



# *A Case for Disabled Doctors as a Disabled Pre-medical Student*

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Part of my decision to enter medicine comes from my own unsavoury experiences with the medical establishment and individual physicians. I've always been the kid that had to go to the doctor's fairly regularly—something that has only increased since I've gotten older. Between the mental illnesses, neurological disorder, and chronic illnesses, I've experienced many specialties and departments. Many of the healthcare providers I encountered in these departments lacked awareness around their patient's lived experiences and how one can become an expert in their own condition simply by having it. Sympathy and compassion play a big role in proper bedside manner and handling complex patients such as myself; however, empathy is also a large component that cannot be simply taught from reading textbooks. I would never claim to understand the pain of someone living with kidney disease or a prosthetic limb, but I can bring that perspective to someone with chronic pain or lung disease. My experience with other pre-medical students also has not always been encouraging. I have heard them make openly ableist remarks and show a lack of care for the people behind the case studies. Some of these individuals were accepted to medical school holding the mindset of “fixing broken people”, implying that disabled patients all need to be “fixed”.

I would implore you, whether you are in medical school, undergraduate studies, or a practicing physician, to actively listen to patients. It sounds silly because of course you must listen to find symptoms, make diagnoses, and prescribe medications, but there is a human being sitting in front of you who is likely scared or frustrated. I only felt listened to when I had a nervous breakdown in my specialist's office and was visibly distraught. Disabled and chronically ill people develop a bodily awareness that others have the privilege of not needing. Able-bodied patients don't have to monitor every twinge, every pain, every heartbeat, to make sure they aren't about to crash and burn. Disabled patients know when something is wrong and paternalistic statements such as “you're not screaming so you can't be in that much pain” can destroy the doctor-patient relationship.

My current work with EndoAct as a Community Expert is the first time I've felt truly heard by physicians. Even though they are experts in their own fields, they listen to my advice for how to better approach patients suffering from more than ten years of medical mistreatment. We are shut out of so many professions that I am motivated to be an advocate for the disabled community.



Disabled people make up almost a quarter of all Canadians (22% as of the 2017 Census), yet only roughly 11% of working physicians (as of 2011 StatCan reports.) Disabled people are the largest minority group in Canada, yet lag behind other diversity initiatives in medicine to address this fact. I am terrified as to whether my disability will be seen as a hindrance in interviews and applications, but I have no choice. My Tourette's Syndrome doesn't hide, and neither can I. Instead, I can choose to apply my own knowledge to medicine, to use it for empathizing with patients, to stand up against disparaging language or people speak about disabled people like mere case studies. Of course, this opinion piece isn't an indictment of all physicians – many are wonderful and care about their patients as if they were their own family. However, the prestige and status that comes with being Dr Insert Name Here seems to cloud some physicians' judgement of those who are the most regular visitors, disabled people. I would encourage you to seek out disabled voices, understand their distrust in the medical community, and examine your own biases in your practice and studies.

