COMMENTARY

THE AMERICAN JOURNAL of MEDICINE®

Modernizing Medical Culture: Time to Embrace Healthcare Workers with Disabilities

The eyes of others our prisons; their thoughts our cages.

Virginia Woolf

What images does the word "disability" create in your mind? A woman in a wheelchair steering down a ramp or a blind man crossing the street with a walking stick? What about unseen conditions such as *hidden* disabilities? Hidden disabilities include conditions such as learning disabilities, depression, anxiety, post-traumatic stress disorder, vision impairment, deafness, acquired brain injury, chronic migraines, epilepsy, autism spectrum disorder, and fibromyalgia. These disabilities can be hidden from society, healthcare providers, and co-workers; they may be lifelong, develop over time, or arise after an intervening event. Persons with hidden disabilities may appear perfectly healthy since they have no specific appearance or stereotypical mannerism. Yet, their concealed conditions may affect or impair numerous aspects of daily function, often posing undetectable, but significant, challenges at work.

In the United States disabilities are common; 1 in 4 adults (61 million) report having a disability.[1] In a 2019 national survey, 3.1% (95% confidence interval, 2.6%-3.5%) of practicing US physicians self-reported a disability, as defined by the Americans with Disabilities Act.[2] Although the prevalence of reported disabilities in physicians is less than the general population, physicians may choose to not disclose their disabilities, especially hidden disabilities.

The traditional normative perceptions of being a physician include strength, energy, endurance, and health. However, the reality is that physicians are susceptible to health issues, fatigue, sleep deprivation, and burnout. So how does having a disability, apparent or hidden, further impact a physician's well-being, self-identity, and acceptance among their peers? Although we encourage and normalize disclosure in the patients we care for, the risks of revealing a disability can be all too real for the physician or the physician-in-training. We may identify with these conditions, but we fear being identified as having them. Although the medical community recognizes, embraces, and treats patients with disabilities, we may fail to recognize, embrace, and treat our own colleagues with the same care, empathy, and acceptance. Thus, hiding disabilities from our peers may be common; keeping these conditions secret may protect us from unwanted consequences, such as discrimination. Persons with apparent disabilities may have the unavoidable burden of dealing with how others judge them and treat them. They may be exposed to insensitivity, exclusivity, or cruelty. Physicians and healthcare workers with disabilities belonging to underrepresented racial or ethnic groups may face additional discrimination or bias, compounding the challenges they must overcome as they navigate a medical career.

Hidden disabilities in physicians create a persistent stress in daily decision-making—to share or maintain the disguise, to tell or to keep quiet? Fear of disclosure may be warranted given concerns about how their condition may impact peer perceptions about job performance, ability to be promoted, and job security. Keeping a disability hidden avoids the risk of a negative reaction, a label, or a blemish to their core identity as a doctor. Being hesitant to reveal an underlying truth (one that we as physicians would encourage patients to share in their workplace) forces a guarded or suppressed identity at work. As the movie superhero hides their superpowers at work (e.g., while working for the daily newspaper) and saves lives outside of work, the physician does the reverse, taking on the superhero status at work while tackling their personal anguish, pain, suffering, and humanity in safe spaces outside of work or not addressing these needs at all, which may lead to mental health issues.

Although having a disability may negatively impact a person, it does not prevent them from achieving high-quality work that positively contributes to the well-being of others. An example is the pivotal modernist 20th-century writer, Virginia Woolf, to whom the opening quote of this commentary is attributed. Despite suffering from bipolar

Funding: None.

Conflict of Interest: None.

Authorship: All authors had access to the data and a role in writing this manuscript.

Requests for reprints should be addressed to Ryan M. McAdams, MD, Professor, Department of Pediatrics, Neonatology Division Chief, University of Wisconsin School of Medicine and Public Health, Madison, WI.

E-mail address: mcadams@pediatrics.wisc.edu

https://doi.org/10.1016/j.amjmed.2021.12.021

disorder, she was a productive, accomplished novelist who helped pioneer stream of consciousness as a narrative device. Tragically, on March 28, 1941, Woolf walked into the River Ouse near her home in England, her overcoat pockets packed with stones, and drowned herself. Like many types of mental illness, Woolf's struggles with depression were unacknowledged or misunderstood by physicians of her time. Today, while physicians often diagnose and treat depression, physicians themselves also struggle with this disorder. Almost one-third of US medical residents experience a major depressive episode during their training.[3] Recognizing that members of the healthcare community may be afflicted by hidden disabilities, such as depression, we must seek ways to create a safe, inclusive, nonjudgmental environment that addresses their health needs and enables them to thrive.

Modernism, a philosophical movement that emerged in the late 19th and early 20th centuries, was based on a utopian view of human life and society and a belief in forward progress. Influenced by Virginia Woolf and others, modernism promoted changing traditional modes of representation and embraced new forms of expression. In the medical field and academia, we require a similar modernizing effort regarding how physicians with disabilities are often viewed —a conscious break with the traditional thought process is long overdue. It is imperative to eliminate barriers to equitable opportunities in education and training for medical school applicants, medical students, and residents with disabilities.[4] Thoughtful, inclusive policies, training, and clinical accommodations are needed to expand the pipeline of potential medical students who currently may feel discouraged to even consider medicine or certain specialties as an option because of their disabilities.[5] Obstacles to professional advancement for physicians with disabilities in academic medicine must also be removed. Remedies can include adjustment of expectations for work hours, funding timelines, performance reviews, and promotion clocks. A proactive, not reactive, approach to mentoring and supporting medical students, residents, and faculty with disabilities is needed to help them not just survive but thrive in their medical training and careers.

Hospitals and institutional work environments must be accessible and engaging to better accommodate healthcare workers with disabilities. As we strive to promote diversity, equity, and inclusion in medicine, we need to also incorporate "accessibility" in policies and practice, as it is beneficial, not burdensome, to the whole team to hire and retain persons with disabilities. This approach requires that persons with disabilities be included from the start to provide valuable perspectives that may otherwise be overlooked when developing curriculum, policies, and building plans; oversights may be detrimental to persons with disabilities and costly to rectify. An accessible medical work environment empowers persons with disabilities to perform at their abilities, which strengthens our medical community and improves the care we provide. We must avoid stigmatizing students, trainees, colleagues, and healthcare workers with disabilities who already face daily challenges that we as physicians may worsen if we put stones in their pockets. When we hold people back or put them down, we prevent progress. The path forward to a more inclusive medical culture requires a unified effort committed to lifting people up so that we all benefit.

Ryan M. McAdams, MD[a]
Mary Sesto, PhD[b,c]
Pamela J. Kling, MD[a]
[a]*Department of Pediatrics, University of Wisconsin School of Medicine and Public Health, Madison*
[b]*Department of Medicine, University of Wisconsin School of Medicine and Public Health, Madison*
[c]*Departments of Industrial and Systems Engineering, University of Wisconsin School of Medicine and Public Health, Madison*

References

1. Okoro CA, Hollis ND, Cyrus AC, Griffin-Blake S. Prevalence of disabilities and health care access by disability status and type among adults - United States, 2016. *MMWR Morb Mortal Wkly Rep* 2018;67(32):882–7.
2. Nouri Z, Dill MJ, Conrad SS, Moreland CJ, Meeks LM. Estimated prevalence of US physicians with disabilities. *JAMA Netw Open* 2021;4(3):e211254.
3. Mata DA, Ramos MA, Bansal N, et al. Prevalence of depression and depressive symptoms among resident physicians: a systematic review and meta-analysis. *JAMA* 2015;314(22):2373–83.
4. Meeks LM, Herzer K, Jain NR. Removing barriers and facilitating access: increasing the number of physicians with disabilities. *Acad Med* 2018;93(4):540–3.
5. Meeks LM, Jain NR. *Accessibility, Inclusion, and Action in Medical Education: Lived Experiences of Learners and Physicians with Disabilities*. Washington, DC: Association of American Medical Colleges; 2018.