7. Health Services for the Handicapped

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Whenever we speak of Health services, we normally speak about prevention and cure. This implies that one is distinct from the other, that they are two different branches of work. We also say that prevention is better than cure. This is all quite valid. But we must ensure that where health is concerned the distinction between prevention and cure does not distract us from the continuity of attention that everyone needs where health is involved.

My first point, therefore, is that the emphasis in the Health Sector should not be whether to look for this or that specific service, but rather to examine if these services are integrated or not, and if they provide continuous assistance to the individual and his family during one's lifetime.

My second point concerns the concept of 'handicap'. Some people are unable to make full use of their physical or mental abilities. This disability can be caused genetically, through a birth mishap, by a disease or perhaps by some accident. I used the word 'disability', not 'handicap'. A handicap is created by society when the latter hinders these people from participating to the highest level possible, or from making full use of the existing services.

Two basic requirements emerge at this point. Firstly, that the handicapped must have facilitated accessibility to all state services. Secondly, that there should be available certain special services for the prevention, cure and alleviation of the problems caused by a handicap to the individual concerned, to those close to him and to society in general.

Therefore, the ideal requisites would be:

1. Health services to include provisions for the prevention of handicaps by means of programmes in genetics.
2. Close scrutiny to discover any handicap early in life in order to focus the necessary attention and care so as to alleviate the hardship caused by the handicap involved.
3. Besides this, in those cases where the handicap cannot be cured or alleviated, everything possible must be done to mitigate the problems created by the handicap in collaboration with other state services.
4. Educational services dealing with information regarding handicaps to be improved.

The afore mentioned would be ideal proposals. Like all ideals, they are there for us to do our utmost to see them materialise, even though there will always be more to be done. Therefore I would like to describe the services offered by the Department of Health in this regard, and throw some light on progress which is being registered in the attainment of this ideal.

The Department of Health offers three important services. First come The Well Baby Clinics, where, every woman can have post-natal check-ups on the baby's development. Then there are the health services in schools, and third the services of specialists and paramedics in certain quarters.

These three services offer an excellent opportunity for handicaps to be recognized and treated at an early stage.

There are a number of things to be done to make this possible. We are, for example, working in conjunction with the National Commission for the Handicapped to set up a Child Development Advisory Unit (C.D.A.U.). This will undertake to:

a. effect examinations of handicapped children by a number of experts in different medical fields.
b. hold discussions with parents on how to cope with their children's problems.
c. offer advice,social and medical assistance to handicapped persons and their families.

This centre will serve as the first step towards the integration of health services in favour of the handicapped. It will be the first step because it is useless, or else obstructive, if we provide the means to discover more handicaps in people. When following this, we do not provide the means to help them. The C.D.A.U.will be administered by a specialist in Community Paediatrics who is presently on a course overseas-together with other specialists such as nurses, social workers, teachers and others with the assistance of various experts in the medical field.

This Unit will provide the services of an Audiologist, Dental Hygenist, Psychologist, Speech Therapist, Physiotherapist and Social Workers. Children who come to the Centre are individually examined by the specialists, each according to his/her case. The specialists will then hold a joint conference to discuss each case so that the treatment which is prescribed will be - as far as possible - an integrated one.

Besides the choice of persons who are going to be working at the Centre, discussions are in hand to set up a Register where records of children with a risk of suffering from a handicap later on in life will be kept. This register will form an essential part of the C.D.A.U. It will ensure that where the case so merits each individual child will be given the appropriate attention for as long as it is deemed necessary.

The C.D.A.U. and the Register are the two tools which will enable the Health Services to be integrated in favour of the handicapped.

Another project already in hand is a programme of testing, education, counselling and treatment of hereditary conditions. This programme has been undertaken in collaboration with Specialists in Biochemistry and Genetics. This "Comprehensive Genetics Programme" - which falls under the Department of Biomedical Services of the University includes the participation of various specialists from other departments such as Paediatrics and Maternity.

By means of this programme mothers and new born babies are being screened in the Anti-Natal Clinics. In this way:

1. Those babies requiring immediate medical attention are identified without delay.
2. Couples with a high risk of hereditary diseases are also identified and consequently assisted by means of counselling.
3. A programme of education, training and research in modern Genetics is drawn up and developed.

By means of testing and an accurate diagnosis, education, counselling and treatment can be enhanced as the programme itself expands. The World Health Organisation (WHO) is helping in this programme and for this reason has donated apparatus and other forms of assistance.

Work on Thalassemia and Hypothyroidism has also started. In future, testing for other conditions such as Muscular Dystrophy, Cystic Fibrosis, Phenylketonuria as well as congenital or metabolic defects which cause mental handicaps will be accelerated. I have thus far referred to future projects meant for the handicapped, however, the Department of Health already provides certain services. The improvement and increased availability of these services are at present being studied by the department with the collaboration of the National Commission for the Handicapped.

At the start of life there are the Well Baby Clinics. Babies are referred to these clinics for examinations regarding physical and mental development. An appropriate form is being drafted on which to keep a record of all visits to the clinic, and this will accompany a child throughout life.

After this there are the medical services in schools. New school entrants are subjected to a medical examination. During these last twelve months or so efforts have been stepped up in order that the majority of these children be examined directly by a school doctor. When this service is fully established we will have another level of screening for certain handicaps (like deafness for example). Cases which are discovered either at the Well-Baby Clinics or by the School's medical service may consequently be referred to the Child Development Advisory Unit when this has been established.

Hospitals also provide a number of services which are worth mentioning. Like other people, handicapped persons can avail themselves of the diagnostic or therapeutic services in the Outpatients Department. Every effort is being made to enable the handicapped to make use of these services with the minimum of delay and inconvenience, while for children there is a special section where they can play while they wait. When required, cases can be referred to physiotherapy or special therapy.

There are also services for Genetic Counselling. If the handicap happens to be hereditary, parents are advised how to plan their family for the future.

Handicapped persons are also provided with artificial aids, wheelchairs, hearing aids and similar objects.

I cannot omit to mention the Information Service that the Department of Health offers. In a way, every employer, doctor, nurse or paramedic who offers information to a handicapped person or a member of his family is providing an educational service.

Recently, strong collaboration has developed between the Health Education Unit and the National Commission for the Handicapped. Together they have just published and distributed (to doctors amongst others) a directory of voluntary associations for the handicapped. At present there are plans for a campaign against Rubella (German Measles), a disease which can be avoided but which can cause needless handicaps. In this sphere immunization services have been extended to the Post Natal Ward, where before leaving hospitals all mothers, may be inoculated as a safeguard on future pregnancies. Immunization against Rubella is now obligatory for girls between eleven and fourteen years.

This is therefore the model programme we envisage. The principles are those of facilitated accessibility to integrated services, be they those which are the same for all and others which are specialised for the handicapped.