Reflections

Best of Best

The answer was not a pineapple

A short period of disability can be an enlightening experience

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You look at the gutter.

It is about 15 centimetres down from your right foot.

The cobblestones are wet and they seem to wink at you.

You are clutching her hand.

You tentatively advance your foot.

Your brain is telling you that you cannot do it.

You continue to stare down, but your body and legs are rigid and painful.

This is the situation I found myself in last October. Later, friends who had seen me then said they had been expecting my funeral or wake to be held soon.

I had just returned from Africa, and on the last day there I had walked several kilometres in a pineapple plantation. At the time, it seemed to be the tipping point. My right leg below the knee started to swell. The next morning, I could hardly walk.

However, back in Australia, it became worse. Generalised arthritic pain, an inability to move, overall weakness — grasping any animate or inanimate object to remain upright — and that tawny swollen right leg!

Doctors swirled around; injection of cortisone into one shoulder (which had also become involved), multiple x-rays, and solitary confinement in the MRI machine as it thumped out its impression of the body corporate.

Finally, as the weakness intensified, the orthopaedic surgeon made the diagnosis He ordered biochemical tests and found that my ESR and CRP were both raised at close to 100. Then a miracle happened — an appointment to see a rheumatologist the same afternoon. More tests confirmed the above levels, plus established leukocytosis and thrombocytosis. I started taking steroid tablets on a Thursday at 5 am, and the miraculous improvement in 48 hours was such that Balmain had become the new Bethany.

So I had been disabled by an insidious chronic condition which improved dramatically. How did this occur? Who knows? The tipping point meant that I was suddenly very dependent.

Generally, if you are in a wheelchair, your surrounding community is considerate, but that same community believes you have shed most of your neurones and treats you as a simpleton. Added to this is a tendency, noticeably among health professionals, to call you by your first name. There are two reactions to this: first, this is faux familiarity and, second, it is just plain patronising. Children are called by their first names; people with whom you are familiar also share that privilege. Otherwise it is all *tu tu* much.

When you progress to two walking sticks, the community is again considerate, although small dogs and small children present a hazard. Once you get to one stick, you find that the community does not recognise it as disability. One stick means walking stick — and it may be just an affectation. When you discard the stick and just walk with a limp, you are back in the mainstream. But the horror of a fall is always with you.

> “Generally, if you are in a wheelchair, your surrounding community ... believes you have shed most of your neurones”

You become very conscious of disabled car spaces. You become acutely aware (it probably becomes an obsession) of others who are using disabled car parks. There is the permit for the mother, where the daughter has the permit permanently on her car, but periodically visits her mother on the Central Coast to take her for a drive. The problem is policing permit use — limiting it to occasions when the nominated person is actually in the car.

Two young men sprint across the road to a car with a disabled parking permit on the windscreen. You just have to ask which one is disabled. The response: “I’ve got ulcerative colitis, mate, and I need to be able to get to a toilet quickly”. I had never considered a relationship between the locations of disabled car spaces and public toilets.

Clearly, the extent of the rorting is directly related to the benefit of the permit.

As for negotiating toilets where there are no facilities for disabled people, the bowls are set incredibly close to the ground and it is a major exercise to stand up. Then there was the shared usage of a disabled toilet and shower facilities in the airline business lounge. I was pleased that the couple using the facility before me were having such an enjoyable ablution while I waited.

Maybe I am looking at this whole business through the confused light of one who has, in the past, taken locomotion for granted and is now watching the able community stroll by.

Finally, as one who flies for work, I must praise the airlines despite the above anecdote. The cheeriness of the guys who wheel or drive you across the tarmac in the various buggies is an added bonus. And for the most part, the same praise applies to the airport security staff.

When I felt that life was fading, it was these actions that made me realise how fortunate it is to be Australian. It is a pity that our politicians do not have as clear an ideal of what being an Australian means when it comes to asylum seekers as those airline staff (many of whom were not born here) who cheerfully assist disabled airline passengers.

And incidentally, I do not have pineapple black rot, leathery pocket or terminal mottle. Then, adopting poetic licence, I might well have had a raised CSR!

Instead I had a raised ESR and the orthopaedic surgeon’s diagnosis proved correct — polymyalgia rheumatica.

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