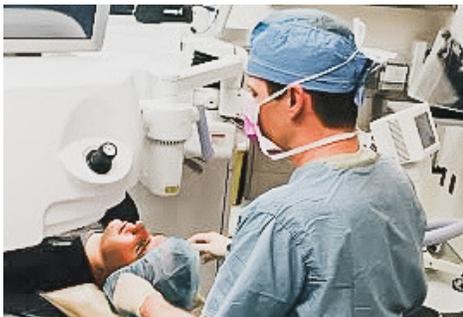




CHECK AND REFLECT:

The Role of Health Care Providers in Fostering Independence for Patients with Disabilities

To understand the context of health care for people with disabilities, it's important to look at the lens with which people view disability. Most commonly, these ways of thinking are put into three categories:



MEDICAL MODEL

While the medical model is important for addressing health issues, it forwards the idea that disability is a deviance that must be cured or treated. The medical model tends to focus on perceived individual deficits over individual strengths.



CHARITABLE MODEL

The charitable model of disability views people with disabilities as victims of circumstance, deserving of pity or charitable acts. Disabilities are seen as plight that people are forced to suffer through rather than a natural part of living.



SOCIAL MODEL

The social model refutes both the medical and charitable model of disability by asserting that any limitations are a result of external sources, including structural and attitudinal barriers. It seeks to eliminate societal barriers for greater access.

Patient-Centered Healthcare & Healthcare Independence

The medical model is often a person's first frame of reference for their disabilities. How you, as a practitioner, talk about disabilities to your patients may set the tone for the expectations they carry across their entire lives. Your words matter and have an effect on the attitude, perspective, and life choices of your patients and their family members. All individuals want healthcare independence and should not have their decision-making abilities questioned or discounted solely because they have a disability.

Questions Worth Considering:

1. As a healthcare provider, are you talking directly to the patient rather than someone else in the room?
2. Are you giving the patient control in their medical decisions?
3. Are you giving every patient the opportunity to live independent, self-directed, and high-quality lives? Are you providing your patients access to resources within the community?
4. How do you view the quality of life for people with disabilities? Do you promote employment, recreation, and relationships the same way you do for patients without disabilities?
5. Do you talk only about deficits? Do you encourage growth and skill development opportunities?



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How Can I Promote Independence and Patient Rights?



WHAT IS SUPPORTED DECISION MAKING?

Supported Decision Making (SDM) is an alternative to guardianship that places the individual with a disability at the center of the decision-making process so they have the opportunity to learn about their affairs and exercise control over their lives. SDM describes the process by which most individuals make decisions, consulting with friends, family, community organizations, and/or other sources of support to weigh the pros and cons of a decision, review potential outcomes, and make a decision without undue influence.

HOW DOES SUPPORTED DECISION MAKING WORK?

The practice of Supported Decision Making takes many forms, from providers recognizing organic decision-making networks to formal, written supported decision-making agreements.

WHY SHOULD I CONSIDER SUPPORTED DECISION MAKING FOR MY PATIENTS INSTEAD OF GUARDIANSHIP?

- Promotes self-determination
- Instills self-confidence
- Increases independence in daily life
- Encourages community integration
- Strengthens successful transition to adulthood
- Heightens money or property management
- Empowers seeking or maintaining employment
- Raises the likelihood of higher pay
- Boosts psychological health

WHERE CAN I DIRECT MY PATIENTS AND THEIR FAMILY MEMBERS FOR MORE INFORMATION ON SUPPORTED DECISION MAKING AND GUARDIANSHIP?

The SC Supported Decision Making Project is an initiative to share alternatives to guardianship that promote individual rights and autonomy for those with disabilities. Visit www.scsupporteddecisionmaking.org for videos, manuals, and a sample Supported Decision Making agreement.