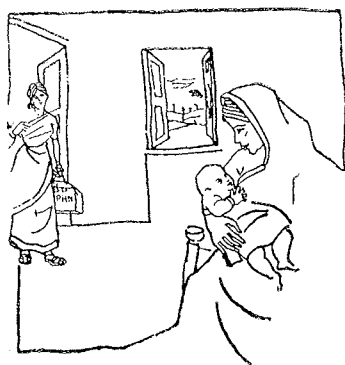




REHABILITATION

A COMMUNITY RESPONSIBILITY

BY

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REHABILITATION is a rapidly increasing health need, a paradox in our modern society. While mortality rates go down, the number of handicapped and chronically ill patients go up. Due to advances in medical science many people are living today who would not have survived in the past. However, it is often not possible for them to achieve their original state of health and well-being. Many recover to face life with the loss of a limb or other equally important bodily function.

In addition to physical disability are the mental and emotional trauma experienced by the patient for which society alone is responsible. Following long difficult period of treatment, patients are pronounced cured, only to return to a society which is not ready to receive them. The handicapped person is viewed as an object of pity, and thus, from the beginning is robbed of initiative and self-respect. The public is not yet aware that the handicapped person is a potentially useful member of society and can assume his share of responsibility as any other individual and citizen. Very often, by reason of the very difficulties he has experienced the disabled person works harder and proves to be a more reliable worker than the non-handicapped individual. As a citizen he has a right to prove himself.

Other attitudes of the public are equally damaging. Due to ignorance and fear, some diseases have come to be known as "social disease". People who have ever had tuberculosis, leprosy, venereal disease, or mental illness are especially shunned and prevented from moving freely among others. Even though they may possess medical

evidence that they have been treated and cured, the stigma remains.

An interesting fact confirmed by research is the observation that the greater the degree of deformity, the less society is willing to welcome the patient's return to normal community life. Thus, among all diseases, leprosy is the most feared. Leprosy is associated with deformity and goes unrecognised in its early stages. What the public does not know is that deformity in leprosy is not directly due to the disease process and is largely preventable. Furthermore it is reasoned that the more extensive the deformity, the greater the fear of contracting the disease. It is believed to be highly contagious when in fact, leprosy is one of the least easily transmitted diseases, particularly in its later stages.

Another common belief is that disease, and especially that which results in physical or mental disability, is the result of sin, either present or in a previous existence. Disease is still largely accepted as a man's 'Karma' or fate. Scientific knowledge had not yet permeated the uneducated masses. It is difficult for them to comprehend the concept of germs. Even where people do have some idea of germs, they are not clear as to how disease spreads and at what stages it is more contagious. Hence, it is obvious that much of the fear people have about disease is purely irrational. Unless we have an informed public they cannot be expected to react in any other way. If society is to be persuaded to adopt a more humane and sane attitude towards the increasing population of its handicapped members, the education of the

public must keep pace with medical progress.

In modern concepts of patient care, doctors and nurses are concerned about the whole patient, *i.e.* his mental and emotional as well as his physical well-being. All are closely related and must have equal consideration if the patient is to be treated as a "whole" person. A patient cannot be said to be truly recovered until he is finally reinstated and accepted as a full member in the life of his family and community.

Doctors prepare patients by means of plastic surgery, special drugs, and technical devices to overcome physical and mental handicaps, and enable them to become independent, self-directing individuals. Other members of the medical team such as nurses, physiotherapists, occupational therapists, clinical psychologists, and medical social workers contribute their special skills and further prepare patients for rapid and smooth adjustment to a normal way of life. Public health nurses go even into their homes giving care, and, in general, guiding and educating patients and families according to their individual health needs. They attempt to help bridge the gap between the patient and his family and community.

Yet no matter how well the patient is prepared to live and work independently within his limitations, he cannot achieve full rehabilitation without the interested support of the community in which he lives. He must be welcome to mingle with others in public places and accepted as a normal person without feelings of pity and repulsion. There should be no discrimination with regard to employment as long as

medical clearance is given and the handicapped person possesses the appropriate qualifications and ability to do the work.

The education of the public is no small task and will take time. In some places professionally prepared persons known as health educators come into a community to work with civic leaders toward this goal. However, in most communities this is a responsibility which is left to the community leaders alone. It may be worthwhile to launch an educational campaign using all available methods including exhibits, radio, press, public meeting etc. However, the most effective way to convince the public is by turning the handicapped into independent, useful citizens, so that people can see for themselves what can be done. Institutions in Vellore such as the Cheshire Home, Blind Relief Association, Swedish Red Cross, Children's Aid Society, and the After Care Home for Women are examples of pioneering efforts in this direction. They serve the needs of patients recovering from leprosy, the blind, delinquent children, and women discharged from correctional institutions. In addition to providing shelter, the main aim of these institutions is to provide education and training in suitable occupations and trades to enable the handicapped to make a living and serve a useful purpose in life. After training they are ready to return home, hopefully to find employment and a chance to live as any other individual. Herein

lies the problem. Already the competition for the limited number of openings for skilled workers is great. Even with training it is difficult for the handicapped to combat public opinion. Business is operated primarily for profit. Management naturally hesitates to do anything which they think may threaten income. Many employers as individuals are not unsympathetic with the needs of the handicapped but refuse to employ them because of negative public attitudes. Yet to go on building and isolating the handicapped in institutions is not rehabilitation and defeats the very purpose for which the institutions were established. Neither is it realistic. Even if it were desirable it is not practical to think of providing custodian care for so large a segment of society. Institutions are simply an intermediary phase in the rehabilitative process. More businessmen and employers with a social conscience and who are not afraid of public opinion are needed to pave the way for the final step in the rehabilitation of our less able citizens. Employers must be convinced that it is more humane to give work to the handicapped even at some sacrifice and inconvenience than to contribute to charity. Once it is effectively demonstrated others will follow. At the same time the community at large must be educated to accept the rehabilitated person as a fellow worker and citizen.

Finally, it is recognised that not all handicapped persons can be sufficiently rehabilitated to compete with the able-bodied. Patients

whose disabilities are progressive or which vary in degree from time to time may continue to need help for the rest of their lives. For them the next best thing is the sheltered workshop provided by voluntary community organisation and subsidised by government. There may be extensions of institutions already set up for the special education of the handicapped. The scope of rehabilitation ranges from the patient, who, after a period of treatment and re-education is prepared to return to his previous activities, to the patient who may never be economically productive, yet nevertheless, can be restored to self-reliance in daily living. In the Universal Declaration of Human Rights, adopted by the General Assembly of the United Nations on December 10, 1948, article 25 reads as follows :

"Every one has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control"

But who is there to guarantee the disabled person his right to security? It is we, the community, who must assume this responsibility. Rehabilitation is a community problem and everything possible must be done to restore the disabled to as normal a life as possible in the society in which they live.

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Miss J. Haidar Ali,
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