
REVIEWING THE CONCEPTS OF DISABILITY, IMPAIRMENT AND HANDICAP

Olga Maria Panhoca da Silva¹

Luiz Panhoca²

Isaac Tobias Blachman³

¹Post-doctorate in
Public Health, FSP-
USP. Professor at USC

² Ph.D., FEA-USP, MCs
in economics, PUC-SP

³ Stomatologist and
buccomaxylofacial
surgeon. MS in
ENT-UNIFESP

SILVA, Olga Maria Panhoca da; PANHOCA, Luiz; BLACHMAN, Isaac Tobias. Reviewing the concepts of disability, impairment and handicap. *Salusvita*, Bauru, v. 23, n. 1, p. 117-123, 2004.

ABSTRACT

The objective of this article is to show the commemoration of the European Year of the Handicapped People and to discuss and to review the concepts regarding this theme. According to the World Health Organization 10% of the people of the undeveloped world are deficient. In Brazil the IBGE estimated for the year 2000, 24.5 million people in this condition. In dentistry, the handicapped people are in the group of Patient Carrying of Special Needs (PPNE). In accord with the ICD-10, the impairments relate respect to the loss or structure abnormality; the disabilities reflect the consequences of the deficiency in terms of any restriction or ability lack to develop an activity as normally as possible for the normal to human being and the handicaps are the results of any deficiency or inability that limit the execution of normal activities. The "Clasificación Internacional del Funcionamiento, de la discapacidad y de la salud – CIF" complements the CID-10 and it is fundamental to define parameters and concepts to act in the area of PPNE. The CIF make available to the researches a deep view in describing this condition and make possible to understand the complexity of such people. For the reductions the PPNE are like a patient with a serious disease or with a mental gap; but we should think of the PPNE as people that need special care. The normal pattern is more mythology than biology.

Received in: October 27, 2003
Accepted in: January 20, 2004

KEY WORD: ethics; dentistry; disability; person

INTRODUCTION

This article has the aim to divulge the commemoration of 2003 as the European Year of Deficient People and to discuss and review the health concepts in this regard.

In March 2002 it was approved in Madrid, Spain, by the European Congress, the year 2003 as the European Year of Deficient People. The congress has launched some subsidies to the conscientization of society on the rights of people with disabilities. It was also launched a warn against discrimination (SACI, 2003a).

According to the World Health Organization (WHO), 10% of people in the Third World, in peace time, carry some sort of deficiency. In Brazil, the Brazilian Institute of Geography and Statistics estimated for 2000 the existence of 24.5 million Brazilians in this condition (SACI, 2003b).

It is possible to ascertain that the health community is ready to act close to this people based on this new approach. In the dentistry area it is common to classify disabled people within the group of Patients with Special Needs (PWSN).

REVIEWING THE PREJUDICES AND CONCEPTS OF DISABILITY, IMPAIRMENT AND HANDICAP

The International Statistical Classification of Diseases and Related Health Problems (CID-10) define some terms that are commonly used in the approach to PWSN.

CID-10 states that impairments are related to the loss or abnormality of a psychological, physiological or anatomical structure or function. At first sight, impairment represents disturbances at the organ level. An example is anodontia for a impairment of teeth; in the same way it is possible to consider as an impairment a decrease of secretion of the salivary gland or a lack of prothrombin as a impairment of blood coagulation. In this regard it is wrong to consider these persons as “deficients”.

Again, according to CID-10, disabilities reflect the consequences of impairments in terms of any restriction or lack of ability to perform an activity in a given way or within the normal range for a human being. As an example, it is possible to say that an impairment of teeth can lead a person to a chewing disability or that a hearing impairment turn people unable to hear.

SILVA, Olga Maria
Panhoca da;
PANHOCA, Luiz;
BLACHMAN, Isaac
Tobias. Reviewing
the concepts of dis-
ability, impairment
and handicap.
Salusvita, Bauru, v.
23, n. 1,
p. 117-123, 2004.

SILVA, Olga Maria
Panhoca da;
PANHOCA, Luiz;
BLACHMAN, Isaac
Tobias. Reviewing
the concepts of dis-
ability, impairment
and handicap.
Salusvita, Bauru, v.
23, n. 1,
p. 117-123, 2004.

Therefore, there is a hearing disability or deafness, a chewing disability or a motor disability.

CID-10 also considers handicap any situation resulting from a disability or impairment that restricts or prevents the fulfillment of a role that is considered as normal (depending on age, sex and social and cultural factors) to that individual. In this context, handicap reflects the discordance between the individual's performance and the social expectations, including those of family members, in relation to this individual or a group of individuals to which he/she belongs.

The main issue is: the denomination of PWSN is related to individuals with disabilities presenting impairments or to individuals with handicap? Handicap of any origin or approach?

Any case of PWSN has a special need and, therefore is, to some extent, special. Special in the sense of proper, particular, exclusive or distinct – this person is recognized as such from the moment that is able to establish a comparison between this special and the non-special or common. These parameters are then searched in the cognitive universe of the patient's care or family and, therefore, within the knowledge that this (family and health professional) acquired as long as he/she has formulated the parameter "common" and "special".

The normal or common patient is very similar to the others in the quotidian universe of the health service of the dentist: a typical individual of the community where this dentist act or where he/she learned to act, his/her college. And because undergraduate courses or other courses in the area of health are not concerned with the issue, they do not discuss sociology or psychology and the parameters remains open, or worse, too much closed.

Taking Dentistry as an example, it is possible to ascertain that the PWSN is not the "normal patient" or the "standard patient". The special patient is distinguishable not by its condition of oral disease, since the dentistry care aims to re-establish the condition of "non-disease" in the oral region – but because he/she has other diseases out side of the sphere of the dentistry actuation. He/she could also be special because is outside of the expected psychological, cultural and special standards for the place and time in which the dentistry care is provided. For example, all patients that do not speak Portuguese would be PWSN in Brazilian dentists' offices and, therefore, one should bear in mind the barriers and limitations in communication while dealing with them.

Commonly we think of PWSN as patients with a severe disease or with some sort of "mental gap", but this approach is

extremely reductionist. One should think of a PWSN as a patient that, due to some reason and in the moment of the care, needs special attention and to this attention one should be always aware (OLIVER, 1990). For this special attention we should be prepared working, if possible, together with other professionals to offer support in different areas of the human knowledge.

It should be a concern of universities that work in the health area to better study and understand the human being and the society just like they do for disease and technical procedures. It would be interesting to work and study in a team approach with professionals of different areas to support PWSN, including the traditional ones – psychology, physical therapy and doctors of different specialties, and the non-traditional such as lawyers, linguists, philosophers, etc.

In establishing relations with PWSN the cultural differences should be observed and preserved. For example, care of patients in the Indian community, in which the treatment can be conducted preserving the costumes and beliefs.

Concerning PWSN, one should always be aware of the differences – if they are present, both physical and psychiatric and socio cultural and do not underestimate the capacity of these patients and their options and choices. The liberty of PWSN in regard to participating or not in the treatment should be respected. The clear exposition of the proposal of the procedures and care should be a point for extreme transparency and the consent or the absence there of the patient should be always the initial point in the consultation. The recognition of the global reality of PWSN is part of the anamnesis and its identification precedes the treatment.

The World Health Organization launched in 2001 a classification that helps and standardize the approaches of these problems and situations. This classification is a complement of the CID-10 and is known as International Classification of Functioning, Disability and Health-ICF (ORGANIZACION MUNDIAL DE LA SALUD, 2001). This classification is of fundamental importance to define parameters and concepts for those who work in the area of PWSN. It has a wide and deep approach helping professionals to describe and to understand PWSN. ICF is made of two main parts: function and disability and contextual factor (FIGURE1).

SILVA, Olga Maria
Panhoca da;
PANHOCA, Luiz;
BLACHMAN, Isaac
Tobias. Reviewing the
concepts of disability,
impairment and hand-
icap. *Salusvita*,
Bauru, v. 23, n. 1,
p. 117-123, 2004.

SILVA, Olga Maria
 Panhoca da;
 PANHOCA, Luiz;
 BLACHMAN, Isaac
 Tobias. Reviewing
 the concepts of dis-
 ability, impairment
 and handicap.
Salusvita, Bauru, v.
 23, n. 1,
 p. 117-123, 2004.

FIGURE 1 – An overview of ICF.

	Part 1: Functioning and Disability		Part 2: Contextual Factors	
Compo- nents	Body Functions and Structures	Activities and Participation	Environmental Factors	Personal Factors
Domains	Body functions Body structures	Life areas (tasks, actions)	External influences on functioning and- disability	Internal influ- ences on functioning and disability
Constructs	Change in body functions (physiological)	Capacity Executing tasks in a standard environment	Facilitating or hindering impact of features of the physical, social, and attitudinal world	Impact of attributes of the person
	Change in body structures (anatomical)	Performance Executing tasks in the current environment		
Positive aspect	Functional and structural integrity	Activities Participation	Facilitators	
	Functioning			
Negative aspect	Impairment	Activity limita- tion Participation restriction	Barriers / hin- drances	
	Disability			

The ICF organizes the individual's domain in 9 subdivisions: learning and applying knowledge; general tasks and demands; communication; mobility; self-care; community life; interpersonal interaction and relationships; major life areas and social, civic and community life. For each division it is possible to qualify as: without problem or insignificant; mild problem or scarce; moderate or medium, severe or complete (ORGANIZACION MUNDIAL DE LA SALUD, 2001).

This picture can show the complexity of the approach to individuals at the same time that it gives orientation to researcher to explore and describe in a broad approach the patient's problem making the care planning richer and safer.

Handicaps are not implicit in the individual but can be in the circumstances that put he/she in a situation of relative disadvantage to their peers as seen by the norms of the society these individuals are inserted in.

As individuals we are producers of the society, since without human beings there would not be a society with culture, rules, laws and regulations. The social is also in our interior and products and re-products the social rules, the social language, the culture and the social norms. In this context, the ICF points to the contextual factors, which can be environmental or personal.

In the scientific context, researchers and community not only determine who is normal as well as who is different and how they are so (CAPRA, 1982). This has important consequences since judgment of the individuals is as inevitable as the society which needs to determine/diagnose cases of PWSN. A naive way to do that is to believe (think) that one knows the real "normal" and that one knows the abnormal pattern of the society and of individuals (DELEUZE e PARNET, 1998). One could not ignore that society is within ourselves and that we are always dealing with our own truths.

CONCLUDING REMARKS

To understand the unity and the diversity is very important nowadays not only to understand PWSN as well as to understand all individuals since we are in a globalization process that allows to recognize the unity of all human problems, to all human beings, wherever they are. This global pattern of individual, community and society is confirmed and is opposed to the preservation of the human wealth, that is, its diversities and particularities.

The human reality is, therefore, on the one hand, a biological reality and, on the other hand, an auto-biological reality, that is, a mythological reality in which one believes that it is possible to establish a standard for normality.

What remains is the question: are we exclusive and unique? Therefore, are we all, to some extent, PWSN?

SILVA, Olga Maria Panhoca da;
PANHOCA, Luiz;
BLACHMAN, Isaac Tobias. Reviewing the concepts of disability, impairment and handicap. *Salusvita*, Bauru, v. 23, n. 1, p. 117-123, 2004.

SILVA, Olga Maria
Panhoca da;
PANHOCA, Luiz;
BLACHMAN, Isaac
Tobias. Reviewing
the concepts of dis-
ability, impairment
and handicap.
Salusvita, Bauru, v.
23, n. 1,
p. 117-123, 2004.

BIBLIOGRAPHIC REFERENCES

1. CAPRA, F. *O ponto de mutação: a ciência, a sociedade e a cultura emergente*. São Paulo: Cultrix, 1982.
2. CONSELHO FEDERAL DE ODONTOLOGIA. Resolução CFO-25/2002. *Diário Oficial da União*, Brasília, 25 de maio 2002.
3. DELEUZE G., PARNET, C. *Diálogos*. São Paulo: Escuta, 1998.
4. OLIVER, F.C. *Atenção à saúde da pessoa portadora de deficiência no sistema de saúde no município de São Paulo: uma questão de cidadania*. São Paulo, 1990. 143 p. Dissertação de Mestrado. Faculdade de Saúde Pública da USP.
5. SACI - ACESSIBILIDADE DEFICIÊNCIA EDUCAÇÃO Trabalho. *Declaração de Madri: A não-discriminação e a ação afirmativa resultam em inclusão social*. Coordenadoria Executiva de Cooperação Universitária e de Atividades Especiais da Universidade de São Paulo (CECAE-USP), Rede Nacional de Ensino e Pesquisa (RNP), Amankay Instituto de Estudos e Pesquisa, Núcleo de Computação Eletrônica da Universidade Federal do Rio de Janeiro (NCE-UFRJ). Disponível em: <<http://www.saci.org.br>>. Acesso em: 10 out. 2003a.
6. SACI - ACESSIBILIDADE DEFICIÊNCIA EDUCAÇÃO TRABALHO. *O que é a Rede SACI*. Coordenadoria Executiva de Cooperação Universitária e de Atividades Especiais da Universidade de São Paulo (CECAE-USP), Rede Nacional de Ensino e Pesquisa (RNP), Amankay Instituto de Estudos e Pesquisa, Núcleo de Computação Eletrônica da Universidade Federal do Rio de Janeiro (NCE-UFRJ). Disponível em: <<http://www.saci.org.br>>. Acesso em: 10 out. 2003b.
7. WORLD HEALTH ORGANIZATION. *International Statistical Classification of Diseases and Related Health Problems*, Genova, 10th rev. WHO, v. 2, 1992.
8. ORGANIZACIÓN MUNDIAL DE LA SALUD; ORGANIZACIÓN PANAMERICANA DE LA SALUD. *Clasificación internacional del funcionamiento de la discapacidad y de la salud*. Ministerio de trabajo y asuntos sociales, instituto de migraciones e servicios sociales (IMSERSO). Madri, 2001.

