

FROM THE EDITOR

Health Professionals with Disabilities: Motivating Inclusiveness and Representation

Medical schools seeking to increase representation of minorities in the profession have sought to improve matriculation and graduation rates of racial and ethnic minorities [1]. But one minority group whose needs remain neglected in the medical field is persons with disabilities.

Although 18.7 percent of the US population [2, 3] and up to 8.9 percent of US residents aged 18 to 24 self-identify as having at least one disability [4], less than 1 percent of medical students have disabilities known to school administrators. A study published in 2012 found that since 2001, only 0.56 percent of matriculating and 0.42 percent of graduating medical students have physical or sensory disabilities [5]. These data suggest that persons with physical, cognitive, or sensory disabilities face significant hurdles in entering, continuing, and completing training in health professional fields. Furthermore, physicians who develop disabilities after completing their training can have difficulty obtaining accommodations from their employers and consequently leave clinical practice for administrative, teaching, or corporate positions that do not require direct patient care, preventing patients with disabilities from benefiting from the experiences of physicians intimately familiar with the process of adapting their activities of daily living.

The goal of this issue of the *AMA Journal of Ethics*® is to discuss the importance of increasing representation of people with disabilities in the medical field and to outline some of the obstacles that health professionals and trainees encounter in pursuing or continuing medical practice.

Health professionals with disabilities have a wealth of knowledge about and experience in achieving goals through accommodations that could benefit patients with disabilities and diversify the health professions. Lisa I. Iezzoni considers the positive impact that greater numbers of physicians with disabilities might have on [health outcomes for patients with disabilities](#).

One barrier to entering the medical profession that people with disabilities face is narrow interpretations of medical school technical standards—the description of motor, sensory, and cognitive capacities that medical school applicants and students are required to have in order to matriculate, advance, and graduate. Michael McKee, Ben Case, Maureen Fausone, Philip Zazove, Alicia Ouellette, and Michael D. Fetters propose

ways of refining and [updating technical standards](#) that focus on abilities rather than on limitations of medical students with disabilities.

Another barrier to entry into the medical profession is related to accommodations. Although the Americans with Disabilities Act of 1990 requires programs receiving federal financial assistance to provide “reasonable accommodations” unless doing so would pose an “undue hardship” [6], medical students with disabilities are often denied accommodations that they need in order to complete their medical education [4]. Samuel R. Bagenstos discusses this problem and examines the [disability rights legislation](#) that prohibits discrimination against qualified medical students with disabilities who request reasonable accommodations. However, medical school or residency program directors might be unfamiliar with how to handle requests for accommodations from trainees who either enter the program with pre-existing disabilities or who develop disabilities after their training begins. To guide the process of setting standards for applicants with disabilities and to assist faculty administrators and advisers, Joel A. DeLisa and Jacob Jay Lindenthal propose [future research](#) for improving our understanding of the needs of medical students and physicians with disabilities. Relatedly, Patricia M. Davidson, Cynda Hylton Rushton, Jennifer Dotzenrod, Christina A. Godack, Deborah Baker, and Marie N. Nolan discuss strategies for accommodating nurses, [nursing](#) students, and other health care professionals with disabilities in order to promote an inclusive and diverse health care workforce.

In addition to barriers posed by technical standards and obtaining accommodations, the courts’ interpretation of disability under the Americans with Disabilities Act (ADA) of 1990 can affect whether a person with disabilities is covered under the ADA. A narrow reading of the ADA could mean that some people, including health professionals and trainees, are denied what they’re entitled to under the law. Leslie Francis and Anita Silvers explore the evolution of the [definition of “disability”](#) in a policy context and discuss the benefits and ethical implications of flexible interpretations and applications of the concept of disability in the policy arena.

This issue also addresses challenges unique to medical students and professionals with specific disabilities. Michael Argenyi highlights the hurdles faced by premedical and medical students who are [deaf and hard of hearing](#) (DHoH) and considers some of the ethical implications of refining technical standards to allow for greater inclusiveness of DHoH individuals in health professions. Frederick Romberg, Bennett Shaywitz, and Sally Shaywitz examine dilemmas faced by medical [students with dyslexia](#) and propose ways to increase physician and faculty education about dyslexia. And in the podcast, Louise Andrew addresses some of the challenges encountered by [physicians with depression](#) and other disabling mental illnesses.

At the same time, this issue addresses the challenges posed by inevitable, age-related changes. The impact of aging on physicians' cognitive or physical abilities has led to concerns about ensuring safe and effective patient care without discriminating against physicians due to age. Krista L. Kaups considers this dilemma and discusses the ethical and practical implications of hospital [policies that affect aging physicians](#). Peter Angelos addresses concerns specific to the surgical field in his discussion of a case of an [aging surgeon](#) who has experienced a decline in his ability to operate safely.

A significant proportion of the American population will develop a disability over the course of their lives, and health professionals are no exception. From a patient standpoint, increasing the representation of people with disabilities within the medical field has the potential to improve outcomes and clinical experiences. From the perspective of the medical profession, the obstacles encountered by trainees and physicians with disabilities not only limit diversity within the field but also unjustly limit clinicians with disabilities from practicing patient care. This issue of the *AMA Journal of Ethics* aims to illuminate these hurdles and contribute to the discussion of how health professionals and students with disabilities can be better integrated into health care service provision.

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