

# EDITORIAL

## THE DISABLED PERSON

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According to estimates by the UN, there were 450 million disabled people in the world in 1979, about 45 percent of them children. Of these children about 80 percent had no access to rehabilitation services of any kind.

To increase public awareness of this enormous world-wide problem and to stimulate efforts to prevent and ameliorate disabilities, the UN General Assembly declared 1981 the International Year of Disabled Persons.

### A DEFINITION

In the rather stilted language of the UN, the term "disabled persons" is defined as "any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life as the result of a deficiency, either congenital or not, in his or her physical or mental capabilities."

The definition is wide. The line cannot be sharply drawn. Whether a person is regarded as a disabled person varies with different countries, different cultures and different stages of development. The milder degrees of disability tend to be overlooked in lesser developed countries. Changes in society produce examples of how the definition or range of disability can change with time. For instance, with the advent of universal education, a child's inability to learn reading and writing now renders him a 'disabled' or 'mentally retarded' person. The ability to read and write has become a 'normal' attribute.

### CAUSES

The causes of disability are various. Some congenital causes, e.g. rubella, syphilis, drugs (the notorious thalidomide), and metabolic anomalies, have become better understood and better promoted. Childhood afflictions, especially infections such as poliomyelitis, tuberculosis and meningitis, have been greatly reduced. But the ranks of the disabled are being swelled by road and industrial accidents, wars and, especially in industrialised countries, chronic arthritic and aschaemic heart disease.

TABLE I  
PROPORTION OF REGISTERED DISABLED PERSONS  
TO TOTAL ESTIMATED DISABLED IN MALAYSIA  
(1980)

Types of Disability	Total	%	Registered	%	% of Rgtd. in Total
Blindness	44,480	32	7,604	39	17
Deafness	25,020	18	3,070	16	12
Physically Handicapped	58,380	42	6,653	34	11
Mentally Retarded	11,120	8	2,151	11	19
Total	139,000	100	19,478	100	14

Source: Ministry of Welfare Services

## **THE INCIDENCE - SIZE OF THE PROBLEM**

In Malaysia the Ministry of Welfare Services estimated the total number of disabled persons in 1980 at 139,000.

The Ministry of Welfare Services maintains a register of disabled persons in the above four categories. As can be seen in the table only about 20,000 or 14 percent of the estimated total number of disabled persons register and avail themselves of the services offered by the Government such as special education, vocational training, medical treatment, artificial limbs and appliances and financial aid or grants. Doctors, because the disabled person often seeks them can help by advising registration directly at the nearest welfare centre or through the social medical worker (almoner).

The Ministry of Welfare Services estimate of 139,000 disabled persons constitutes about one percent of Malaysia's population. The earlier-mentioned UN estimate places the world's disabled at about 10 percent of the world's population. The disparity is too large to be accounted for by differences in definition. Both estimates are largely guesswork. There are just no reliable statistics of disabled persons in large areas of the world.

In Britain, there is a Minister for the Disabled. Estimates there may be fairly accurate. Based on an official survey, there are in Britain an estimated three million people with physical disability - i.e. nearly eight percent of the population. In nearly three percent of the population the disability is considered severe enough to interfere with self-care tasks. These estimates, however, do not include the mentally retarded.

## **ASSISTING THE DISABLED**

### **Education and Training**

In Malaysia, voluntary organisations have played an important part in providing rehabilitation and training facilities for the disabled. The Government has been intensifying its efforts to improve services to the disabled both indirectly by supporting voluntary bodies and directly through the Ministry of Welfare Services, the Ministry of Education and the Ministry of Labour. In spite of the efforts of the Government and the voluntary bodies only a small proportion of the disabled can be catered for by present facilities for their rehabilitation, education or vocational training.

Commenting on education for the disabled child, the Malaysian Treasury Economic Report 1981/82 noted "The number of school-going disabled children placed in public institutions as well as institutions run by voluntary organisations were 2,602 out of a total of 30,788. Thus, only about 8.5 percent of the disabled children within the 6-17 years age group were receiving some form of special education in 1980".

### **Employment**

Even when the disabled have been lucky enough to have received vocational training, access to employment in the open labour market is distressingly limited. Prejudice among employers is the major factor. With the recent Budget, the Government has provided a strong incentive to employment of the disabled in the form of double tax deduction for salaries to a disabled person.

To provide for employment for those disabled who cannot obtain employment in the open labour market the Government has recently established three sheltered workshops. With the same aim an interesting project is being undertaken by the Society for the Disabled of Selangor and the Federal Territory which is building a sheltered factory as a joint venture with a large manufacturing firm.

Several projects are being planned and implemented by Government under the Fourth Malaysia Plan and by the many voluntary bodies. These will expand the existing facilities for the disabled. But for some time yet their needs will be far from being sufficiently met.

## **SOCIETY AND ENVIRONMENT**

The handicap caused by the disability a person has can be reduced by appropriate treatment, rehabilitation and vocational training. But too often the handicap is aggravated not only by the prejudice of people, particularly potential employers, but also by the existing physical environment. Unless bodily hoisted by attendants, the disabled in a wheelchair, for instance, is often denied access to public buildings such as supermarkets, shopping complexes or cinemas, and to public transport such as buses or trains. In Malaysia probably the only public buildings with facilities (toilets and ramps) for the disabled are our two international airports.

## **ROLE OF THE DOCTOR**

As doctors we should not only be more acutely aware than the general public of the needs of the disabled but should be able to contribute more actively towards fulfilling these needs. Prevention of disabilities, treatment and rehabilitation, the education of the public to increase understanding and to overcome prejudice, active involvement in the efforts of Government and voluntary bodies - these are some of the areas in which doctors can play a larger and more active role.

It is a common complaint among welfare workers that doctors tend to give low priority to rehabilitation or treatment of the disabled. Frequently disabled persons, even those sent from training or rehabilitation centres, are kept waiting unfairly long at outpatient clinics or on waiting lists for surgery. Doctors and specialists in private have made news offering to work in Government hospitals; a satisfactory arrangement for such work is difficult. A far better way of helping would be to offer medical care to the disabled in the many institutions run by Government and voluntary bodies - a service an exceptional few among our profession have, in fact, been doing. The disabled

persons in these institutions need primary medical care for ordinary ailments as well as specialised services for their disabilities. Serving them brings its own rewards of achievement and gratitude.

## **THE PERSON**

While for the very severely disabled, special facilities, even special workshops or factories and special accommodation, may be required, we must not too readily categorise the person with a disability as a "disabled person" and segregate him literally or in our minds as someone fundamentally different from the rest. The person with spastic paralysis is not just "a spastic". Some part of his body may not be functioning but his mind, his feelings and his emotions are the same as other people. We need to help the disabled person to live the fullest life possible within the society and the environment. This requires not only the rehabilitation of the disabled but also changes in the attitudes of people and modifications in the environment.

Sustained effort is required from everyone. As members of the medical profession we have a special responsibility and role.