

The medical versus the social model of disability: A false dichotomy

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Abstract

The medical and social models of disability are commonly considered mutually exclusive and jointly exhaustive. I use conceptual analysis and practical illustration to argue that this is a false dichotomy, as disability can be caused by both health impairments and social circumstances, and as other factors can cause disability.

Disability – physical or other, such as mental [1] – can be characterized as a lack of ability to function according to personal and/or other norms. According to the so-called medical model of disability, such a lack is caused by one or more health impairments; according to the so-called social model of disability, such a lack is caused by one or more social circumstances of the person with these health impairments [2]. It seems common to view the medical model and the social model of disability as mutually exclusive and jointly exhaustive; this is the view that disability is either caused by health impairments or by social circumstances, but not by both together nor by other factors [2].

In this brief article, I use conceptual analysis [3] and practical illustration to criticize this dichotomous approach to the (conceptually sound) distinction between the medical model and the social model of disability, arguing that this dichotomy is false because these two models of disability are neither mutually exclusive, as they can be complementary, nor are they jointly exhaustive, as there are other factors – such as personal factors that are not part of health and its impairments, and environmental factors that are not part of social circumstances – that can cause disability. I do not critically examine in this article other relevant issues, most pertinently the notions of cause, norm, health and impairment, nor the distinction between what is personal and what are circumstances, as arguably that does not impact considerably on my analysis; if these issues are deemed to have sufficient impact on my analysis to require discussion in this context, commentary on them in response to this article, or a separate article, may be helpful.

In relation to the medical model of disability and the social model of disability not being mutually exclusive, it is important to note that health (with its impairments) and social circumstances are not logically reducible to each other or empirically dependent on each other. More specifically, people can lack abilities to function due to both health impairments and social circumstances. For example, a surgeon with paraplegia can be vocationally disabled due to his or her lack of leg strength to stand up in order to have adequate sight and arm span related to the operating area of open surgery, and due to his or her lack of supportive equipment to conduct robotic surgery in order to not have to stand up. Admittedly, in some social circumstances, such as where robotic surgery is available, such a surgeon may not be fully disabled (recognizing that not all surgery is nor should be nor perhaps even

can be robotic), yet providing robotic surgery equipment for the mere reason of a surgeon having paraplegia may be reasonably considered undue hardship for the Hospital and society at large. Hence, disability can be caused by both health impairments and social circumstances, typically combining health impairments and social circumstances.

In relation to the medical model of disability and the social model of disability not being jointly exhaustive, it is important to note that additional factors – other than health and its impairments and social circumstances – can cause disability. More specifically, personal factors that are not part of health and its impairments, and environmental factors that are not part of social circumstances, can cause disability, particularly if combined with health impairments. For example, a psychological characteristic such as introversion, which is not necessarily unhealthy and is not necessarily disruptive in various social settings, is a personal factor that may cause social disability (by means of insufficient engagement with other people), particularly if combined with mental impairment such as social anxiety. And an atmospheric characteristic such as a tropical climate, which is not necessarily unhealthy and is not necessarily related to social circumstances, is an environmental factor that may cause physical disability (by means of excessive humidity), particularly if combined with physical impairment such as severe asthma. Hence, disability can be caused by other – personal and environmental – factors in addition to health impairments and social circumstances, typically combining such other factors and relevant health impairment.

In summary, the dichotomy between the medical model of disability and the social model of disability is false, as these models are neither mutually exclusive nor jointly exhaustive. Disability can be caused by both health impairments and social circumstances, and other factors such as personal and environmental factors can cause disability.

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Key words: dichotomy, disability, medical, model, social

Received: November 15, 2017; **Accepted:** November 27, 2017; **Published:** November 30, 2017

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