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Traces of medical and social models in disability definitions in international legislation and EU policy

Abstract

This publication aims to examine the process of evolution of disability definitions within the framework of international legislation and EU policy in order to establish in light of which disability model the contemporary disability definitions have been shaped. While medical and social models offer distinct approaches to defining disability, they are both associated with significant shifts in societal perceptions and have, at various points over recent decades, been reflected in international regulations. Furthermore, their model variations continue to influence the shaping of existing disability definitions, the scope of rights and freedoms granted to individuals with disabilities and the public policy. This article puts an emphasis on tracing the development of disability definitions in international legislation and politics influenced by these models to determine what factors have solidified the formation of the contemporary legislative approach to defining disability. To achieve this research objective, the method of interpretation of the law in force and of views of legal scholars and commentators have been employed along with comparative, linguistic, and historical legal research methods. The use of these methods has helped to demonstrate that although the majority of existing disability definitions now adhere to the principles of the social and human rights

model – particularly due to the establishment of the UN Convention of the Rights of People with Disabilities – utilising knowledge from all models should not be disregarded as it may help to find the most appropriate solutions to ensure the equal opportunities for people with disabilities within society.

Keywords: definitions of disability, international law, models of disability, evolution of the perception of disability

Introduction

People with disabilities have been present in society since the earliest times. Disability had been mainly associated with biological limitations and "inutility" of an individual to the needs of a thriving community. Such perception resulted in the social exclusion of the people with special needs, who were compelled to either achieve self-sufficiency or depend on their immediate environment.[1]

Over the centuries, such view has evolved. The perception of disability underwent significant social transformations, reaching its deepest expression in the form of emancipation movements within the disability community during the 1980s. The standpoints of emancipatory activities at that time challenged the principles of the predominant medical model in which disability was perceived solely as a human deficit resulting from a disease that required professional attention. The activity of such communities, such as the Union of the Physically Impaired Against Segregation (UPIAS), contributed to the formulation of a new approach known today as a social model that has entirely transformed the legal perspective on people with disabilities.[2] The social model urged the society to notice and acknowledge the daily challenges faced by people with disabilities by referring to various barriers, such as architectural, political, or transport inaccessibility.[3] Therefore, unlike the medical approach, the social model argued that it is society that bears primary responsibility for adopting genuine inclusion. This represented a groundbreaking paradigm shift.

In present times, the understanding of disability, as proposed by the social model and its variants, has become an established standard. It is nowadays deeply embedded in international legislative frameworks concerning the political and legal situation

1 M. Kolwitz, S. Dąbrowski, *Postawy wobec niepełnosprawności fizycznej w okresie średniowiecza*, "Roczniki Pomorskiej Akademii Medycznej w Szczecinie" 2014, Vol. 60 (1), cf. pp. 103–105.

2 A. Twardowski, *Społeczny model niepełnosprawności – analiza krytyczna*, "Studia Edukacyjne" 2018, No. 48, pp. 102–104.

3 C. Barnes, G. Mercer, *Niepełnosprawność*, Warsaw 2008, pp. 7–26.

of people with disabilities. It is essential to underscore that the discussion regarding the adopted model of disability in legislation is not abstract, as the acceptance of either medical, social, or other model in the international definition affects not only societal perceptions, but mainly the scope of rights and freedoms for over a billion people with disabilities that live worldwide.[4]

This publication aims to present the evolution of the concepts of disability with their reflections in international regulations and legislation in order to establish in light of which disability model the existing disability definitions have been formed. Furthermore, this article seeks to examine whether the current concept of disability is understood consistently across all the legislative and political frameworks considered – namely, the World Health Organization (WHO), the United Nations (UN), and the European Union (EU). For this purpose, the method of investigation of the law in force and of views of legal commentary will be employed, and so will a historical, linguistic, and comparative interpretation of existing regulations.

1. Evolution of approaches to disability

1.1. Medical model of disability

The medical model of disability is the one of the most well-established approaches to defining disability. It emerged as a result of progressive and significant advancements in medical sciences. The medical model primarily captured the heightened interest of physicians in disability that was viewed solely as a medical condition requiring professional intervention.[5] In such medical intervention, a diverse and broad scope of treatment should be employed to combat and cure a disability.[6] Therefore, the relevant literature argued that the central axis of the medical model is founded on two correlated elements – on an individual's deficit and on a disease that must be treated by specialists.[7] In this context, it is also crucial to stress that the the medical perspective meant society was seen as passive towards disability since it was believed

4 WHO, *World report on disability: summary*, 2011, p. 5, https://www.who.int/publications/i/item/WHO-NMH-VIP-11.01 (access: 18.03.2026).

5 A. Twardowski, *Społeczny*…, pp. 98–99.

6 A. Petasis, *Discrepancies of the Medical, Social and Biopsychosocial Models of Disability; A Comprehensive Theoretical Framework*, "The International Journal of Business Management and Technology" 2019, Vol. 3, Issue 4, p. 42.

7 G. Gawron, *Universal Design – projektowanie uniwersalne jako idea w dążeniu do osiągania partycypacji społecznej osób niepełnosprawnych*, "Roczniki Nauk Społecznych" 2015, Vol. 7 (43), No. 1, p. 127.

at the time that individuals with disabilities had to cope with their difficulties by themselves.[8] In other words, an individual with a disability had to actively combat his misfortunate circumstances on his own to conform to socially accepted norms.

The medical model of disability found its reflection in international legislation. The International Classification of Impairments, Disabilities and Handicaps (ICIDH), established in 1980 by the WHO, depicted disability from a medical perspective.[9] The ICIDH outlined that in the process of disability formation, three possible states exist: the first of which is *impairment* defined as "any loss or abnormality of psychological, physiological, or anatomical structure or function";[10] second one being *disability* regulated as "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being;"[11] and a third state being a *handicap* defined as a "disadvantage for a given individual resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual."[12]

The terminology employed in the aforementioned definitions indicates its concentration on limitations, loss, abnormality and disadvantage experienced by an individual that consequently hinders his ability to perform his standard social roles. Furthermore, the formulation of the definitions in light of the medical model is also evident in the focus on the biological characteristics of individuals.

At that time, the ICIDH definitions were highly acknowledged by many proponents, however, they also faced substantial criticism from the disability community. Primarily, the main criticism revolved around the reduction of the portrayal of a person with a disability to the level of his impairment, consequently creating an image of a weak, helpless, and dependent individual.[13] Other critiques observed that such defined concept of disability has a significantly narrow scope, as it completely ignores the social determinants that contribute to the exacerbation of an individual's experience of disability in a daily life.[14] In context of these issues, disability communities began to present their own perspective and approach, which became the foundation for the new model known as a social model of disability.

8 *Ibidem*.

9 WHO, *The International Classification of Impairments, Disabilities and Handicaps* done at Geneva on May 1976, ISBN 92 4 154126 1.

10 *Ibidem*, p. 48.

11 *Ibidem*, p. 143.

12 *Ibidem*, p. 182.

13 A. Twardowski, *Społeczny*…, p. 101.

14 G. Gawron, *Universal*…, pp. 129–130.

1.2. Social model of disability

One of the most prominent and the earliest organisations challenging the premises of the medical model was the UPIAS, an initiative launched in 1972 in the United Kingdom that completely rejected the notion of submitting their fate to medical experts. The UPIAS's efforts were focused on promoting the concepts of autonomy and self-determination for people with disabilities within public discourse.[15] To achieve such goals, they issued several manifestos asserting that society bears the greatest responsibility for causing and aggravating the impairments experienced by people with disabilities.[16] This was among the earliest examples of direct criticism targeting societal structures for their role in shaping the experience of disability.

The activities of the UPIAS strongly influenced the academic Michael Olivier to propose a new approach to defining disability, known as a social model of disability.[17] It aimed to shift the focus from emphasising an individual's physical and mental limitations to addressing the various man-made barriers imposed on people with disabilities by society. The perception of disability evolved towards being regarded as a collective societal responsibility – as a "product of society".[18] According to the social model doctrine, neither the existence of a functional, nor mental or nor physical impairment in an individual can be a ground for recognising a person as disabled.[19] Therefore, it is argued that factors that cause an individual's disability are not his bodily or mental malfunctions, but the failure of society to accommodate the physical and mental environment to the needs of a person with disability.[20] In other words, the phenomenon of disability is attributable to the existing barriers implemented solely by society.

The reasoning behind the social model has proven to be rational, influential and compelling for people with and without disabilities.[21] Currently, this approach and its variations form the basis for defining disability and determining the extent of rights and freedoms granted to people with disabilities.

15 A. Twardowski, *Społeczny*…, pp. 102–104.

16 UPIAS, *Fundamental Principles of Disability*, 1976, https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/UPIAS-fundamental-principles.pdf (access: 15.07.2024).

17 M. Oliver, *A New Model of the Social Work Role in Relation to Disability*, in: J. Campling (ed.), *The Handicapped Person: A New Perspective for Social Workers*, London 1981.

18 A. Twardowski, *Społeczny*…, p. 104.

19 *Ibidem*, p. 105.

20 A. Petasis, *Discrepancies*…, p. 42.

21 A. Twardowski, *Społeczny*…, p. 106.

2. Current definitions of disability at the international level

The presented evolution of the approaches to disability found its reflection in international legislation. Despite the attempts, the broad scope of the concept of disability which spans multiple scientific disciplines such as sociology, psychology and others has prevented the establishment of an unequivocal legal definition of disability.[22] Notwithstanding these challenges, there is currently a substantial body of work established by the international organisations that offers subtly differing guidance on how to understand the concept of disability, depending on the adopted model.

2.1. World Health Organization

Having in mind the adoption of the ICIDH by the WHO in 1980, its establishment sparked harsh criticism from the disability community. Critics argued that the ICIDH failed to address the social, economic and cultural barriers that are fundamentally responsible for exacerbating the experience of disability within society. That criticism, along with the adoption of the new social model of disability at that time, ultimately prompted modifications to the ICIDH. In 2001, during the 54th World Health Assembly, the WHO adopted a new act known as the International Classification of Functioning, Disability and Health (ICF).[23] Currently, the ICF is a crucial instrument in disability research,[24] yet its innovative character results not only from its substantive content but is also evident in the very name of the classification, which has been enriched with neutral elements such as functioning and health. The ICF also replaced terms used in its content such as impairment, disability and handicap with designations such as body functions and structures and activities and participation.[25] This shift aimed to more comprehensively highlight the diverse components of an individual's health and identity that comprise mainly of his positive experiences, rather than his limitations.[26]

The relevant literature argues that the concept of disability presented by the ICF is defined in the light of the biopsychosocial model of disability, that constitutes

22 M. Giełda, *Pojęcie niepełnosprawności*, in: M. Giełda, R. Raszewska-Skałecka (eds.), *Prawno-administracyjne aspekty sytuacji osób niepełnosprawnych w Polsce*, Wrocław 2015, p. 20.

23 G. Gawron, *Universal…*, p. 130.

24 WHO, *International Classification of Functioning, Disability and Health* done at Geneva in 2001, ISBN 92 4 154542 9, https://iris.who.int/bitstream/handle/10665/42407/9241545429-eng.pdf (access: 16.06.2024).

25 *Ibidem*, p. 3.

26 *Ibidem*.

a synthesis of the medical and social model of disability.[27] Such a unique interdisciplinary approach of the ICF to the phenomenon of disability allows recipients to utilise and combine knowledge from both medical and social sciences[28] to find the best solutions in resolving problems related to disability. The adopted versatility in the concept of disability enables the adaption of appropriate tools to address a particular issue that can be examined by representatives from various scientific disciplines. Therefore, in light of the ICF, an individual with disability began to be viewed as a multidimensional entity with a broad scope of rights and responsibilities, rather than merely an individual with biological limitations, as it had been previously recognised in the ICIDH.

This conceptual framework of disability presented by the ICF has currently a major impact on the legal status of people with disabilities because it provides crucial guidelines for classifying an individual's health, range of competences, needs and limitations. Thus, the tools offered by the ICF are of significant importance, particularly in the formulation of social policies. Such tools are becoming increasingly crucial as the occurrence of globalisation or aging populations necessitate precise and effective solutions in the creation of adequate public policies.[29]

2.2. United Nations

The increasing self-awareness of people with disabilities regarding their own autonomy over the years, along with the rising societal sensitivity to their daily challenges, has culminated in the adoption of the most pivotal legal framework on disability, namely the UN Convention on the Rights of Persons with Disabilities of 2006 (CRPD).[30] For the first time in history, a convention exclusively incorporated the rights and freedoms of people with disabilities into the realm of human rights, with particular emphasis on the prohibition of discrimination recognised as a *sine qua non* condition for the adequate protection of those rights and freedoms.[31]

27 WHO, *Towards a Common Language for Functioning, Disability and Health: ICF*, WHO/EIP/GPE/CAS/01.3, done at Geneva in 2002, pp. 9–10.

28 *Ibidem*.

29 D.M. Fal, *Znaczenie klasyfikacji ICF w opisie niepełnosprawności*, "Wiadomości Ubezpieczeniowe" 2018, Vol. 1, pp. 85–89.

30 Convention on the Rights of Persons with Disabilities done at New York on 13 December 2006, A/RES/61/106.

31 E. Cała-Wacinkiewicz, *Zakaz dyskryminacji konstrukcyjnym elementem racjonalnych usprawnień w kontekście praw osób z niepełnosprawnościami*, "Przegląd Prawa Konstytucyjnego" 2024, No. 5, p. 268.

This signifies that, at least in legal sense, individuals with disabilities are to be treated on an equal basis with the rest of the population.

There are also other aspects that contribute to the CRPD's essential nature. The Convention highlights the profound importance of accessibility for persons with disabilities, making it not only a general principle of the CRPD itself (Art. 3(f)), but also a foundation for multiple obligations - for example, in ensuring equal access to the physical environment (Art. 9(1)). Accordingly, accessibility as the "multi-faceted category"[32] needs to be properly addressed and ensured by State Parties to stay consistent with the Convention. On this basis, it is assumed that the approach adopted in the CRPD represents a specific variant of the social model of disability known as the human rights model of disability. Such model draws upon the foundation of the social model while simultaneously redefining and advancing its previous contributions.[33] In the human rights model, disability is regarded solely as one of the individual characteristics integral to human identity, comparable to race, gender or age. The underlying principle of the human rights model remains, however, aligned with that of the social model: experiencing disability by an individual originates from the state and society's failure to address the differences and needs of diverse groups of people.[34] Such reasoning is at the core of the CRPD.

The impact of the human rights and social model of disability is therefore evident in the CRPD's focus on facilitating access to public resources that ensure equal participation in social life. Such impact is also reflected in the CRPD's definition of disability. Unexpectedly, the Convention does not provide an unequivocal legal definition in this regard, but in its legally non-binding preamble states that: "Disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others." Upon initial examination, it is evident that disability is primarily viewed in the CRPD as an interaction occurring between the individual and the societal structures. It is therefore a distinctly different approach to disability than that presented in the ICIDH and the ICF. In this case,

32 E. Cała-Wacinkiewicz, *Od konstytucyjne wywodzonej dostępności w stronę prawa do dostępności?,* "Przegląd Prawa Konstytucyjnego" 2023, No. 6, p. 168.

33 R. Kayess, P. French, *Out of Darkness into Light: Introducing the United Nations Convention on the Rights of Persons with Disabilities*, "Human Rights Law Review" 2008, Vol. 8, p. 7.

34 G. Quinn, T. Degener, *The Moral Authority for Change: Human Rights Values and the Worldwide Process of Disability Reform*, in: G. Quinn, T. Degener et al. (eds.), *Human Rights and Disability: The Current Use and Future Potential of Human Rights Instruments in the Context of Disability*, UN New York and Geneva 2002, pp. 13–14.

disability is regulated as an individual experience stemming from interaction with the outside world rather than with an actual physical impairment. Furthermore, one should note that the vagueness of this regulation, its placement in the preamble and its imprecise definitional boundaries allow for a further development of this definition in the future to include additional social determinants contributing to the individual experience of disability. Such a defined framework on disability in the CRPD will always safeguard individuals with various or evolving types of disabilities. This can undoubtedly be regarded as a regulatory success of this legal instrument.

The CRPD also includes a legal definition of people with disabilities. Article 1 provides that: "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others." In this definition, similarly to the CRPD definition of disability, the factors that are causing disability are thus interactions with barriers. This corresponds well to the human rights and social model.

Having regard to the above, the CRPD provides an entirely different set of tools for examining and defining disability and the associated issues. The conceptualisation of disability within the framework of the CRPD is considerably much more expansive than in the WHO regulations, and the binding force of CRPD provisions is stronger due to its conventional nature. Consequently, the social model and its variations are now more founded in the current legislative approach to disability, primarily due to their alignment with the realm of human rights.

2.3. The European Union

The definitions of disability within the framework of EU law pose the most significant challenges among all the referenced international organisations due to the complex multi-level nature of the EU legislation. Each EU Member State independently regulates its own national disability definitions, which are often applied within the context of specific regulations.[35] The complexity is further heightened by the fact that the EU itself has its own legal system.

In this context, the ratification of the CRPD by the EU in 2010 constituted one of the novelties as it was ratified not only by the EU, but also by all its Member States.[36]

35 European Court of Auditors, *Special report: Supporting persons with disabilities. Practical impact of EU action is limited*, 2023, p. 18, https://www.eca.europa.eu/en/publications?ref=sr-2023-20 (access: 18.03.2026).

36 See EU's official website at: https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/disability/united-nations-convention-rights-persons-disabilities-uncrpd_en (access: 18.03.2026).

Therefore, the content of the CRPD comprising of disability definitions and the scope of rights and obligations granted to people with disabilities became to be binding on the EU, its Member States and now takes precedence over EU secondary legislation.[37] With the adoption of the CRPD, there has been a shift in perception on disability in the EU, particularly seen in the jurisprudence of the Court of Justice of the European Union (CJEU). It is worth pointing out some examples of the CJEU case law to shed further light on the issue.

Before the ratification of the CRPD, the CJEU stated for the first time in its judgment in the Chacón Navas case that disability "must be understood as referring to a limitation which results in particular from physical, mental or psychological impairments and which hinders the participation of the person concerned in professional life."[38] This definition was undoubtedly based on the premises of the medical model of disability, as it highlighted the abnormal changes attributable to the person with a disability and not to societal structures.[39] Nevertheless, in the same case the CJEU also noted that the concept of disability and the term sickness are different from each other,[40] which means that there were some distinctions between the approach of the CJEU and the principles underlying the medical model of disability.

After the ratification of the CRPD, the CJEU's approach to defining disability has evolved. In Ring and Werge, the CJEU ruled that the concept of disability "must be understood as referring to a limitation which results in particular from physical, mental or psychological impairments which in interaction with various barriers may hinder the full and effective participation of the person concerned in professional life on an equal basis with other workers."[41] In contrast to the previous definition, in this case disability addresses the individual interaction with the barriers that are intensifying the experience of inequality. Disability is thus "activated" and occurs as a result of the interactions with specific barriers. Such concept of disability was grounded on the principles of the social and human rights model of disability.

37 Case C-363/12, *Z. v. A Government Department, the Board of management of a community school*, ECLI:EU:C:2014:159, §71.

38 Case C-13/05, *Sonia Chacón Navas v Eurest Colectividades SA*, ECLI:EU:C:2006:456, cf. §43–44.

39 L. Waddington, *Equal to the Task? Re-examining EU Equality Law in Light of the United Nations Convention on the Rights of Persons with Disabilities*, in: L. Waddington, G. Quinn and E. Flynn (eds.), *European Yearbook of Disability Law*, Antwerp/Portland 2013, p. 186.

40 Case C-13/05, *Sonia Chacón Navas*…, §44.

41 Joined Cases C-335/11 and C-337/11, *HK Danmark v Dansk almennyttigt Boligselskab and HK Danmark v Dansk Arbejdsgiverforening*, ECLI:EU:C:2013:222, §38.

Nevertheless, not all CJEU rulings fully align with the CRPD provisions. The case of Z v. A Government Department[42] concerned Ms Z. who had a disability that resulted in inability to conceive a child naturally. The CJEU ruled that such medical condition does not constitute a disability within the meaning of Directive 2000/78/EC because Ms Z.' sickness did not essentially affect her ability to work. In this judgment, the CJEU adopted a narrowing approach to defining disability that does not meet the premises of the definition from the CRPD, however, it should be noted that there were many more judgments concerning disability under Directive 2000/78/EC.[43] Nevertheless, it seems that there are still some deficiencies to be addressed at the EU level to align fully with the CRPD principles.

With regard to EU secondary law, there is no doubt that, at present, the social model and the human rights model of disability play a pivotal role in regulating disability at the EU level. The CRPD influences EU secondary legislation, and Directive 2019/882[44] may be cited as an example here. It introduces a sector-specific legal definition of a person with disability that is consistent with the Convention. In contrast to the CRPD, however, the directive further distinguishes a group of "persons with functional limitations" that have physical, mental, or other impairments. When these impairments are combined with barriers, they lead to a situation of reduced access that requires adaptation to the particular needs of this group.[45] Given the multitude of definitions in the EU Member States, in the EU itself and other factors, it is worth emphasising that many critical voices have been raised in the EU institutions regarding the absence of a single uniform EU definition of disability.[46] This may be addressed in the future.

42 Case C-363/12, *Z. v A Government Department*…, §91.

43 L. Waddington, A. Broderick, *Court Practices Regarding Disability Discrimination, Including Reasonable Accommodation, at EU and Member State Level, and in Light of the UN CRPD*, 2023, p. 7 ff., https://www.migpolgroup.com/wp-content/uploads/2024/03/Court-Practices-Disability-Discrimination_web_Final.pdf (access: 15.07.2024).

44 Directive (EU) 2019/882 of the European Parliament and of the Council of 17 April 2019 on the accessibility requirements for products and services, OJ L 151, 7.6.2019, see in particular Art. 3(1) and the recitals 3 and 12 to this directive.

45 Notably, in the EU legislation, including the aforementioned directive (see for example its recital 4), there is a noticeable tendency to introduce a variety of other broader conceptual terms than disability such as "persons with functional limitations", which refers to, for example, pregnant women. Due to the limitation of this article and its research objective, only selected EU definitions concerning persons with disabilities *sensu stricto* are considered.

46 European Court of Auditors, *Special report*…, point 25 and 26.

Conclusions

As comprehensively outlined in this article, what primarily distinguishes the disability models is their definitional focus. The medical model emphasised the individual's full responsibility to combat misfortunate consequences stemming from his impairment. In contrast, the social model and the human rights model expanded this definitional focus by attributing responsibility for experiencing individual's disability to the societal structures and, ultimately, to the state policies that are expected to actively implement measures to address inequalities. Such model evolution implies two key aspects. Firstly, it illustrates that, as the society evolves, demands placed on the state are intensifying, accompanied by a growing call for genuine inclusion of all individuals. In law, such inclusion begins with establishing appropriate definitions that particularly concern minorities, who have historically experienced much greater disadvantages. Secondly, there is no doubt that at present the social and human rights model are the prevailing paradigms in the legislative approach to disability. These models clearly have the potential to further reinforce not only the position of individuals with disabilities but also other groups with particular needs within legislative frameworks. Nevertheless, contrary to what one might expect, the conclusion of this article is that each of the presented models offers a valuable contribution to the discourse on understanding the multidimensional character of disability and the needs of people experiencing it. An interdisciplinary approach, as advocated by the ICF, enables the capture of the diverse facets and manifestations, thereby advancing our understanding of people's wide-ranging abilities that must be acknowledged.

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Ślady modelu medycznego i społecznego w definicjach niepełnosprawności w prawodawstwie międzynarodowym i polityce Unii Europejskiej

Streszczenie

Artykuł ma na celu zbadanie procesu ewolucji definicji niepełnosprawności w ramach międzynarodowego prawodawstwa i polityki UE, aby ustalić, w świetle którego modelu kształtowały się współczesne definicje niepełnosprawności. Model medyczny i społeczny oferują odrębne podejścia do definiowania niepełnosprawności; oba ujęcia związane są z fundamentalnymi zmianami zachodzącymi w społecznym postrzeganiu niepełnosprawności i – w różnych momentach ostatnich dziesięcioleci – znalazły one odzwierciedlenie w międzynarodowych przepisach. Ponadto ich warianty modelowe nadal wpływają na kształt istniejących definicji niepełnosprawności, zakresu praw i wolności przyznawanych osobom niepełnosprawnym, a także polityki publicznej. Niniejszy artykuł kładzie zatem nacisk na prześledzenie rozwoju definicji niepełnosprawności w międzynarodowym prawodawstwie i polityce pod wpływem tych modeli, aby określić, jakie czynniki ugruntowały współczesne podejście legislacyjne do definiowania niepełnosprawności. W celu zrealizowania wskazanego celu badawczego zastosowano metodę porównawczą, dogmatyczno-prawną, językową i historyczną. Zastosowanie tych metod pozwoliło wykazać, że chociaż większość obowiązujących obecnie definicji niepełnosprawności jest zgodna z zasadami modelu społecznego i praw człowieka – szczególnie dzięki ustanowieniu Konwencji ONZ o prawach osób niepełnosprawnych – nie należy lekceważyć wiedzy wynikającej z założeń pozostałych modeli niepełnosprawności. Interdyscyplinarność w tej dziedzinie może przyczynić się do znalezienia najodpowiedniejszych rozwiązań zapewniających równe szanse osobom z niepełnosprawnościami w społeczeństwie.

Słowa kluczowe: definicje niepełnoprawności, prawo międzynarodowe, modele niepełnosprawności, ewolucja postrzegania niepełnosprawności

CYTOWANIE

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