Disability Studies: An Introduction

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Lecture 2

Medical Model of Disability

Welcome back, we are in the second lecture of the series it is called the "Medical Mentality". Why do I do this. Well as a set in the previous talk, in the medical mentality we need to understand to also comprehend why certain definitions rule over other definitions. A clinical definition because it is backed by science, it is backed by authority of medicine and also legally sanctioned as the final arbitrator of meaning medical definition gets its undue privilege. At the end of the day, doctors know so much about human body trained for 15, 20, 30, 40 years in their study and practice. Even among medical conventions and traditions the modern medicine allopathy gets its undue privilege too. Because medicine is based on two premises one, it adheres to the principle that its claim about human body illness, disability and conditions are based on scientific evidence and two, it is also a complicated and immensely beautiful art. The attached definition is based on doctor and patient interaction. To understand medical mentality I got here the slide for you on the Hippocratic oath.

Hippocrates was the Greek physician two millennia ago declared that we should begin treating ailments based on what we observe and second, it is based on this observation we should give treatment. This is an immensely colossal break from the previous attitude just based on the idea that the visitations by gods' and goddesses' divine curse and so on is the cause of an ailment. Well I'm not discounting the idea that faith doesn't matter anymore. All faith people get lost. No, not saying that faith still matters belief systems still matter. Human cosmologies, that is, the idea that we are made of our cultural beliefs also matter. But so matters Hippocratic oath because our millions of young people are graduating from medicine, medical schools every year who will go on to take on many conditions that may come from now on, and they do swear by the Hippocratic oath, that's why it's worth reading, and I will read it for you and then I will explain the medical mentality. We will just get into the medical mentality. “I will apply for the benefit of the sick all measures that are required avoiding those twin traps of wood treatment and therapeutic nihilism”. That's the first, second, “I will remember I will remember that there is art to medicine as well as science, and that warm sympathy and understanding may outweigh the surgeons knife or the chemist”. There are other tenets of Hippocratic oath. I don't read them in full. You can look up yourself on the slide that I sent the link actually. But sufficient to know that if you go to a doctor’s chamber or doctor’s consultation room you know what you are a patient. As in front of doctors just as I'm treating all of you as my students doctor will always treat you as her patient. That means you have something for him or her to treat or, in some sense, give comfort with a condition for you to go on carrying as it were in your life. So are the medical “dharma” , a physician's “dharma” as it were is to treat you to deploy all resources, scientific, particularly to treat.

Now having established this fact and the long-standing rule of the Hippocratic tradition in modern medicine, let me get on with how it complicates our understanding of disability. Take this example, case study as you like. Young couple, they have a three-year child. He's not able to see, he has some problem. He is not able to follow the ball when her mom throws it. So they go and consult with the doctor. The doctor an ophthalmologist as you know, who looks after the conditions of the eye. So he make the child to look at the spelling chart and myriad other devices like the ophthalmoscope, ABC and all that and then come to the conclusion that the child unfortunately, sadly, is not going to see any more. Two things may happen. The parents, young couple may sink into very deep sadness and the doctor may use negative language if he is not trained well, negative language about blindness and may even threaten and in that process may threaten the child and the couples future. This is possible. The second possibility is that and which is more likely to happen in many such situations, the couple may feel devastated. They may fight with the God. Why did this happen to me why why why continues, and then they may even become brave parents and think about mother's with disabled children to become brave and they also gather energy to fight structures, and other negative institutions. So they may bring up this child very well, and at one point, say five years from then blindness seems ceases to be a negative influence. In fact, it can even become an instance of pride for the young couple.

If you understand this episode may illustrate the complicated relationship disability activism has with medicine when the young couple in question is hears the news, it becomes an issue of mental health. They are going through trauma and so, but when it becomes a moment of opportunity for the young couple, and it brings with it unique opportunities say blind schools, reading Braille, childhood with a difference. All that it can and in dies become a moment of pride and achievement and other things that come with it. So what is the lesson, the lesson the overwhelming characteristic of medical definitions disabled people reject straightaway. They don't like their disability to be everything. It’s kind of a part represented representing the whole, cylindrical representation, the part representing the whole and the whole representing the part. They don't want a doctor to define who they are. They want to be defined themselves. Second, a blind person or an autistic person does not like to be treated as a patient. Once a patient not always a patient, mind you. Maybe some time ago I was a patient for treating eye condition but not anymore. I am more than that. Note a subject of medical gauze very simple, they will reject.

This is one side of the spectrum, people with disability do reject overriding definition. Now in the previous talk, I did mention that we do need doctors to certify about disability, for example, we have thalassaemia included in 21 categories of disablement included in 2016 in the rights of people with disability act before that it was not. Medically we know what thalassaemia is. We need a doctor to certify whether somebody has that condition, but by no means that certification will automatically lead to a declaration that it is disability. Traditional disability activism has a unique approach to it, which is still useful. It's like the sex and gender binary that you will notice in feminist scholarship. Sex is biological characteristics obvious conspicuous physical difference between man and woman and gender is what you attribute to it, claim traditional previous generation. Attribution, it can be as noxious as women by nature are non-courageous and not brave. Women by nature are made for home, women by nature are soft and so on. These are all attributes given to obvious physical difference based on sexual differences in the traditional forms. But now gender studies is willing to acknowledge that even sexual difference suppose a child is born in one's family the act of naming the child, boy or girl also involved gender attitude.

Similarly, when it comes to disability, suppose somebody has symptoms of thalassaemia of course will need medical certification, certain blood samples and so on. But what it is meant to be a Thalassaemiaic person having thalassaemia, a blood test will not show. Attitudes make the difference. This is where disability activists also claim that there is a distinction between impairment and disability, impairment is a physical characteristic that I cannot see somebody cannot walk somebody as blood condition called thalassaemia somebody as facial disfigurement because of an acid attack, but what that person can do or cannot do what that person is worth for, what that person is all about his or her interpersonal life is not a matter of medicine. So now, where do we go from now, the idea that overriding medical definition alone matters, disability activist and disability studies scholars would like to call that medical model, model is just an approach we can say medical approach medical model that once a blind, always a blind kind of approach and that is the final. It's like final judgement horoscope for life in the Indian context you're doomed to be this and that final – so the medical model and any self-respecting disabled person her family, her circle, her friendship, her society will not live by this definition, it is impossible because it is overriding in character. Nobody wants to be called a patient for life. Even if you are in hospital. Because that patient also has agency that patient also has personhood that patient also thinks and reads. She wants an agency, an autonomy on her own. Contrast, medical model disability activists say we can say there are various other models which we will visit in the next two lessons, but this one more model I don't like to say its social model. It is seems to be like a straightforward opposite what people call medical model.

Medical model is overriding definition of disability that blindness is nothing but optical incapacity to see and nothing more. It is not a metaphor. It is not lived experience. It is not the point of view, it is not knowledge. It is nothing but an optical incapacity, that is the medical model. Social model on the other hand, says if you give right facilities right opportunities, a blind person can perform for example, I'm reading Braille because I have recourse to braille now once in awhile I can see the notes and so on and perform as your lecturer. This is the social model. We will visit the social model in more detail later on, but it is sufficient to note here that medical model can become like an overriding or overarching principle. Final words, the world of medicine is also diverse there is ayurveda, Chinese tradition, Japanese tradition, Tibetan tradition. Among medical branches there is Opthalmology, Dibetology, Obstetrics, Genetics and so each branch of modern medicine or each branch of traditional medicine or alternative medicine depends on how you want to call it. They have complicated or interesting connection with disability, you need a doctor venereal, but you can't say because you needed a doctor when you will, that medical intervention that you wanted will have to always rule you. You cannot subscribe to that. What about India, since we are doing this course in India a word or two is worth mentioning. Well ours is an interesting society. We don't have sufficient doctors in the first place. So we need health services, doctor bashing will not do. Health services, but we need health services to promote humanity but not curtailed, in that sense disability activism disability studies, constant exploration and many of you may be doing medicine you as a medical practitioner or to be artistic, scientific, empathetic and more importantly be conversant with art and science of medicine as much as human point of views and one of the point of view is disability activism disability studies. That’s all I wanted to say. Thank you.