 blocks and to climb 5+ steps unaided, lift 15 to 35 lbs. and remain seated for less than 1 hour. The ministry was not satisfied that this level of physical capability is evidence of a severe physical impairment. The ministry noted that the large majority of the narrative in the application is related to the appellant's mental impairment – for instance the GP's statement: "his post traumatic stress disorder is the major cause of his inability to work or even enjoy life."

As the appellant's lawyer in his submission did not dispute the ministry's findings in this respect, and given the appellant's physical and mobility abilities reported by the GP, the panel finds that the ministry was reasonable in determining that a severe physical impairment had not been established.

### **Significant restrictions in the ability to perform DLA.**

In the reconsideration decision, the ministry reviewed the assessments provided by the GP and the first psychologist. The ministry noted some differences of opinion between the GP and the psychologist. For example the GP indicates that the appellant requires continuous assistance with management of medications, while the psychologist indicates that he is independent in this area. Also the GP states that the appellant's social functioning is severely disabling in all functions, including communication and interactions, while the psychologist indicates the majority of his social functioning to be independent.

The ministry stated that both the GP and the psychologist had seen the appellant 11 or more times in the past year and would both therefore presumably know his conditions well. The ministry however placed more weight on the psychologist opinion as he would know specifically how the appellant's DLA are affected by his severe mental impairment.

The ministry noted that in the 26 March 2013 report attached to the AR, the psychologist stated: "the

above noted symptomatology has rendered [the appellant] incapable of employment of any type; daily living activities have been extremely limited..." This report was dated less than two months before the AR. It is unclear to the ministry why the psychologist assesses the appellant as independent in all of his DLA after making the statement less than 2 months before that his DLA have been extremely limited. Regardless, the psychologist does not go into further detail regarding how his DLA are limited (periodically or continuously) or exactly which aspects of his DLA are affected.

Based on the above analysis the ministry was not satisfied that this criterion had been met.

The appellant's position is set out in his lawyer's submission. In the submission the lawyer notes that in the PR, the GP indicated that the appellant is periodically restricted in meal preparation, basic housework, daily shopping, mobility outside the home and management of finances. The GP also commented that while he has some improvement occasionally "most days the conditions make it very difficult to function at all." The lawyer also refers to the appellant's statement in the SR that his conditions have reduced his level of activity as he finds it "hard to get out of bed some days."

The lawyer noted that in the PR the GP has noted that the appellant's "parents help him as much as they can." At the time of the application, the appellant was living with his girlfriend in his parents' trailer. The lawyer then reviews the chronology described by the appellant in the Addendum to the SR; the assistance provided by his girlfriend and mother when he was living with his girlfriend in the trailer, how the girlfriend moved out in March 2013 because she found it too difficult to take care of the appellant's daily living activities, how after she left the appellant was unable to look after himself and his return to his parents' home in mid-June 2013. Since moving back the appellant relies on his mother for meal preparation and planning, basic housekeeping, transportation, shopping and assistance with paying bills. The lawyer argued that the appellant's conditions restrict his DLA as he finds it difficult to get out of bed in the morning, is restricted in leaving the home, requires motivation to do the simplest of tasks and assistance completing his daily living activities.

The lawyer noted that in AR2, the second psychologist advises that the appellant's "social relationships are compromised by irritability and fears of talking about accident." The lawyer also stated that this psychologist also noted that the appellant experiences major social isolation and overly disruptive behavior relating to his fear of driving. (The panel cannot find such a notation in AR2.)

The lawyer submits that there is sufficient information to determine that the appellant's conditions restrict his ability to perform DLA such as housekeeping, meal planning and preparation, shopping and transportation so that he requires significant help from his mother.

### *Panel findings*

The panel notes that, according to the legislation, the direct and significant restriction in the ability to perform DLA must be a result of a severe impairment, and a severe mental impairment has been established in this appeal. This DLA criterion must also be considered in terms of the preceding legislative language of section 2 of the *EAPWDA*, which provides that the minister may designate a person as a person with disabilities "if the minister is satisfied that" the criteria are met, including this one. In exercising the discretion conferred by the legislation, it is reasonable that the minister would expect that the opinion of a prescribed professional be substantiated by information from the

prescribed professional that would satisfy the minister that there are direct and significant restrictions in the ability to perform DLA, either continuously or periodically for extended periods, by presenting a clear and complete picture of the nature and extent of these restrictions.

The panel notes that in the PR the GP has provided a general picture of how the appellant is restricted in performing the 8 DLA listed in section 2(1)(a) of the EAPWDR : the GP reports periodic restrictions in the DLA of meal preparation, basic housework, daily shopping, mobility outside the home and management of finances and continuous restrictions with regard to the management of medications. The panel considers it reasonable for the ministry to expect that this general picture be fleshed out by a more detailed analysis by a prescribed professional, for which space is provided in the AR. The appellant and his lawyer have submitted 2 ARs. In the first, and contrary to the assessments provided by the GP, the first psychologist assesses the appellant independent for all aspects of all these DLA, with the exception of moving about indoors and outdoors, where periodic assistance from another person is required, without describing the nature and frequency of such help. In the AR2, the second psychologist provides no assessments in these areas, commenting that he does not feel qualified to do so.

The appellant, in his Addendum to the SR, provides a somewhat more detailed picture of how he is restricted in performing these 8 DLA. However this description has not been confirmed by a prescribed professional. Further, in assessing how "significantly" the appellant is restricted in his ability to perform DLA, it would be reasonable for the ministry to expect an explanation from a prescribed professional as to in what ways and to what extent the appellant was not able to cope living alone before returning to his parents' home. (The panel notes that this move took place before the reconsideration decision so it is not a recent development occurring between reconsideration and appeal.) Alternatively, no information is provided from a prescribed professional about how and to what extent the appellant cannot perform such DLA as meal preparation and housework while at his parents' home and to what extent his mother's assistance goes beyond her usual homemaking routine.

The panel notes that the second psychologist has noted "fear of driving" under social functioning. The panel takes that as an explanation that indicates a significant restriction in the DLA of "use of public or personal transportation facilities."

With respect to the 2 other DLA, applicable to a person with a severe mental impairment set out in section 2(1)(b) of the EAPWDR, namely make decisions about personal activities, care or finances; and relate to, communicate or interact with others effectively, the first psychologist has indicated that the appellant requires periodic support/supervision in the one area of ability to deal appropriately with unexpected demands, without providing any information as to the degree and duration of such support/supervision. The first psychologist also assesses the appellant as having marginal to very disrupted functioning with his extended social networks, commenting that the appellant "has been very disrupted – improving with Tx." With regard to interacting appropriately with others, the second psychologist comments: "occasional moderate interpersonal irritability," but provides no assessment of support/supervision required. He also comments that: "relatively compromised by irritability & fear of others talking about accident," but no consequences of such behavior are described

In summary, the panel notes that the appellant's current living situation, and the extent of help provided by his mother, have not been confirmed by a prescribed professional, with no information

from a prescribed professional describing how he was unable to cope on his own or why he cannot perform such DLA as meal preparation and housework at his parents' home. Further, no information has been provided as to the nature and degree of support/supervision the appellant requires for his social functioning. The panel notes that while there may be sufficient information provided to indicate a significant restriction in the appellant's ability to perform the transportation DLA, without a clearer and more complete picture from a prescribed professional of his overall ability to perform DLA, the ministry was reasonable in determining that the information provided did not establish that this criterion had been met.

### **Help with DLA**

The ministry's position is that as it has not been established that DLA are significantly restricted, it cannot be determined that significant help is required from other persons.

The appellant's position is that the evidence is that he requires help from his mother for meal preparation, basic housekeeping, transportation, shopping and assistance with paying bills

### **Panel findings**

The panel notes that the legislation requires that, in the opinion of a prescribed professional, the need for help must arise from direct and significant restrictions in the ability to perform DLA that are either continuous or periodic for extended periods. As discussed above, a prescribed professional has not confirmed and described the extent of help from his mother. The panel finds that the ministry reasonably determined that since it has not been established that DLA are directly and significantly restricted, it cannot be determined that help is required as provided under section 2(2)(b)(ii) of the EAPWDA.

### **Conclusion**

Having reviewed and considered all of the evidence and the relevant legislation, the panel finds that the ministry's decision that the appellant was not eligible for PWD designation was reasonably supported by the evidence. The panel therefore confirms the ministry's decision.