**HEALTH AND DISABILITY CRITIQUE**

**Student’s name**

**Course name**

**Instructor name**

**Date**

**Introduction**

**Overall topic introduction**

Everyone in a society has the right to equality and justice regardless of their being. Disability for a long time has conveyed a great issue in our society and it is still to be fully evaluated and solved. This is mostly because people with disabilities are not fully able to do their personal life activities effectively without external aid. Health is the well-being of any individual and vastly related to a disability. Anyone deprived of good health condition is regarded as disabled and requires special care. Therefore it is important to look at both issues critically and evaluate any possible loopholes and strengths for the better social life of a community. This is an evaluation of two authors’ view of disability as a social inequity in health.

**Topic’s significance**

This is a review of how health and disability relate in social status. The society always perceives disabled people as minors and such that they have lesser rights than the rest (Chatterji et al., 2015, p. 565). This leads to injustice and intimidation of disabled which if solved and keenly evaluated would raise self-esteem (Thompson, 2016). Some the disabilities are triggered by the fact of people being intimidated by others. These are such as the mentally disabled. This is a crucial topic of discussion that can used to try and bring justice to the disabled and chronically ill by giving them equal opportunities just like the majority of the society.

**Authors’ review, complements and contrasts**

In the first view, the author evaluates the paradigms made by the society between medical sociology and disability. He argues that the paradigms should change for the better of the society and that it is time that this discrimination is considered just like any form of social inequality (Shakespeare, 2013). He suggests that this issue is multidisciplinary and should be addressed with diversity. This opens door to some of his argument concerning it. The other author views the disability as a personal issue and not a societal issue. The society disables people by setting everything in favor of the majority discriminating the minority mostly the disabled and chronically ill (Scambler, 2016). This creates division and discrimination of the minority who have equal rights to access to every amenity just as others (Chatterji et al., 2015, p. 565). He suggests that there is a great need for society to change this practice and instead promote ultimately equity by supporting them. This should be successfully made by the entire society rather the disabled and chronically ill persons. Barriers available in the society should be partially/wholly eliminate to support these individuals. Both authors agree on the fact that the disabled and the chronically ill should be given equal chances and platforms just like the rest of society (Emerson and Baines, 2011, p. 45). Also that the society should stop their discrimination but instead support them by all means so that they can live better. The first argues that it is a responsibility of particular individuals to play a part to support themselves especially the chronically ill following the medics instructions while the other states that the society is fully responsible for the support of these individuals. The first shows that the disabled and chronically should be helped to evaluate their activities but the second states that barriers should be pulled and these people given the same opportunities as the rest.

**Author A evaluation**

The author brings up three arguments relating to this issue. It suggested that intellectuals should get together and consider popularizing disability discrimination as a global problem just like the rest of the other discriminations. It is argued that people with disability are not often given an equal measure of health care services especially if suffering from chronic illnesses (Scambler, 2016). They are perceived as social deviants with the health professionals discriminating them form the ‘normal’ individuals. At some points, it perceived that some patients infected by chronic illness at times are forced to leave their social roles to maintain their conditions (Chatterji et al., 2015, p. 565). This is often different for the ones with chronic illness from the others with acute illness. Medics at times advice these patients to a “mandatory” leave from their social roles so that to effectively manage their conditions making the feel minor (Yeates, 2014). It of necessity that chronically ill patients should be followed up and given proper appropriate medication while helping the recover quickly. They should be taken care of by the rest of their family members and friends who often leave them since they find them disturbing to manage and associate with (Henderson et al, 2013, p. 780). These patients should also be supported to fully recover from their conditions by ensuring that they strictly follow the given instruction by the medics. There is need for the health policies to be changed ad adjusted so that to accommodate the chronically ill patients to access health facilities just like any other people. Chronically ill and disabled individuals are also disadvantaged when it gets to social-structures while also research about the disabled persons has been mainly been left out to the disabled persons with minimal support from the medical field (Scambler, 2016).

**Author B evaluation**

The other author perceives that society is the main source of discrimination and it should be fully responsible for the reformation of the whole thing. This is by removing all barriers available for the support of the minor group (Yeates, 2014). He illustrates some examples of issues that chronically ill and disabled people pass through where the society perceives them as the ones who are against the formalities rather than its the society that needs to adjust and help in all their endeavors (Chatterji et al., 2015, p. 565). A theory is inclusive ensuring that the disadvantaged are included in every social activity. It should be on an equal platform just like the majority (Heslop et al., 2014, p. 893). Certain adjustments should be made no matter what to allow the chronically, acutely ill and disabled for them to fit in every activity especially the social aspect and their personal life as well. Every head of any activity should first consider these “minors” before its start and make inquiries about them while also listening to their opinions for proper management and setting.

**Comparison and contrast between author A and author B**

It observed that the first author raises concern for the discrimination of the chronically ill and disabled by the entire society and suggests that they should be treated just like the rest of the non-disabled (Yeates, 2014). This is shown by the second who suggest that there should be equality when handling the disabled just like the non-disabled. The first suggest shows the need for medics to greatly help in the management of the chronically ill and also the disabled (Chatterji et al., 2015, p. 565). This is also shown in by the second who suggests that health professions should treat and give the disabled and chronically appropriate medication and services just like the majority.The first illustrates the need to make the discrimination a social inequity just like the rest of other social injustices. While the second one suggests the need for the society to change from its current biasedness to an aspect of supporting the disabled and chronically ill. The first states that the disabled and chronically ill people should be supported to preform research about disability but the second suggest that medics should an equal platform just as the other people.

**Summary of key learning from the topic**

Social inequality due to disability and chronic illness are a crucial issue and topic of discussion in our societies and the globe at large. Disabled chronically ill people are regarded as a burden to the society and are undermined receiving lesser treatment opposed to the non-disabled. These should be enabled to do all their activities without discrimination but by abolishing any barriers in their way for them to meet their social and personal activities. Medics should be in a front line to help in the health management and follow up of these individuals (Yeates, 2014).

**How well the authors make their arguments**

Both authors show the need to support to support the chronically ill and disabled suggesting that the issue should be made global. This is to sensitize every responsible organization on the relevance of considering this factor just like any other social inequality (Emerson and Baines, 2011, p. 45). They give examples of how the disabled people are discriminating and left out on their own without enough care and support. They use other related sources of supportive materials and theories to bring out their arguments. They perceive the issue in a diverse direction to ensure that every aspect of the discrimination is completely dealt with and addressed. They give a suggestion of this menace should be handled and dealt with for the equality of entire societies and the world (Chatterji et al., 2015, p. 565). They also involve different organizations; medics, researchers leaders to show the importance of the whole issue.

**Recommendation for further reading topic**

**Poverty in relation to disability and health**

It is hypothesized that good health is directly related to the social and economic status of any individual. The poor people often have poor health due to inability to afford some good diet and proper medication as well which can highly lead to physical and mental disturbances (Gooding, 2013, p. 433). Income and employment highly determine the well-being of individuals with the unemployed part being prone to health problems. Various factors emerge affecting the overall economic status of individuals leading to unemployment which affects each of them depriving their well-being. It is therefore important for the relevant authorities to take relevant measures to curb this (Emerson and Baines, 2011, p. 45). Disability and health have a relation with that poverty can be a consequence or cause of poverty to individuals. Due to disability, people can lose their source of income, therefore, getting to poverty due to the loss of the source of income (Chatterji et al., 2015, p. 565). Poverty can limit people from accessing quality health facilities and medication this makes them remain in the economic same position increasing the chances of their conditions worsening (Emerson and Baines, 2011, p. 45). It is perceived that the intensity of disability is highly related to the level of poverty. The more patients are disabled the more they are limited to gaining income hence much poverty level.

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