



Classification of Functioning because it places equal emphasis on the personal and the environmental.

Let me say very clearly that I am a strong advocate of the civil rights agenda. And the social model has had a positive effect on millions of disabled people. But it is time the social model purists moved on! What is the benefit of an accessible bus service if you are too debilitated by your arthritis to get out of bed? What is the point in having legal redress for discrimination in the workplace if the pain of your arthritis prevents you from working?

So, for me in my childhood using a wheelchair was not part of the problem but part of the solution. It tackled functionality: getting mobile. Consequently, some years later I was so mobile I broke the school record for the 800 m! Our doctors need to be equally pragmatic. If anti-tumor necrosis factor transforms the family, education, or work prospects of someone with RA then clinical behavior is affecting not just the disease but the person and social issues too.

We need not to dissolve distinctions between health and disability but recognize their connectedness. Hence a wholly clinical concept of arthritis is harmful. Hence rights campaigners need to “get real” on the issue of health and impairment. It calls for no concessions of rights.

*Mutual responsibilities.* Medical professionals must recognize the speed of change. “Patients” will increasingly present with a potent cocktail of issues. In it is a large helping of information, often gained from the Internet or self-help networks. Mix that with a strong sense of civil rights, add a dash of rising expectations that they will be active consumers of their care, and you can see the delights and dangers!

In my view, the word “disability” should be embraced by

people with arthritis. It can be empowering to the individual. Stripped of negative connotations imposed by societies that have traditionally favored a medical model of disability, it offers a positive identity. It does not equate with “inability.” Instead, it bonds people who have experienced social exclusion. Without a common concept, people with arthritis will remain isolated, millions deprived of a shared focus around which to campaign for equal rights. In the UK, “owning” the word can offer support, which would not otherwise exist.

Most important, people with arthritis may not receive their due legal protection. The Disability Discrimination Act 1995 was the product of 25 years of campaigning to make discrimination against the disabled illegal. The law is not perfect and has not been fully implemented. But it is a resource to people with arthritis who might otherwise have to face discrimination daily.

People in advocacy work have a moral responsibility to promote a concept of “disability” that attracts rather than deters the people we seek to represent. The Bone and Joint Decade is increasingly emphasizing the inclusion of people with disabling arthritis in its work. My message is that we must be included! Pragmatically as well as ethically!

The challenges posed by arthritis are deep-seated; the condition affects who we are, what we want to achieve, and how we want to live. Taking control of one’s life is a beautiful goal. But the barriers to taking control are huge for people with arthritis. If doctors recognized the social aspects of disabling arthritis and if people with the condition claim their rights by assuming rather than ignoring impairment, we would all be heading in the same direction — which is always helpful when wishing to move on!