

WASHINGTON STATE MEDICAL ASSOCIATION
HOUSE OF DELEGATES

Resolution: B-1
(A-21)

Subject: Ensuring Inclusion of Physicians and Medical Students with Disabilities

Introduced by: June Bredin, MD, FAAFP, Delegate
Lydia Bartholomew, MD, MHA, FAAFP, Alternate Delegate
Washington Academy of Family Physicians

Referred to: Reference Committee B

1 WHEREAS, “disability” is defined by the Americans with Disability Act of 1990 (ADA) and
2 the ADA Amendments Act of 2008 as an impairment — whether caused by physical, sensory,
3 learning, psychological, and/or chronic health conditions — that, “substantially limits one or
4 more major life activities” compared with most people in the general population^{1,4,15,19}; and
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6 WHEREAS, 20 percent of adults nationally have a disability^{4,7}; and
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8 WHEREAS, people with disabilities are underrepresented in medicine, such that percentages of
9 medical students disclosing disabilities (4.6 percent) is less than those in undergraduate (11.1
10 percent) programs, graduate (7.6 percent) programs, and the general population^{4,14,16,18,20,25}; and
11

12 WHEREAS, disability is rarely included in medical education diversity initiatives despite
13 heightened focus on diversity and representation in medical education¹⁴; and
14

15 WHEREAS, in a 2016 study, only 33 percent of medical schools explicitly supported context-
16 appropriate accommodations for medical students in their statements about technical standards,
17 and 21 percent, 26 percent, and 24 percent of schools required “full function” — not including
18 full function with accommodation — of hearing, vision and mobility, respectively, for
19 matriculation^{6,26}; and
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21 WHEREAS, medical students with disabilities face unique and under-addressed barriers and
22 discrimination in medical education^{2,3,6,11,12,13,14,17,22,26}; and
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24 WHEREAS, experts have repeatedly demonstrated that medical education and testing
25 institutions fail to provide adequate, accessible, and contextual accommodations for medical
26 students with disabilities, violating the ADA, without corresponding widespread change in
27 policy^{3,12,14,17,26}; and
28

29 WHEREAS, physicians with disabilities face unique and under-addressed barriers and
30 discrimination in the workplace that prevent them from being hired: two of the most cited
31 reasons for not hiring people with disabilities are misconceptions that persons with disabilities
32 could not effectively perform required job tasks and fear of costly adaptations^{5,8,12}; and
33

34 WHEREAS, contrary to these beliefs, research has shown employees with disabilities have equal
35 or better performance evaluations, improved retention, decreased absenteeism, and greater
36 productivity^{5,8,12}; and
37

38 WHEREAS, technological advances that could allow physicians with disabilities to practice are
39 not widely available by employers; for example, a 2012 study found only 8 percent of primary
40 care institutions had height-adjustable exam tables that could accommodate physicians in
41 wheelchairs¹²; and

1 WHEREAS, many physicians develop disabilities during their career, through injury and/or
2 chronic health conditions, and the stigma, fear of discrimination, and lack of resources ends
3 careers prematurely and further decreases representation of physicians with disabilities in
4 medicine^{12,14}; and

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6 WHEREAS, diverse representation in medical students and physicians — including people with
7 disabilities — contributes to equitable health outcomes for diverse patient populations^{5,6,12,14,15,25};
8 and

9
10 WHEREAS, research suggests that medical students with disabilities and those trained alongside
11 them provide more culturally competent care for patients with disabilities, a stigmatized
12 population with poor health outcomes compared to the general population^{5,12,14,22,23,25}; and

13
14 WHEREAS, research shows this culturally competent care would address barriers known to
15 contribute to inequitable health outcomes for patients with disabilities^{5,12,14,22,23,25}; and

16
17 WHEREAS, the number of physicians with disabilities practicing medicine does not reflect the
18 number of patients with disabilities, and this inequity and misrepresentation comes at a high cost
19 for patient outcomes and loss of medical innovation to benefit patients, medical students, and
20 physicians with disabilities^{13,16,25}; and

21
22 WHEREAS, physicians and medical students with disabilities bring diversity to health care and
23 are an asset to their colleagues and patient care; THEREFORE BE IT

24
25 RESOLVED, the WSMA advocate for increased availability of disability service offices and
26 trained providers to develop context-appropriate accommodations for students and physicians
27 with disabilities and provide advice specific to learning and working in medicine. (Directive to
28 Take Action)

Fiscal Note: None

WSMA Policy: N/A

HOUSE ACTION: ADOPTED _____ ADOPTED AS AMENDED _____
 FILED _____ REFERRED _____ NOT ADOPTED _____

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