



## Medical Model VS Social Model of Disability

Empowering Community and Removal of Barriers (ECRoB)

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### What is a disability?

Under Canadian law (The Human Rights Act, 2007), Multiple Chemical Sensitivity (MCS) is recognized as a disability. This recognition comes with many benefits and protections, such as eligibility for disability benefits and accommodations.

Under Canadian law, "disability" is a broad term. It includes physical or mental health problems that make it difficult for a person to do things, as well as barriers created by social structures and norms. It recognizes that disabilities can come and go, last a long time, and may not be obvious to others. When thinking about disability in terms of human rights, an individual's personal experiences and needs are integral to understanding, even though decision-makers may seek factual data about a person's needs related to their disability from reliable third parties, such as medical professionals.

### Evolution of the definition

The understanding of disability has significantly shifted over the past decades. Previously, disability was perceived as a personal problem or sickness that needed special therapy or treatment. This way of thinking, called the 'medical model' of disability, tries to treat or cure health conditions to help disabled people fit into society. It saw disability as something not normal that needed doctors or professionals to fix, which could negatively impact the self-worth of those identifying strongly with their disabilities.

However, modern understanding has shifted towards a 'social model', viewing disability as a social construct. This model separates 'disabilities', which are limits set by society, from 'impairments', which are effects of a condition. It encourages removing obstacles in society, supporting independent living, and making changes in our social and physical world to include all abilities. This promotes fairness and inclusion. Supporters of this model say that problems faced by disabled people come more from barriers in society, not just their medical conditions.

The Supreme Court of Canada's understanding of disability increasingly reflects the social model. According to Section 15 of the Canadian Charter of Rights and Freedoms, which



guarantees equal rights, many challenges faced by disabled people arise not from their impairments but societal responses to these impairments. These societal responses can take the form of physical barriers, inaccessible information, or prejudiced attitudes, all of which can prevent full societal participation. This is a viewpoint shared by the United Nations' Convention on the Rights of Persons with Disabilities (UNCRPD). Both the UNCRPD and the Supreme Court of Canada believe that when we define disability, we should consider how society views and treats people with disabilities, as well as the limitations of the disabilities themselves.

In Canada, disability rights advocates, who have long supported the social model, have successfully pushed for policies and legislation aimed at reducing societal and attitudinal barriers faced by disabled people. This includes making sure that the law recognizes treating people differently because of their disabilities as a form of discrimination.

### **Medical model**

The medical model defines disability as a deviation from normality that needs to be "fixed" through medical treatment. It relies on expert evidence and places a strong emphasis on diagnosis, while seeking to rehabilitate or cure biomedical conditions in order to help people with disabilities integrate into society. This model often overlooks the person's needs and leads to a loss of independence, lowered expectations and less control over their lives. This perspective can have a negative impact on the self-esteem of people who identify strongly with their disabilities as an essential part of their identity. Instead of acknowledging and embracing the diverse experiences and perspectives that come with disabilities, the medical model risks reinforcing a narrow and potentially harmful notion of 'normalcy', sidelining the unique contributions and worth of those who don't fit within that definition.

### **Social model**

The social model of disability is a framework that views disability not as a problem of the individual, but rather as a problem of society. It is not the individual's physical or mental condition that makes them disabled, but the barriers, negative attitudes, and exclusions of society. The social model contrasts with the medical model, which sees disability as a problem within the individual to be treated or cured.



The social model's adoption has led to better inclusivity, improved public understanding, and quicker access to appropriate support, reducing stigma and expediting assistance. The model promotes patient-centered care, respects individual needs and decisions, and values treatment choices informed by medical advice. It also encourages avoiding unnecessary procedures based on 'norms', and instead focusing on the individual's needs and values.

Moreover, the social model does not reject medical treatment but changes the way we think about it. Doctors should help in a medical setting, but they shouldn't tell people how to live their lives. This approach is especially relevant to the over one million Canadians living with MCS, for whom the social model ensures fairness, accessibility, and inclusion in all aspects of life.

### **MCS and the social model of disability**

People with MCS often face challenges in obtaining a timely diagnosis, which often takes many years to obtain. This is largely due to the fact that many medical professionals may not be aware of MCS or may not recognize it as a legitimate condition. Without a formal diagnosis, these individuals may struggle to obtain disability benefits or request accommodations.

In these cases, the medical model of disability may fall short, as it focuses primarily on the need for a formal diagnosis and aims to "cure" the individual. Under the medical model of disability, the problem would be the individual's bodily response to chemical triggers. The social model of disability, however, argues that it is not the condition itself that disables the person, but rather society's response to it.

In the context of MCS, the social model suggests that society's response to people with MCS is what actually causes disability. These responses may include lack of understanding, accessibility barriers (such as exposure to scents/fragrances, and toxic chemicals in products in public places), or negative attitudes.

To address this, the social model promotes a more inclusive society. An example of this for the MCS community is the creation of scent/fragrance-free spaces and the use of least-toxic products. This would not only acknowledge and validate their experiences, but also actively remove barriers that make everyday environments inaccessible or harmful to them. This



demonstrates how the social model's focus on societal change, rather than individual "cures," can provide more effective solutions for communities such as those who experience MCS.

### Scenarios

#### Scenario #1: Auditory Impairment versus Social Communication

A man with hearing loss is invited to a public seminar. However, the venue lacks a proper hearing aid system.

- Medical Model: His hearing impairment prevented him from participating in the seminar.
- Social Model: The lack of a hearing aid system or sign language interpreter hindered his participation. It could also limit the experience of older attendees with age-related hearing loss.

#### Scenario #2: Mobility Challenges versus Educational Infrastructure

A girl with a physical disability wishes to join a popular public school. However, the school has multiple levels with no elevator access.

- Medical Model: The girl's physical disability restricts her from joining the school because she can't climb stairs.
- Social Model: The lack of accessibility features like elevators or ramps prevents her from attending the school. Such features would also benefit other students carrying heavy books or those who sustain temporary injuries.

#### Scenario #3: Vision Impairment versus Digital Accessibility

A woman with vision impairment wants to buy a product online from a highly recommended e-commerce website. However, the website isn't designed with accessibility features.

- Medical Model: The woman's visual impairment prevents her from making a purchase as she cannot navigate the website.
- Social Model: The lack of an accessible website design, like alternative text for images or screen-reader compatibility, inhibits the woman's ability to make a purchase. An



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accessible design would also be beneficial for the elderly, those with temporary vision issues, or people using devices with small screens.