Lydia Smeltz: Thank you for having me.

TIM HOFF: So, to begin with, what is the main ethics point that you and your coauthors are making in this article?

SMELTZ: People with disabilities account for one in four US adults, and importantly, people with disabilities experience worse health outcomes compared to non-disabled patients. These health disparities are often not directly due to their disabilities, but instead due to ableism, which is discrimination and prejudice against people with disabilities. Ableism can be conceptualized that those who live with a disability are less than those who live without disability. A unique aspect about disability is that it’s an identity that you can exit or enter at any point in life. For example, some people may temporarily be disabled or may acquire a disability later in life. Behaviors, assumptions, and frank ableism drive poor decision making, leading to health disparities. We have an ethical imperative to foster disability humility and better serve our disabled patients. That duty starts with critically revamping the way we teach disability from the moment the health professions students begin their health career education. Additional ethical subpoints about this education should not burden our minoritized colleagues by forcing them to constantly educate their colleagues, and that disabled people should be equitably included and represented in curriculum development, implementation, and evaluation.

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

SMELTZ: We hope that trainees take away the critical importance of disability consciousness. This multilayered model allows one to constantly interrogate and question their assumptions and beliefs. We operate within an ableist training system and clinical system, and thus, in order to provide equitable care, you must be first, thinking about possibilities and barriers present for your patients, and then secondly, challenging those assumptions and beliefs in every single patient interaction. One person alone cannot overcome ableism. Similarly, you won’t be able to one day check the box and say, “I’m good now. I’m officially disability conscious.” However, this approach of building a disability-conscious workforce requires developing the active skills of consciousness, which will help improve health equity for patients with disabilities and promote a more holistic understanding of this population.

TIM HOFF: And finally, if you could add a point to your article that you didn’t have the time or the space to fully explore, what would that be?

SMELTZ: We wish to acknowledge the important work that has been done by health professions students to already improve disability education and encourage these students to continue to
collaborate with each other and to engage with Disability Studies and disability justice work. Interdisciplinary curriculum and collaboration will be important contributors to accomplishing this mission. [theme music returns] Researchers, advocates, allies, and so on have been pounding the drums for years about the importance of this issue. Now is the time to act.

[00:03:42] HOFF: Lydia, thank you so much for your time on the podcast today, and thanks to you and your coauthors for your contribution to the Journal this month.

SMELTZ: Thank you for having us.

HOFF: To read the full article as well as the rest of this month’s 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.