DISABILITY: WHOSE CONCERN?

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THE International Year of Disabled Persons (IYDP) should it be the nurses' concern? Do we have a role to play, as nurses, in relation to disablement? Would it not be enough to support the general IYDP objectives? Or do we need to do more? If the answer is yes, what should we do? And how can we do it?

These are some of the same questions that we might ask ourselves, as nurses, everytime a "year" is announced by the United Nations. In order to answer these questions we have to be clear in our own minds, as to what we understand by "nursing", and what we consider to be a nurse's responsibility.

If we consider health, as a multifaceted concept, our concern as nurses, how do we define the limits of our responsibility within health? Are nurses involved only when health is impaired? Or is nurses' action also required in case of a threat to health? What form would the action or involvement require? On what do we base our decision about participation in the case of a threat to health or in the case of health impairment?

Disability is the issue of this paper; how are we to decide on the extent of our involvement, as nurses, in the case of a disabled person and/or his/her family? Does our role begin and end when the disabled is "ill" or do we have a role to play in prevention of disability and rehabilitation of the disabled person? What would that role entail?

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Do disabled persons have rights? Are we as nurses responsible for informing them about these rights, or about safeguarding their rights? What would such responsibility require?

Would decisions about nursing involvement depend on factors like:

- Whom do we call a disabled person?
- What do we consider disability to be?
- The form of disability experienced by the person and its emphasis? Examples are:
  - communication disability affecting: speech, vision, hearing or sense of touch
  - mental—disability
  - physical—disability
  - psychological— disability
  - social—disability
  - psychiatric—illness
  - physical—illness
- Duration of disability either prospective or past.
- Place of residence of disabled persons (for example: hospital, special institute, community, school).
- Kind of preparation and orientation the nurse received; or the extent to which nurses are aware of the problems of disabled persons and the extent to which they are knowledgeable about the causes, incidence, treatment and prognosis of disability.
- Concept of nursing held by nurses.

The number of persons suffering from physical and mental disability in the world is increasing due to a variety of reasons. What does our involvement consist of when we are faced with issue like:

- benefit of technological advancement. Technology has sometimes increased the incidence and severity of disability e.g. traffic accidents. But technology has also helped a great number of disabled persons to cope with their disability e.g. wheel chairs.
- quality of life of the disabled person. Due to sophisticated machinery and advanced knowledge disabled persons can live and most of the time live longer, but not necessarily better.

Disability is an area of concern of many groups of people, professional and otherwise. It is an area of life, and therefore has all the characteristics, versatility and complexity of life. Should we as nurses share with others in the case of the disabled person or should we work in isolation? What form should that sharing/cooperation take?

A variety of groups: governmental, non-governmental, voluntary, disabled persons and families are involved with disabled persons. Disability touches the everyday life of individuals and community. What should be our role and on what basis should we define this role, justify it and carry it out? THE DECISION IS OURS.

Courtesy: ICN