



“Ask Dr. J”



The “Ask Dr. J” columns are authored monthly by Jennifer Christian, MD, MPH, President of Weability Corporation. See previous columns at www.weability.md.

Dr. J’s columns also appear in the monthly Bulletin of the Disability Management Employer Coalition (DMEC). To purchase a book of Dr. J’s collected columns, go to www.dmec.org.

The columns often summarize issues discussed by the Work Fitness and Disability Roundtable, a free, multi-disciplinary e-mail discussion group moderated by Dr. Christian. Apply to join the Roundtable at www.weability.md.

October 2007 – Are We Growing Oldicapped or Lazicapped?

Dear Dr. J:

At the airports and in other public spaces today, most everyone is pulling “wheelies” instead of carrying their bags, and standing on the new moving walkway instead of walking independently, and riding the escalators rather than climbing the stairs. The people in our company do a whole lot of traveling. The wellness folks who are part of our integrated benefits management program are saying that our employees (and all Americans) should be walking, climbing stairs, and lifting weights more often -- in the airport and everywhere. What do you think about this paradox?

Alfred in Atlanta

Dear Alfred:

Excellent observation, Alfred. I’ve noticed the same thing -- and benefited from the increased convenience myself. Since all public spaces in the U.S. are getting more automated and easy to move around in, I’m traveling with more and heavier baggage!

Making it easier for everyone to get around is a pleasant side effect of the Americans with Disabilities Act (ADA), which requires that people with disabilities have access to public places. People with mobility impairments have been particularly vocal and effective at getting organizations that serve the public such as towns, cities, airports, theaters, etc. to remove barriers, which has made things easier for the rest of us. Only recently did I notice that all of this convenience has made it easier for the rest of us to be slugs.

[Warning: Politically incorrect speech ahead. Do not read beyond this point if you automatically reject the word “handicap.”]

A few weeks ago, I was hauling my heavy wheelie computer case and big pocketbook up and down ramps and through an airport. I found myself thinking “thank you” to the disabled individuals whose ability to get Congress to pass the ADA had made it easy for me and all the other travelers to get around.

Then, I realized that as my age and weight have been quietly advancing (I turned 60 this year) and my level of fitness has been declining due to my nearly totally sedentary lifestyle, I have developed some mobility problems myself. My foot arthritis and some general stiffness and weakness have now made it painful and harder for me to walk long distances and lift heavy baggage than it used to be. Maybe (gulp), I acknowledged to myself, I actually NEED those ramps and escalators. I guess I have a modest functional impairment, a disability, a bit of a handicap.

Then I started to wonder WHY I need those accommodations, and my first thought was "Well, I haven't suffered a biological catastrophe of any kind -- I'm not really handicapped. Hey, I know! Here's what it is: I'm oldcapped!" And then, shamefacedly, after thinking a little bit more precisely, I realized that I'm actually just "lazicapped".

First, I chuckled and enjoyed my made-up words -- aren't those funny terms: "oldcapped" and "lazicapped"? Then I realized this is actually a big deal. There are some basic facts that need addressing.

My dad is now 86. His body has degenerated to the point that he has a multitude of diagnoses and is just getting slower, weaker, and more uncomfortable every day. There is no "cure" for most of his problems -- he's simply reaching the end of his personal lifespan. I'm on my way there too -- and so are you. But at the present moment, I think I've brought most of my functional problems on myself through my daily choices.

People can end up with disabilities (impairments in function) for a variety of reasons. Personally, I believe that American society should label things accurately and hold people more accountable for the things they CAN change than for the things they CANNOT change -- and acknowledge that there is a middle ground, too.

Have you heard of the Alcoholics Anonymous Serenity Prayer? It goes something like this: "God, give me the courage to change the things I can, the strength to endure the things I can't, and the wisdom to know the difference." In line with the Serenity Prayer, I think we need to distinguish between being "oldcapped" and "handicapped" versus being "lazicapped."

The fact is that getting old means losing strength, endurance, flexibility and mental powers over time -- and experiencing more discomfort and more "gimpiness" as the years go by. Each person varies in the rate at which they age, and which domains are most affected first. A person's decline can be slowed with good diet, exercise, and lucky genes -- but aging is a biological fact capped by the reality that 100% of us die at the end.

Anti-ageism zealots don't want to acknowledge that this is so, and insist that we label all the discomforts and declines of aging as medical problems. In a milestone of an essay entitled "Living Longer and Feeling Worse" some years ago in the New England Journal, the author commented that in the "old days", people said they had a touch of rheumatism, and accepted it. In today's world, they go to the doctor who diagnoses "osteoarthritis" and with that term creates discontent, creates the need for medication and other treatments, and creates demand for joint replacements. To some degree, I am an enthusiastic supporter of keeping people functional as they get older, but I also am uncomfortable with the "medicalization" of the normal aging process. Every one of us ages; there is nothing abnormal or pathological about it. There simply IS such as thing as becoming "oldcapped".

Some impairments are unusual -- not the norm for human beings -- but totally beyond a person's control, caused by a force of nature, such as congenital malformations or conditions like mental retardation and spina bifida, or schizophrenia or an airplane crash.

Still other impairments were initially caused by a single action in the past that WAS a choice at the time, but the effects of that decision cannot be undone now -- such as a spinal cord injury caused by diving into shallow water or driving drunk.

Many of today's impairments are being on-goingly caused every day by daily lifestyle choices like I am making, such as the inability to walk or get around due to obesity and its accompaniments due to the decision to take in more calories than are used up, or the decision to sit still rather than exercise, or to smoke cigarettes or drink too much alcohol.

To my mind, it is NOT WISE for our society to absolve people of all responsibility for their functional status. I'm not sure that as a society we should keep knocking ourselves out to enable people to become more functionally impaired due to inertness and bad decision-making.

For example, I wonder about the increasing number of very obese people I see driving around in motorized carts. Aren't these the EXACT people who SHOULD be walking? In fact, isn't that part of the therapy they need? (If their fat is the result of inactivity forced on them by another condition that is actually the "root cause" of their problem, that's a different matter.)

As a starting proposal, I suggest that we start acknowledging the source of people's functional problems. With respect to the wellness program in your company, why not begin by saying that one reason to exercise and NOT use the ramps, walkways and escalators is to protect against being "lazicapped" in the future.

Albert, please do let me know whether this advice has been helpful. I'm particularly interested to hear what happened when you introduced the term "lazicap" into the discussion about wellness at work. As for me, I never use the moving walkways at the airport anymore!

Smiling,
Dr. J