

ICF: Health vs disease

How can health be classified? The culmination of the World Health Organization's attempts to answer this is its own little red book, the *International Classification of Functioning, Disability and Health* (ICF).^{1,2} In the press release that accompanied the publication it was stated that the ICF shifts the focus to 'life'. Partly this was a reaction to what was perceived to be a disease-orientated medical model, encapsulated in the current *International Classification of Disease, Tenth Revision* (ICD-10). Dr Brundtland, Director General of WHO, put this starkly by stating 'While the ICD classifies diseases as causes of death, ICF classifies health.'² One could quibble that not every condition in ICD-10 causes death, but the general idea that the two systems should complement each other is obviously reasonable. The ICF suggests that a medical model views disability as being due to a health condition which needs medical care, while a social model considers disability a socially created problem and is concerned with integrating individuals into society. Disability becomes a political issue involving human rights as well as health care. This is especially relevant to conditions that are currently incurable.

The ICF is particularly keen to take account of social and environmental influences on an individual's health and well-being, as reflected in its four sections: Body Functions, Body Structures, Activities and Participation, and Environmental Factors. The latter includes health and other professionals. The evolution of ideas is interesting: in 1972 a scheme concerning the consequences of disease was proposed, and the first *International Classification of Impairments, Disabilities and Handicaps* (ICIDH) was appended to ICD-9 in 1980. The term handicap is now felt to be pejorative, so has been dropped, and the others redefined. Impairment is a loss or abnormality in body structure or function; Activity Limitations are the difficulties an individual may have in executing activities compared to people without the health condition; Participation Restrictions are problems an individual experiences in involvement in life situations; and Disability is an umbrella term for all three. Activity Limitations and Participation Restrictions do seem more cumbersome ways of describing what were defined as disability and handicap in the old system. Using the system seems complicated. Overall there are 1424 codes and each is further qualified by degrees of severity. At the American Academy for Cerebral Palsy and Developmental Medicine meeting in Montreal last year Farrell et al. described applying the ICF to three individuals and found coding 'somewhat time consuming'.

Most clinicians believe that if we want the best for the children we care for, therapy alone is usually not enough, and that, for example, adaptation of the home and school, helping teachers and schools understand special needs, and providing family support can have equally positive effects. Trying to prove this is more difficult. Here the ICF approach has been applied.

In 2002 a Swedish study confirmed that motor function and learning disability were important predictors for participation restrictions in children with cerebral palsy.³ A small survey of school children with cerebral palsy or spina bifida in Canada identified continuing problems in schools with individual and institutional attitudes and with the physical environment.⁴ In this issue Hammal et al. quantify the importance of environmental factors.⁵ They have found that in a single geographic region, even when other factors, such as severity of motor impairment and learning difficulties, are allowed for, there are major variations in participation between different residential districts. In the domains of educational exclusion or restriction of social interaction the residential effect is greater than the effect of having an IQ over 70 or less than 50. The same group, one of whom participated in the production of the ICF, then examined what factors may act as barriers or facilitators (terms also specified and defined by the ICF) and suggest how to measure them.⁶ A study in Singapore has reminded us that we need to look further ahead as well: after leaving school, young adults with cerebral palsy experience a lessening of health care provision, more social isolation, and reduced participation.⁷

Data like this are essential to demonstrate that disability is a social issue. The ICF itself seems cumbersome and still has to prove it can provide a scientific basis for understanding health, establish a common language, permit useful comparisons or, most importantly, persuade local or governmental providers of services that improvement is necessary. However the philosophy behind it is even more important and this data demonstrates how justified that is. To be health, rather than disease, professionals, we must all become facilitators now.

Peter Baxter

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References

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