IAMSE Disability in Medicine: Why We Need More Disabled Physicians



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Thoughts

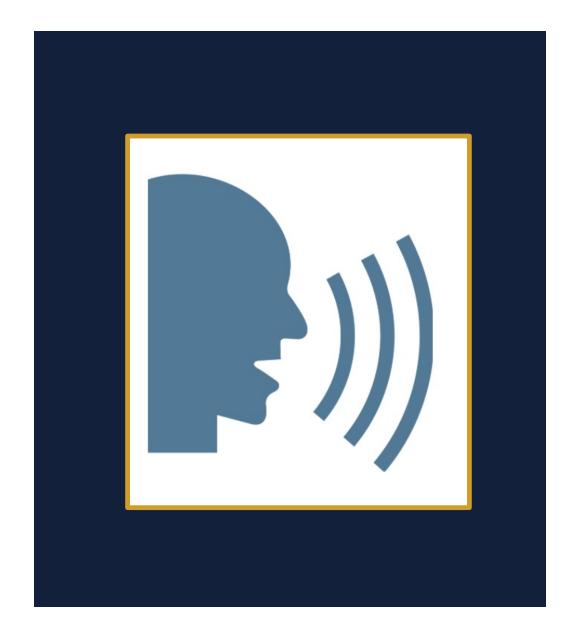


Fill in the Blank

- A physician with ADHD is likely to _____.
- A physician who is a wheelchair user will _____.
- A physician with dyslexia will ______.

Disability

Words



Common Thoughts (generated by AI)

Strongest Synonym

Cognitive Impairment

Incapacitation

Intellectual disability

Limitations

Restrictions

Damage

Disadvantage

Incapacity

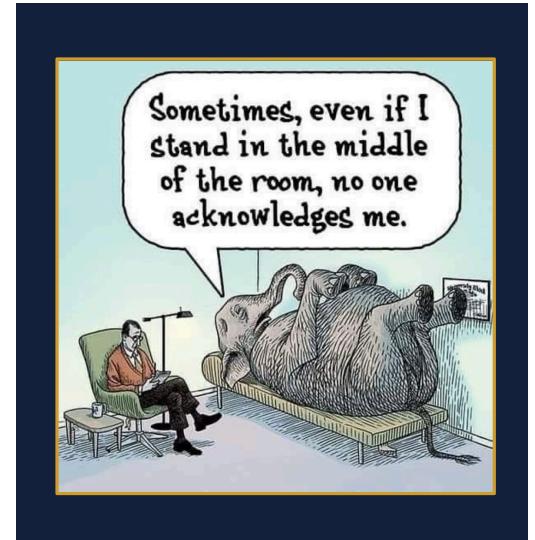
Strongest Antonym

Strength

Advantage



Ableism



Ableism

Discrimination of and social prejudice against people with disabilities based on the belief that "normal" body and mind are preferred.

At its heart, ableism is rooted in the assumption that disabled people require 'fixing' and defines people by their disability.

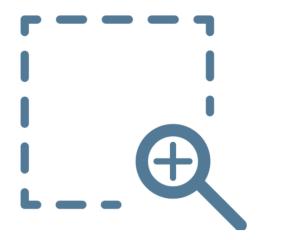
Like racism and sexism. Ableism classifies entire groups of people as less than, and includes harmful stereotypes, misconceptions, and generalizations of people with disabilities.

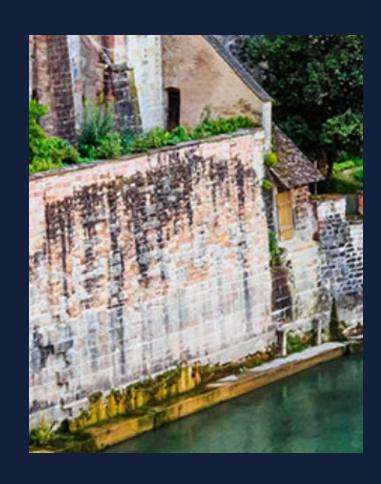
-Access Living website¹





Limited View





Systems of Oppression

Racism Homophobia Sexism

Ableism

The Pathway of Ableism



 $26^{0}/_{0}$

United States

1 in 4

*Varadaraj et al., 2019, JAMA OPEN

There is a global need for a better understanding of disability in healthcare



WHO Fact Sheet 2023; Global report on health equity for persons with disabilities, 2021; lezzoni et al. Health Affairs., 2021; McMillan et al. Health Soc Care Community, 2016; Aulagnier et al., Disabil Rehabil., 2005; Cunha et al. Int J Environ Public Health, 2022



This is Theresa

- Less likely to get regular screenings
 - More likely to experience dx overshadowing
 - More likely to have concerns be dismissed; expectations for poor quality of life
 - Experience inequity in access to healthcare

Why Having More Disabled Doctors Matters for Patient Care

By John Loeppky | Published on May 03, 2024

♥ Fact checked by <u>Nick Blackmer</u>



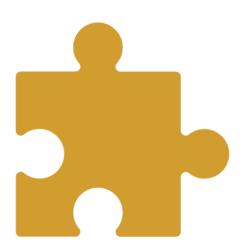


Figure 1.0 Pathway to Positive Outcomes



Upward spiral of positive/informed information about people with disabilities

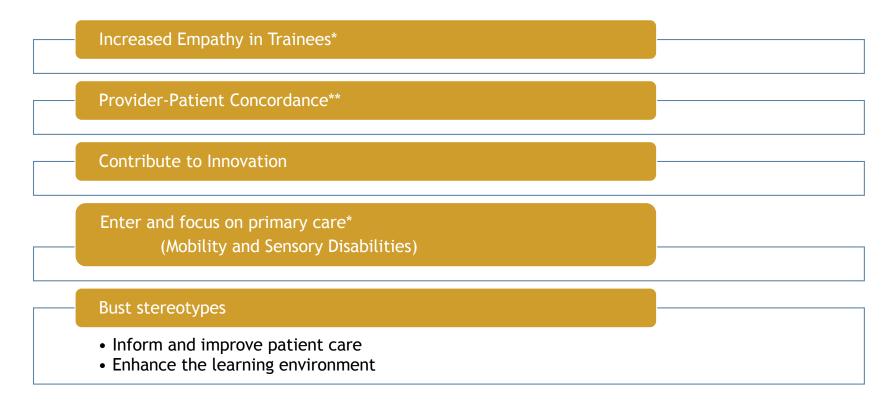
Meeks, LM, Poullos, P, Swenor, BK. AEM Education and Training. 2019



Curricular Reform
Anti-Ableist Training
Disability Reframing
Regulations & Protections

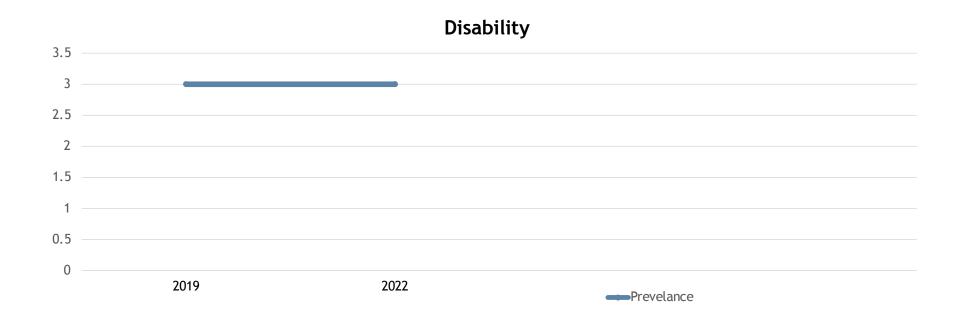


Benefits of Training Disabled Physicians



Meeks et al., 2022*; Meeks and Moreland, 2021**

Growth (or lack of) in Disability in Practice





Decline in Pathway

9.3%*

11.8%**

3.0%***

The number of individuals with disabilities declines by almost 40% from training to practice



*AAMC GQ 2022 Data, **Pereira-Lima et al., 2023, ***Meeks et al., 2022

Why?

Mistreatment (Meeks et al, 2021)

Burnout (Meeks et al, 2023)

Belief Systems and Lack of Education (Salinger et al, 2024).

Lack of Accommodation (Sheets et al, in press 2024)

ABLEISM



Messaging from Society





Messaging from Medicine





Prevailing Ableist Beliefs in Medicine

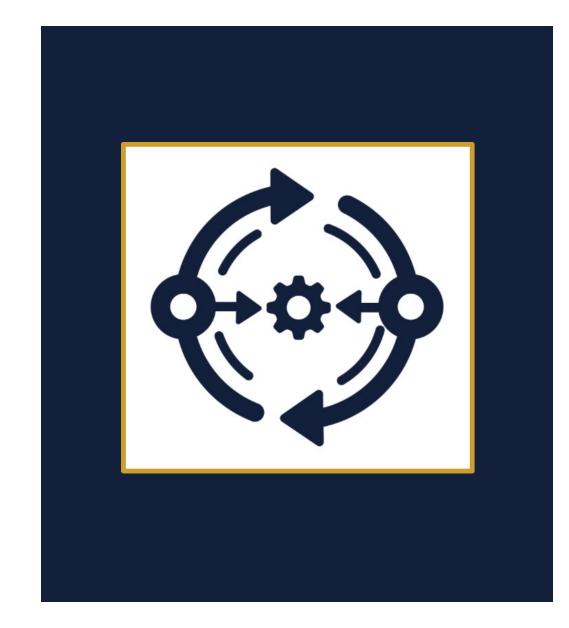
"Hearing is normal— Everyone wants to hear, should hear, and needs to hear to communicate effectively with patients and become a physician" "People using wheelchairs require significant assistance, are 'bound' to their 'wheelchairs' and could never become physicians."

"The idea that someone with a psychological disability is incapable of fulfilling a demanding job, such as being a physician."

Values
Norms
Traditions
Idealized



Values
Norms
Traditions
Idealized



Impact (regardless of intent)



Impact of Ableist Ideas in Medical Education:

- Low numbers (admissions committee beliefs about disabled students, their qualifications and their needs)
- Lack of accommodations/process (assumption that disabled people are not in the community)
- Altered career trajectories (expectation, counseled out of specialties, underdevelopment of professional identity).
- Unsafe Environments (lack of help seeking and disclosure)



The Consequences of "Unsafe Environments"

- Non-disclosure of disability (Pereira-Lima et al, 2023)
- Reduced help seeking (Meeks et al, 2020)
- Lack of program access (Meeks et al, 2023)
- Increase depressive symptoms (Meeks et al, 2023)
- Increased medical errors (Meeks et al, 2023)



Structural Barriers

ABELISM

- Burdensome processes
- Discriminatory Technical Standards
- Threats of Professionalism Citations for Disclosing Disability
- Failure to connect Disability and Mental Health Supports
- Defaulting to LOA's | Fitness for Duty Evaluations

- Uninformed DRP
- Poor messaging | Lack of messaging
- Lack of transparency
- Uninformed decision-making |
 Structures of Disclosure | Conflicts of Interest
- Lack of Accommodations on Board
 Exams

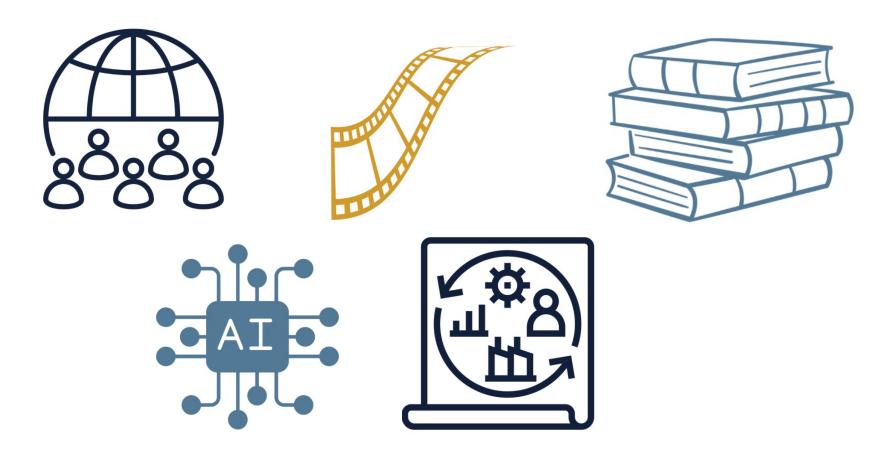
Barriers Related to Culture & Climate

ABELISM

- Bias
- Stigma
- Shame | Bullying |Misinformation
- Clinicalized Culture

- Negative Peer Attitudes
- Restricted Views of Disability
- Familial Belief Systems
- Program Access

Ableism Exists in Everyone



Filled in Scripts

- A physician with ADHD is likely to think outside the box be more innovative, not afraid to try new things.
- A physician who is a wheelchair user will connect with patients on their shared experience of disability.
- A physician with dyslexia will create a system of checks and balances that go beyond what's created for general safety and will never assume they did something correctly without checking.





How do we foster anti-ableist training communities?

The IMPACT of Ableism



Anti-Ableist Actions for Institutions

Structural

- Hire an informed DRP
- Encouraging disclosure
- Maintain a timely and transparent process
- Positive messaging and language
- Inclusive policies and technical standards

Cultural

- Understand and communicate the value and ability of disabled people
- Create and support affiliation groups
- Ensure a safe environment



Disrupting Ableism in Medicine

Anti-Bias Training

Everyone

Sharing
Success of
Docs With Disabilities

Listen and Share 1 Episode

"Calling In" and Education

Move from ally to accomplice

Stories Disrupt
Bias and Correct
the Ableist
Narrative



Develop a Robust Disability Policy

- 1. Encourages Disclosure
- 2. Speaks to Privacy of Information/Documentation
- 3. Identifies ADA representative
- 4. Lists documentation requirements
- 5. Lists steps in the process for disclosing disability and requesting accommodations
- 6. Lists a projected timeline for accommodation review
- 7. Encourages early disclosure and states that accommodations are not retroactive
- 8. Tells the trainee how to appeal a decision

Resources

DOI: 10.1111/tct.13656

COMMENTARIES



(Un)learning ableism to advance justice in medical education

Neera R. Jain

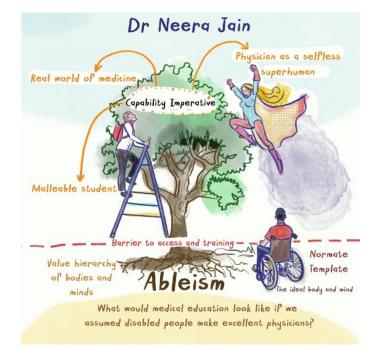
Centre for Medical and Health Sciences Education, Waipapa Taumata Rau - The University of Auckland, Auckland, New Zealand

Why Ableism? Why Now?

The word 'ableism' is appearing more frequently these days in the health professions education discourse. I increasingly see it appended to the list of 'isms,' the oppressive forces we must resist in our work. This delights me, because for too long ableism remained unspoken. There are good reasons for this change. A renewed focus on justice, equity, diversity, and inclusion in medicine has surged in response to recent atrocities: the murder of George Floyd, the unearthing of mass graves at Canadian residential schools, the inequitable effects of the COVID-19 pandemic.¹⁻⁵ These unsettling events have reinvigorated commitments to redressing power inequities in the field. Alongside these events, disabled learners have activated their rights under the law, advancing notions of equal access to shift practice in the field.⁶⁻⁹ Perhaps most persuasive is the unavoidable reality of successful disabled physicians, who represent diversity in positionality and medical

specialties.¹⁰ These movements, alongside research, organising, and activism elevating disabled learner experiences internationally, have put disability 'on the map.' So much so, that leading bodies have issued progressive guidance to improve access to medical education for disabled people.¹¹⁻¹³

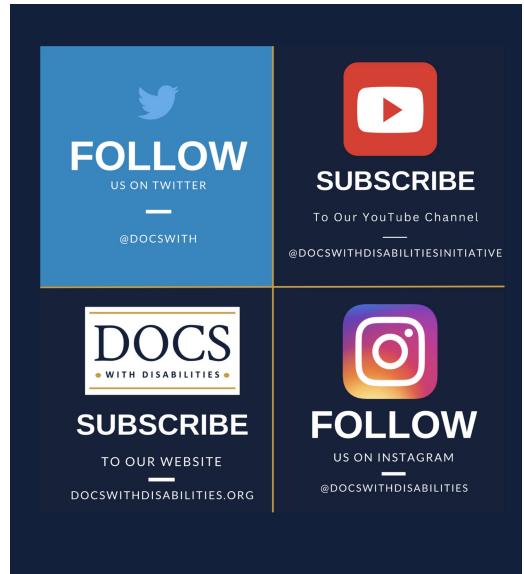
Despite this narrative of progress, disabled people encounter uncertain terrain in medicine. A recent survey found disabled doctors and medical students in the UK struggled to get necessary adjustments to policy and practice, lacked a disability-inclusive culture in the field, were concerned about disclosing their disability status, and experienced bullying and harassment by colleagues. ¹⁴ The survey also highlighted intersectional disparities: Black, Asian, and Minority Ethnic (BAME) people described less supportive environments than their white counterparts. ¹⁴ Why do these conditions persist despite increasing visibility, recognition, success, and disclosure of disability in the



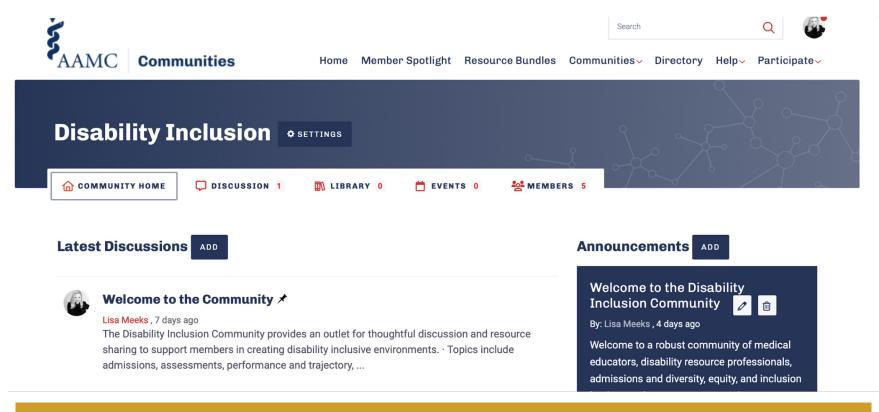
https://asmepublications.onlinelibrary.wiley.com/doi/epdf/10.1111/tct.13656

Docs With Disabilities Initiative

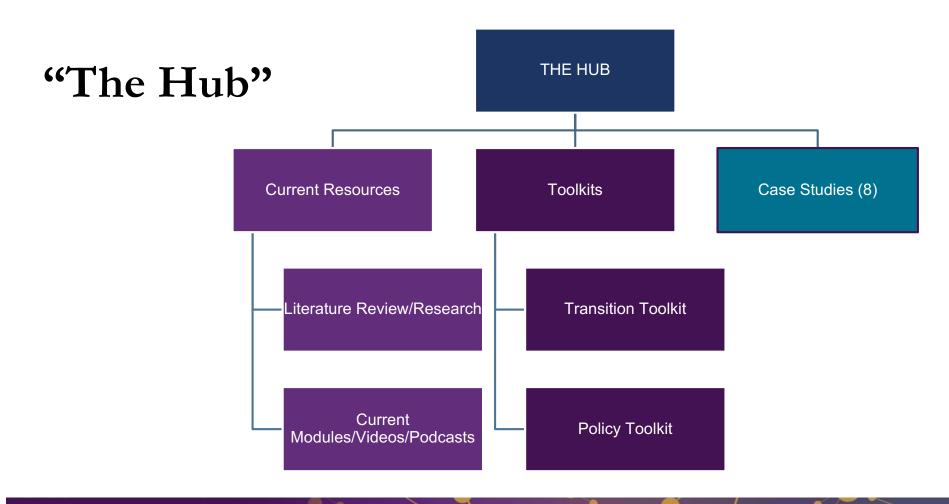
https://www.docswithdisabilities.org



AAMC Disability Inclusion Community



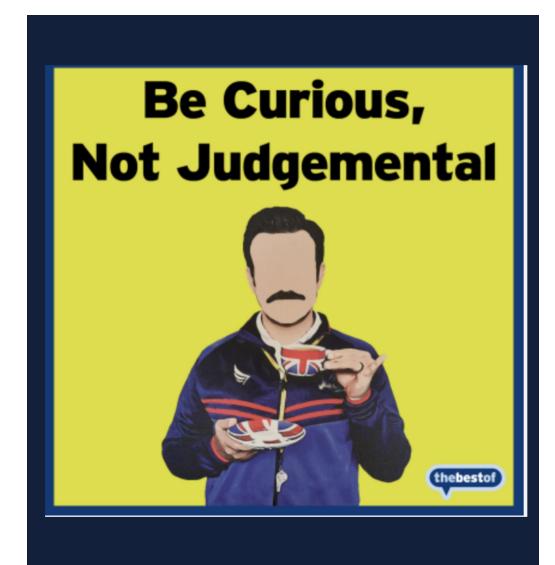
https://bit.ly/AAMCCommunities





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What can YOU do?





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