

Fostering inclusion of physicians with disabilities at The Ottawa Hospital



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Physicians with disabilities can offer unique insight into their hospital institutions. Their lived experiences can enrich the learning and clinical environment, increase empathy for patients, and improve care for patients with disabilities. Unfortunately, barriers to full inclusion of these physicians often develop because systems in place are inadequate to meet their needs. The Ottawa Hospital (TOH) recently identified a void in policy for physicians

with disabilities that aligns with the goals of both the Physician Wellness and the Equity, Diversity and Inclusion (EDI) offices. Since then, TOH's Medical Advisory Committee (MAC) unanimously voted on a position statement created for physicians with disabilities. It includes principles that value these physicians and recommendations to promote their accommodation and provide them with equitable opportunities. To our knowledge, this is the first position statement designed specifically for physicians with disabilities at any Canadian hospital institution. This type of statement is important because most practising physicians are not protected by the employer/employee relationship at their hospitals. Our work is also an important call to action: the statement provides recommendations

for all departments at TOH to create inclusive policies and practices for physicians with disabilities. Achieving full inclusion of physicians with disabilities requires that institutions take action to reduce structural barriers, improve their culture toward disability, and provide training on the potential for reasonable accommodations. This position statement could be adopted at all Canadian hospital institutions to improve inclusion of our colleagues with disabilities.

KEY WORDS: accommodations, barriers, disability, equity, inclusion, physicians

Medicine is a field that should be accessible to people with diverse backgrounds, experiences, and abilities. Although progress has been made to reduce systemic barriers to full participation for all individuals in medicine, challenges remain with respect to equity, diversity, and inclusion when considering disability. The *Accessible Canada Act* defines disability as "any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment – or a functional



limitation – whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person’s full and equal participation in society.”¹ A barrier may be defined as “anything physical, architectural, technological or attitudinal, anything that is based on information or communications or anything that is the result of a policy or a practice – that hinders the full and equal participation in society of persons with an impairment.”¹

Under the Human Rights Commission, employers have a duty to accommodate the needs of people with disabilities to ensure they have equal opportunities, access, and benefits.² However, in Canada, physicians are usually not employees of their hospitals or other institutions. Barriers develop and then persist because current systems and processes are inadequate to meet the needs of

physicians with disabilities. They can face structural barriers related to lack of policies and procedures, clinical accommodation, and disability/wellness support services. Examples of accommodations in the workplace can include, but are not limited to, flexible work arrangements or scheduling; attendant services; adaptive technology; changes to work sites; modifications to workspace and furnishings; media conversion and/or interpreters appropriate to the nature of any sensory disability. Many physicians with disabilities also face cultural barriers related to the attitudes, beliefs, and values of their hospital leadership or colleagues. Ableism is widespread within our medical culture and remediation is increasingly urgent.

Recent survey data from the United States showed that 3.1% of physicians self-identified as having a disability. The most

common disability reported was a chronic health condition (30.1%), followed by mobility (28.4%) and psychological (14.2%) issues.³ The most recent data from the Canadian Survey on Disabilities in 2017 reported that 22.3% of all Canadians 15 years of age and older self-identified as having at least one disability.⁴ There is a lack of current data on the number of physicians with disabilities in Canada. In 2012, Moulton⁵ reported data from Statistics Canada, showing that 9000 physicians with disabilities were working in Canada (11.2% of the profession), compared with 13.7% of all Canadians who self-identified as having at least one disability.

Physicians with disabilities are more likely to provide care for patients with disabilities and contribute to improvement of health care disparities and their outcomes.⁶ Their lived experiences of disability increase empathy for patients, enrich the learning environment, and can improve the working conditions of colleagues, learners, and patients.⁷ Achieving full inclusion of physicians with disabilities will require that institutions take action to reduce structural barriers, improve their culture and climate surrounding disability, and provide training on the potential for reasonable accommodations.⁸

To our knowledge, no other teaching hospitals in Canada have a position statement or accommodation policies designed specifically for physicians with disabilities. Given that physicians with disabilities are frequently not employees, they require unique

consideration and protection at the institutional level. At The Ottawa Hospital (TOH) the Medical Advisory Committee has formally endorsed a position statement on physicians with disabilities (see orange tet). It is more than a mission statement that merely suggests inclusion of physicians with disabilities.⁹ It commits to the creation of policies and the implementation of best practices to build an inclusive environment for all physicians with disabilities who work at TOH. It recommends that all departments develop a plan to identify, eliminate, and prevent barriers for such physicians. A position paper was chosen as a first step, for expediency. As a process, its endorsement at the senior leadership level can be achieved within a couple of months as opposed to the more extensive, time consuming process of policy development. Rejection of a such a position paper is unlikely. Instead, it will result in more immediate socialization of the concepts and sensitization of leadership to the issues.

Further faculty development education about the accommodations process will follow along with implementation of formal policy. Survey data before and after implementation of our policy will then assess the accommodations provided to our physicians with a self-disclosed disability. In addition, we are considering further qualitative evaluation of the perspectives of physicians with disabilities to determine any ongoing perceived barriers or inequitable opportunities they are still facing. Through implementation of such

a policy and education leading to systemic change, health care can be rehabilitated into a more safe and equitable space for both physicians and patients with disabilities.¹⁰ This serves as an important call for the inclusion of physicians with disabilities.

The Ottawa Hospital's Medical Advisory Committee position statement on physicians with disabilities*

Being inclusive of physician with disabilities at The Ottawa Hospital (TOH) may improve conditions for all physicians, learners and patients. It would create a more collaborative, respectful, just professional and learning culture and practice of medicine. Physicians with disabilities are likely to provide care for underserved and disability-concordant populations, therefore reducing disparate population health outcomes and inform health care practices for patients with disabilities. The lived experiences and patient perspectives of physicians with disabilities can inform research and quality improvement from patient-centred perspectives.

The MAC abides by the CMA Policy for Equity and Diversity in Medicine, December 2019.[†]

The MAC recognizes there is no employer/employee relationship between TOH and the physicians of the medical staff.

The MAC promotes the inclusion of physicians with disabilities

and recognizes they contribute to positive outcomes for all physicians, learners and patients.

The MAC fosters the value of physicians with disabilities as part of diversity within its organization.

The MAC advocates identifying and eliminating barriers to accessibility.

The MAC supports treating physicians with disabilities in a way that values and respects them.

The MAC promotes providing equitable opportunities to physicians with disabilities to allow them to realize their full potential while maintaining their dignity and independence.

The MAC recognizes the importance of educating leaders and members on reasonable accommodations for physicians with disabilities.

The MAC recommends all departments create inclusive policies and practices for physicians with disabilities. These policies and practices should:

- meet the needs of physicians with disabilities including support to assist physician access to appropriate work that respects their accommodations
- destigmatize disability
- aid in recruitment and retention of diverse applicants
- include a plan to prevent and eliminate barriers
- be available for all physicians who are working or will be working at TOH
- be reviewed and updated regularly

Disability – Ontario’s accessibility law adopts the definition of disability that is in the Ontario Human Rights Code.‡ It defines disability broadly:

1. “any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or a wheelchair or other remedial appliance or device,
2. a condition of mental impairment or a developmental disability,
3. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
4. a mental disorder, or
5. an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.”

The definition includes disabilities of different severity, visible as well as non-visible disabilities, and disabilities with effects that come and go.

*How to create an accessibility plan and policy. Toronto: Government of Ontario; 2019.

Available: <https://tinyurl.com/wz58vh2e>
 †Equity and diversity in medicine. Ottawa: Canadian Medical Association; 2019. Available: <https://tinyurl.com/4sud6rbs>

‡2.1 The definition in the *Human Rights Code*. Toronto: Ontario Human Rights Commission; 2016. Available: <http://www.ohrc.on.ca/pt/node/2871>

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