Dealing with the Disadvantaged

Patients in wheelchairs

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People in wheelchairs, whatever their age, wish to be treated as normal people with a normal intelligence. They do not want either to be the focus of attention or to be totally disregarded because they lack normal mobility. With a little consideration and thought about approach by those around them their life can be made much more comfortable both

physically and psychologically.

General factors

(1) It is most important that the patient has the correct wheelchair, best suited to his individual disability, needs, and home (and where necessary, work) circumstances. It is usually best to refer the patient to a wheelchair clinic, the occupational therapy department in hospital, or the domiciliary occupational therapist in the social services department in the patient's local community. These therapists all have an up-to-date knowledge of the chairs available, as well as the necessary skills to assess the patient's needs.

(2) It is helpful if those who are dealing with a patient are aware of the many problems encountered by people using wheelchairs and adapt their approach to the patient accordingly. The normal environment both indoors and outdoors is not suited to wheelchair life. Indoors, if one can get into a building, there are narrow doorways, stairs, and steps, obstructing furniture, etc, and these all complicate the life of a person in a wheelchair. Transport poses problems both for the wheelchair and its user, as do kerbs and the lack of ramps. Anything doctors and other health workers can do to support the wheelchair user in his efforts to improve the environment for his use is valuable.

In reception

Certain points should be borne in mind when the patient is waiting in the reception area for an appointment or for transport.

(1) Talk to the patient directly and do not ask the attendant any question which actually relates to the patient. Most people who require a wheelchair do so because of a physical rather than a mental disability.

(2) Consider where you leave the patient: if possible avoid a very crowded area or a position in the blazing sun or in a draught. The patient may not be able to move from such a position and could be there for some time. Think of the outlook too—a blank wall is not interesting or stimulating.

(3) If the patient has to wait for some time it is helpful to ask whether he would like to use the lavatory or have a drink. He probably cannot do either independently and may not like to ask for help if everyone looks busy.

(4) Consider the time of any appointment, partly because of transport, and also because it probably takes the wheelchair user longer to get himself prepared for an outing than the able-bodied person.

(5) When pushing a wheelchair try to avoid rushing, especially around corners, as it feels as though one is in a whirlwind when pushed very quickly. Tell the patient before you move him, especially if you move him backwards, and try to avoid taking him backwards for any length of time as it usually confuses him. Warn the patient when you go up or down steps so that he can prepare himself and adjust his balance.

In the clinic

(1) Whenever possible, ask the patient himself all the questions, not the attendant. If it is necessary to question the attendant, do, where possible, include the patient in the conversation; do not just ignore him.

(2) Do not "talk down" to the patient.

(3) Sit down while talking to the patient. It is awkward for the patient to talk to anyone while looking up to them all the time, and apart from causing him neck ache it is psychologically better for both parties to be on the same level in any discussion.

(4) Ask the patient how he would like to be positioned in the interview room, and do not leave him without thought of this.

(5) Try to allow time for the patient to do all he can for himself, and suggest that he asks for any help he may need. If you are pressed for time tell the patient and offer help on this account.

(6) If you need the patient to transfer to a bed or chair ask him how he should be positioned for the transfer and, if he needs help, how it can be given.

(7) Remember to open the doors when the patient leaves the room.

Twenty-five years ago a man now aged 47 apparently had a severe anaphylactoid reaction after an injection of staphylococcus antitoxin for staph infection. Since then he has had at least 20 or more similar attacks. Might these occur when he comes in contact with staphylococcus infection?

Staphylococci are part of the normal human flora and thus the patient would be in constant contact with some staphylococcal material. Therefore, before concluding that the attacks resulted from staphylococcal infections it would be necessary to know if there was evidence of such infections on the various occasions and whether or not the symptoms were relieved by treatments for anaphylactic shock. In the absence of affirmative answers to these two points it would seem unlikely that staphylococcal infections are implicated.

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