Challenging Normalcy:
Disability in Medical Education

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INTRODUCTION
Reflecting on my experiences as a first-year medical school student, my course work has centered on the medical model of disability – where the biophysiological mechanism of disease and disability are emphasized, rather than the social model of disability. The only opportunity to learn about disability rights is through internships and involvement with advocacy organizations. To gain this exposure, I trained at a rehabilitation hospital. By working with Physical Medicine & Rehabilitation physicians, I came to recognize how people with disabilities are often ignored and disregarded within medical education and the healthcare system.

The first two years of medical education is classroom-based. Limited access to patients and few practical skills.

Introduction to Clinical Medicine is a foundational course that exposes students to challenges medical professionals face. Ethics, electronic medical records, privacy and substance abuse are discussed. Disability is not.

Clinical exposure to chronic care is not provided until the 4th year. This requirement can be fulfilled by electives in palliative care, rehabilitation medicine, or geriatrics.

Exposure to disability is limited to a clinical setting and not incorporated with broader diversity efforts.

DISABILITY IN MEDICAL EDUCATION

- Disability rights activists and organizations, should be sought as experts to teach coursework on disability.
- Through improved partnerships and collaborations between these disability rights organizations and clinical educators, there will be more education about disability. In this way, healthcare providers may gain a better foundation to understand disability as a multifaceted issue, rather than predominantly a medical problem.
- I recognize the constraints on time in provider education, I think that disability could and should be included earlier in training.
- By including disability as part of broader diversity efforts, I think that students in healthcare professions could gain immediate access to this large segment of their future patient population.
- Most schools should offer selectives and seminars that could feasibly be entirely about disability, or at least include one class on related topics.

ENGAGING A DISABILITY STUDIES PERSPECTIVES

- Disability Studies scholars have long critiqued medical professionals’ perspective on and interactions with people with disabilities. They discuss how some physicians still view people with disabilities as asexual, unemployable, or pitiable. Scholars also highlight how some clinicians go as far as suggesting assisted dying, despite patients’ affirmation of a high quality-of-life. For many physicians, disability continues to be viewed as a medical failure.
- Exposure to patients with disabilities is necessary to provide quality medical care. While I have learned to do a physical exam with non-disabled patients, I gained a more comprehensive skill set learning from people with disabilities. Recognizing the appropriate accommodations needed to best serve people with disabilities at this early stage in medical education will help aspiring physicians to challenge their own notions of normalcy.
- Without early exposure to people with disabilities, students are inadequately prepared to address the needs of this community, especially given the growing number of the population who may experience disability during their lifetime. Thus, I recommend that medical education provide students with the opportunities to have more interaction with people with disabilities by integrating chronic care and disability studies into the pre-clinical years of the curriculum.

IMPLICATIONS

- Disability Studies scholars have long critiqued medical professionals’ perspective on and interactions with people with disabilities. They discuss how some physicians still view people with disabilities as asexual, unemployable, or pitiable. Scholars also highlight how some clinicians go as far as suggesting assisted dying, despite patients’ affirmation of a high quality-of-life. For many physicians, disability continues to be viewed as a medical failure.

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