"Does he take sugar?"

By speaking over the heads of handicapped people we reveal our underlying beliefs and assumptions regarding mental and physical perfection. We must challenge such beliefs if we are to appreciate the important contribution the disabled make to society and we must provide services for them which respect and empower them rather than further disable them.

Health promotion examines the various assumptions and beliefs underlying medical care. One assumption is that health is desirable and that chronic illness or handicap is undesirable. Health is regarded as normal, disease or illness or handicap as abnormal. Chronic illness, according to this view, represents failure in both the individual and the health care system, because a perfect health care system would be able to cure everything. Chronic illness is even considered a social failure, because in an ideal society everyone would be perfectly healthy. This way of thinking is sometimes called “healthism”. WHO, with its definition of health as a state of complete physical, mental and social well-being, is partly responsible for this opinion. On this basis it is but a small step to believing that the strong and physically fit are better people than the weak and unfit. This widespread attitude in Western society explains why there are so many joggers on our streets and body-builders in our health clubs.

Another tenet flows from the first: any health deviance, illness or handicap should be corrected as far as possible. If a person has a chronic illness or is handicapped, the focus is on the illness or disability and a great effort is made to restore or create what is defined as normal. I used to work in clinics for physically handicapped children. Enormous amounts of money, time and energy were spent on physical “abnormalities”. For example, we had children who were spastic and could not walk, and we worked for years trying to get them to take a few steps.

When the focus is on the problem, the person is identified by the problem. Doctors doing their hospital rounds may think of someone as, say, a diabetic rather than as an individual with a name. The entire person
may be seen as an illness or handicap. In the United Kingdom, chronically ill and handicapped people produce a television programme aimed at explaining what is wrong with the way society looks at them. It is called “Does he take sugar?”, an oblique reference to the way “normal” people tend to speak over the heads of handicapped people, who more often than deviations. My 90-year-old father, who has difficulty in walking across a room, does not allow his limitations to interfere with what he wants to do, and for this reason I consider him to be extremely healthy. Another person I place in this category is a senior Canadian health official, whose immense zest for life makes his severely spastic condition barely noticeable.

Further, imperfections such as chronic disease or handicap are not only normal but could be considered desirable. On the individual level, we can look at our disabilities and try to see how they contribute to our lives. One of my children has a chronic illness and I cannot begin to explain how much I have learned from him. His disability has contributed to the development of every person in my family. On the societal level, it would be not only boring but also dangerous if everybody were extremely healthy in the conventional sense. Any society is enriched by diversity. This is understood in some cultures. There are, for example, cultures in which the “mentally handicapped” actually become spiritual leaders. I have no doubt that much can be learned from people who are chronically ill or in some way disabled.

As regards the preoccupation with correcting abnormality, perhaps, as an alternative, one should focus not on deviation but rather on normality within the individual. Illness or disability is almost always only a small part of the whole human being. Let us concentrate on the larger, normal part.

A further step should be to focus on the handicap or illness, not just to get rid of it but to redefine and transform it so that it can be seen as something positive and useful in that person’s life. For example, because of their special problems, adolescents with chronic illness tend to be wiser than their peers. We should find ways to enable
disabled or ill people to contribute to the broad enrichment of society.

On the subject of work, it is worth asking who should benefit from it. Perhaps the individual should principally be useful to himself or herself. If usefulness to society is also achieved, that would be a bonus. This may be particularly acceptable in post-industrial societies, where there is not enough work for everybody to have full-time employment. In this situation we should re-examine the meaning of work. Maybe we should redefine the work of chronically ill and disabled people in terms of them helping themselves and contributing to society in ways that differ from the traditional ones.

In the present context it is important to examine the nature of today’s health services. We have medicalized birth and dying, and to a great extent we have medicalized being chronically ill. We have designed a sort of disabling help that creates dependence. Doctors, nurses and social workers tend to see chronic illness in a way that is detrimental to the people they are trying to help.

How can we overcome disabling help? People with chronic illness or disability should be in control of what is happening to them. They should define their problems and then, together with health professionals and others, work out solutions, i.e., they should have fully informed choice about their care. To do this they need access to all the information that is necessary. There is a barrier to overcome here because health professionals tend not to share information.

People with handicaps or chronic illnesses should be encouraged to help themselves and each other through self-help groups.

And these people should be offered the full range of options. For example, vocational guidance should recognize the possibility that some people will never work, at least in the traditional way. Finally, ways should be found to protect people from the health systems they are obliged to use, since these tend to medicalize problems and create dependence. Every disabled person should have a defending advocate during contacts with care systems.

**How poor is poor?**

The measurement of poverty is difficult and may prove deceptive, especially if income is the sole criterion employed. ... A better picture can be obtained by also using non-monetary criteria and by adding information on visible assets such as land, livestock, or houses. ... The distribution of income values permits the selection of a “poverty line” appropriate to a specific purpose. Since many policies and programmes that are intended to help the poor aim at the prevention of malnutrition, the supply of safe drinking-water, the provision of shelter and environmental services, and the provision of health care and education, deprivation should be stated in terms of these factors as well as in terms of income.