DRN-5207087

The complaint

X has complained that Dentists' Provident Society limited ('Dentists' Provident') delayed and unfairly declined her claim.

What happened

X has income protection cover, underwritten by Dentists' Provident which would pay benefit if she was incapacitated as a result of illness or injury. X became absent from work in 2021 and made a claim which Dentists' Provident declined.

Unhappy, X appealed the decision to decline the claim and made a complaint.

Unhappy with Dentists' Provident's decision to maintain its decline, X referred her complaint to the Financial Ombudsman Service.

Our investigator looked into the complaint but didn't think Dentists' Provident had done anything wrong. X disagreed and asked for an Ombudsman's review.

So the case has been passed to me for a final decision.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

Having done so, I don't think this complaint should be upheld. I'll explain why.

- The background to this matter is well documented and well known to both parties so I won't repeat it in my decision. I have carefully considered everything X has said even if I don't explicitly refer to all the submissions made. Instead, I will summarise and focus on what I consider to be key to my conclusions.

- The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly. And shouldn't unreasonably reject a claim.

- The policy terms confirm: "*This plan is designed to pay you regular benefits to help replace the income you lose if you cannot work in your occupation because of your incapacity.*"

- Definition A of incapacity applies to X. This says: "…a*s a result of an illness or injury…you are unable to perform the material and substantial duties of your occupation…you are not following any other occupation…your income from your occupation has reduced as a result.*"

- Definition C says: "*Incapacity means we are satisfied that as a result of an illness or injury you are unable to perform three or more of the following activities without the assistance of another person*…" It then goes on to list various activities including

feeding, dressing, washing, maintaining personal hygiene, getting in and out of bed and getting around.

- So for X to be eligible for benefit, she would need to show that she met the definition of incapacity through objective medical evidence.

- Briefly, the medical evidence shows that X received a diagnosis in 2017 from a rheumatologist who said she had "*elements of Fibromyalgia*." The specialist did not comment on X's ability to work in 2017. And X continued to work.

- X became absent from work in September 2021. There is no medical evidence shortly or directly before this to confirm that her condition deteriorated to the point that she was no longer well enough to work. To meet the definition of incapacity, I would expect a clear explanation of why X couldn't carry out the material and substantial duties of her occupation, with reference to her condition and function, at around this time – to explain what had changed. So I am not satisfied that there is sufficient objective medical evidence from September 2021 to show that X was incapacitated as a result of her fibromyalgia.

- The next entry in X's GP notes is from November 2021 where it is recorded that she had given up work as her vertigo symptoms had gotten worse and she had continued to suffer from tension headaches.

- In April 2022, X discussed her fibromyalgia with her GP and reported a deterioration – and said she struggled to get out of bed, found it hard to cook, got very tired and was unable to do long journeys. In August 2022, her notes show she told her GP she was getting progressively worse.

- Dentists' Provident reviewed the claim and medical evidence and asked its chief medical officer to complete a review in September 2022. It felt X's travelling history was inconsistent with reports of extreme fatigue and also that the treatments offered weren't in line with accepted guidelines (NICE). It didn't understand why X had been unable to work from September 2021 when she had been managing previously. And it declined the claim.

- A letter was provided by X's GP in October 2022 which ultimately disagreed with the CMO's comments. X also provided a further letter from the rheumatologist in November 2022. This said the fibromyalgia was continuing to impact on X's daily life. He commented she could manage household activities but was not at her normal best. He said her symptoms had been exacerbated recently due to Covid but would settle. He said he could understand why working as a dentist would be difficult but didn't go as far as to say X was unable to work as a dentist.

- Overall, there is a lack of objective medical evidence to explain why X stopped working in September 2021.

- X is also unhappy that Dentists' Provident commented on her holidays and travel abroad as well as caring for her mum. However, this information was taken directly from entries in her GP records and I don't think the conclusions reached by Dentists' Provident were unreasonable. It was entitled to express its opinion and concerns about what X was reporting to her GP (that she was a carer for her mum) and at around the same time, had reported was unable to get out of bed on some days. Additionally, the holidays were described in a specific way (trekking for example) in her GP notes and Dentists' Provident was entitled to review this information and comment on it.

- X complained about the time it took to assess her claim and the investigator has already set out a timeline. In this case, I don't think there were any unreasonable or unavoidable delays on Dentists' Provident's part. The claim was submitted in March 2022, evidence was requested and reviewed in a timely manner and an initial decision was made by September 2022.

- X was unhappy with the length of Dentists' Provident's final response letter and requests to complete forms. But it has to follow its process to effectively review a claim so I don't think it's unreasonable for Dentists' Provident to ask for up to date medical information forms, or anything else to verify and validate the claim. The final response letter is very detailed and covers X's relevant medical history, the claims process, its reviews, concerns, considerations and conclusions. I don't see anything wrong with the length of its response. Additionally, X has had help with reviewing information and didn't have to review these matters alone or without assistance.

- Dentists' Provident has also offered to review any further medical evidence that X can provide or obtain, which I think is reasonable.

- I am very sorry to disappoint X and I have no doubt that she will find my decision disappointing. But I don't think Dentists' Provident's decision to decline the claim is unreasonable. I don't doubt what X says about her condition but I also don't expect Dentists' Provident to accept a claim mainly based on self-reporting of symptoms without objective medical evidence and clear treatment and management plans.

My final decision

For the reasons set out above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask X to accept or reject my decision before 28 January 2025.

Shamaila Hussain
Ombudsman