

Episode: Author Interview: “Why Disability Must Be Included in Medical School Diversification Efforts”

Guest: Dorothy Tolchin, MD

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Transcript by: Cheryl Green

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview Series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Dorothy Tolchin, an instructor and Director of Medical School Education in the Department of Physical Medicine and Rehabilitation at Harvard Medical School. Dr Tolchin is also the faculty advisor for the HMS Disabilities in Medicine and Dentistry Working Group and the faculty advisor for the Student Identity Group, HMS Allies in Chronic Illness, Health Conditions and Disabilities. She’s here to discuss her article coauthored with Nicole Agaronnik, Shahin Saberi, and Dr Michael Ashley Stein, [Why Disability Must Be Included in Medical School Diversification Efforts](#), in the December 2021 issue of the Journal, *Health Justice and Diversity in Medical School Admissions*. Dr Tolchin, thank you so much for your time and for being on the podcast.

DR DOROTHY TOLCHIN: Tim, thank you so much for having me and including all of us in this important conversation. We’re delighted to be a part of it. Thank you.

HOFF: To begin with, what is the main ethics point being made in your article?

TOLCHIN: Yeah. So, people living with disabilities are underserved in our health care system, and underrepresentation within the medical profession of clinicians living with disabilities contributes substantially to this problem. In order to foster equity at all levels of the health care system, disability must be explicitly included as a valued element of diversity, and this includes ensuring a medical school admissions process that is uniformly welcoming to applicants living with disabilities. Increasing the number of medical students living with disabilities will enable the medical profession to improve patient care over time, and importantly, to dispel longstanding, inaccurate, ableist assumptions that affect both patients and clinicians.

HOFF: And what do you see as the most important thing for health professions students and trainees to take from your article?

TOLCHIN: For students and trainees? Well, it is really important to remember that the presence of clinicians with disabilities in the health care workforce benefits both patients and clinicians, and not just patients and clinicians who happen to be living with disabilities. In terms of patients who are living with disabilities, which is over 61,000,000 people in the United States and over a billion people worldwide, patient-provider concordance with regard to disability—so, patients living with disabilities having clinicians who are also living with disabilities—can facilitate meaningful patient-centered care and ongoing engagement with that care. This is really important.

In addition, clinicians living with disabilities, through the patient notes that they write, through their word choices when they communicate with colleagues, through the example of their workplace accommodations if they happen to be needed, through their direct teaching if they choose to provide it, attune their colleagues and our health care systems to considerations relating to decision making, access, inclusion. This improves the quality of care for all patients and workplace quality for all clinicians.

I would also say to students and trainees, it is true that medical schools themselves can be important agents of change, right? So, identifying and addressing barriers in the admissions process for medical school applicants living with disabilities will help ensure that individuals living with disabilities can access opportunities to become physicians. So, too, can every student and trainee be an agent of change. My coauthors and I hope that our article will inspire all of you, whether you identify as having a disability or not, to seek and embrace the disability perspective from your peers, have more conversations, do more teaching and learning, develop more disability humility, and benefit from the broad collective experience of all of your peers. This is how, as a health care profession, we can develop an informed, well-grounded approach to high quality, accessible, inclusive clinical care. We're all a part of this.

HOFF: So, if you can add a point to your article that you didn't get to fully explore in the allotted space, what would that be?

TOLCHIN: So, we talk about one way to increase representation of individuals living with disabilities among training and practicing clinicians, which is to foster equity in admissions for medical school applicants living with disabilities. Now, we focus in our article on the role that medical schools themselves can have, so opportunities for making admissions processes more welcoming and available for applicants living with disabilities. But the admissions process is not one single point or place in time. The application process is long, and through the process of even considering whether or not one might apply to medical school, potential applicants will look for mentors who have come before them. And sometimes potential applicants cannot find local students, trainees, or clinicians living with disabilities to serve as role models. So, here, pre-medical programs and advisors can play an extremely valuable role in supporting and mentoring potential applicants living with disabilities. In turn, this will foster greater representation of applicants living with disabilities and more equitable access to the admissions process itself.

And there's also a role here for undergraduate and graduate medical training programs in supporting medical school applicants living with disabilities by providing a supportive environment for all learners and demonstrating that all learners are truly welcome in our profession.

I would also add that "disability" is an umbrella term that includes individuals of all ages and identities who hold a wide range of diagnoses, experiences, and needs. One of my lovely coauthors, Shahin, pointed out that we should really mention that while there are certainly unifying concerns across disability identities, there are also potential barriers in the medical school admissions process that are uniquely faced by individuals with different types of disability identities. So, efforts should be made to understand and address the needs of individuals with all types of disabilities.

So, I'd like to just share one more point, which is that it is really important that when we think in the big picture about fostering equity in health care for individuals living with disabilities, that we ensure that our health care workforce includes, of course, clinicians

with disabilities and then also clinicians who are allies, those who have insights built upon close personal, professional, or other experiences. I'm optimistic that as we increase representation of clinicians living with disabilities and actively value the insights of allies, that all clinicians will be allies, and all patients will experience greater access to and outcomes of health care. [theme music returns]

HOFF: Dr Tolchin, thank you so much for being on the podcast and for you and your coauthors' contribution to the Journal this month.

TOLCHIN: Thank you so much.

HOFF: To read the [full article](#) and the rest of the December 2021 issue for free, visit our site, JournalofEthics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.