

Navigating medicine with a physical challenge

Dr Dinesh Palipana

OAM, LLB, MD

Senior Resident, Emergency Department, Gold Coast Hospital and Health Service

Lecturer, Griffith University

Dinesh was the first quadriplegic medical intern in Queensland and the second person to graduate medical school with quadriplegia in Australia. Dinesh earned a Bachelor of Laws (LLB) prior to completing his Doctor of Medicine (MD) at Griffith University. He has completed an Advanced Clerkship in Radiology at Harvard University. Halfway through medical school, he was involved in a catastrophic motor vehicle accident that caused a cervical spinal cord injury. As a result of his injury and experiences, Dinesh has been an advocate for inclusivity in medicine and the general workplace. He is a founding member of Doctors with Disabilities Australia. Dinesh is currently a resident medical officer at the Gold Coast University Hospital. He is a lecturer at the Griffith University and adjunct research fellow at the Menzies Health Institute of Queensland. He has a research interest in spinal cord injury, particularly in novel rehabilitation techniques. Dinesh is the Gold Coast University Hospital's representative in the Australian Medical Association Queensland's Council of Doctors in Training. He is a member of the scientific advisory committee of the Perry Cross Spinal Research Foundation, disability advisory council at Griffith University, and the Ambassador Council at the Hopkins Centre. Dinesh was the Gold Coast Hospital and Health Service's Junior Doctor of the Year in 2018. He was awarded the Medal of the Order of Australia in 2019.

Corrected Proof

Globally, the landscape for medical students and doctors with physical challenges is changing. In nations such as the United Kingdom (UK) and United States of America (USA), initiatives like Welcomed and valued [1] and #DocsWithDisabilities [2] have encouraged inclusivity in medicine. In Australia, the environment remains in a state of transition.

After sustaining a spinal cord injury during medical school, I have had the opportunity to explore the positive changes that we can make locally to improve accessibility in medicine.

My journey

In 2008, I started medical school at Griffith University. On 31 January 2010, early in the third year, I was involved in a single vehicle motor vehicle accident. The accident was caused by something on the road that made the vehicle aquaplane. The fire truck approaching the scene also lost control from the road conditions.

As a result of the accident, I sustained a cervical spinal cord injury. The injury affected my fingers, triceps, and all sensorimotor function below the chest. I was a patient at Brisbane's Princess Alexandra Hospital for the better part of a year. I convalesced for another four years.

In 2015, I again started my third year at medical school. Griffith University carried out detailed preparation before formally re-commencing my medical education.

Preparing to return

The first step was to confirm that the Australian Health Practitioner Regulation Agency (AHPRA) accepted my re-enrolment as a medical student. This also began an early but long-term discussion about obtaining registration as a medical practitioner at the end of medical school.

Secondly, the medical school arranged time for developing clinical skills in the laboratory. Funding was provided by disability services. Clinicians and simulated patients gave time to develop techniques for utilising my physical function to safely perform clinical skills to maximal effect. This was a valuable exercise, as I was able to, for example, learn ways to insert a cannula with assistance, which was thought to be an impossible task.

Thirdly, we met with the relevant clinical supervisors at the hospital to plan each rotation. The school then developed a suitable rotation pattern, beginning with the less physically demanding specialty of psychiatry. The elective rotation was taken in radiology at the Harvard Medical School and Massachusetts General Hospital, where no issues were raised during initial inquiries about hosting a student with a spinal cord injury.

Finally, the medical school planned for exams and performed other activities, such as installing an automatic door in the medical school. The disability services obtained a licence for a medically-oriented voice recognition package.

Outside the medical school, I secured appropriate equipment and necessities for life to ensure success. For example, due to the requirements of a spinal cord injury, I sometimes needed to wake up at 3:30AM to get to the hospital in time. These challenges required detailed personal planning.

Traversing medical school

With a well-planned approach, traversing medical school revealed no unexpected challenges. However, there are some surprising developments in the Australian environment for medical students with physical challenges.

Shortly after I commenced medical school again in 2015, the Medical Deans of Australia and New Zealand (MDANZ) developed the *Inherent requirements for studying medicine in Australia and New Zealand* [3]. The first iteration of this document prescribed physical characteristics that a medical student should have. If applied strictly, I could have been excluded from studying medicine. The document has since undergone some revision, but some medical schools have adopted it in spirit. Similarly, the Australian Council for Educational Research (ACER) has recommended the inherent requirements document for potential candidates considering the Graduate Medical School Admissions Test (GAMSAT) [4].

Nonetheless, I successfully completed all clinical rotations and examinations, including objective structured clinical examinations (OSCEs). The OSCEs retained external observers from other institutions to ensure the integrity of the assessment. I graduated with awards in 2016. AHPRA was thorough, methodical, and prompt with granting me provisional registration.

Despite this, the next challenge was employment.

Employment

Generally, domestic medical graduates are guaranteed an internship in their home state [5]. Due to the injury, my application was removed from the pool and entered into a separate process. This process continued until two days before the 2017 interns commenced, leaving uncertainty whether an internship would be offered to me at all for that year. While this was the approach in Queensland, the Australian Capital Territory noted that they do not consider interns differently due to physical challenges. Two hospitals in New South Wales and Victoria offered to talk to me with a view of potentially offering an internship in a later year.

This was a challenging time. Despite passing exams, performing well in clinical rotations, and earning awards, merit did not seem to matter in securing an internship. However, with the support of advocates, the community, and the media, I commenced an internship in 2017.

I have worked in vascular surgery, emergency medicine, radiology, general medicine, psychiatry, and obstetrics and gynaecology during my time as a doctor. Radiology was the most resistant department to having a doctor with physical challenges. The emergency department has been supportive since I was a student. It is where I have spent the majority of time. In 2019, it was the busiest department in the country. An inclusive approach by the department has allowed me to practice independently and, hopefully, effectively. I was awarded the Junior Doctor of the Year Award for 2018.

My discussions with specialty training colleges have been positive. By and large, the specialty training colleges of Australia appear to have an inclusive approach. Training sites have variable approaches as employers.

The main challenge from my experience, and that of others in similar situations, is employers. For example, I have been working with an anaesthesiologist in New South Wales. His hospital noted that there would be a risk associated with having someone in a wheelchair

on the hospital grounds. In contrast, an emergency department in the same state went to great lengths to accommodate an emergency doctor with a more significant injury.

Policy in Australia compared to its international counterparts

The policy environment in Australia is still developing. The document detailing inherent requirements for studying medicine, for example, is still undergoing change. As of 2019, the Australian Medical Association Queensland is leading some changes to promote inclusive employment and training in medicine.

In 2019, the General Medical Council (GMC) of the UK launched an initiative called ‘*Welcomed and valued*’. Per their website, “*Welcomed and valued provides advice for medical schools and postgraduate educators on how to support disabled learners, and those with long term health conditions. We firmly believe disabled people should be welcomed to the profession and valued for their contribution to patient care. A diverse population is better served by a diverse workforce that has had similar experiences and understands their needs*” [1].

As a regulator for doctors in the UK, the GMC encourages medical schools and employers to progress the careers of medical students and doctors with physical challenges through guidelines launched within this initiative.

Despite powerful overarching policy changes, I have had discussions with UK doctors who have been met with significant challenges in maintaining employment and training following physical injuries.

In 2018, the Association of American Medical Colleges (AAMC) in the USA released a report titled *Accessibility, Inclusion, and Action in Medical Education: Lived Experiences of Learners and Physicians With Disabilities* [6]. The report explored experiences of medical students and doctors with disabilities and laid the foundation to create change. The reports made suggestions such as including disability in statements that welcome diversity and developing outcomes-based technical standards.

The University of Michigan developed technical standards in 2016 that demonstrated such an approach [7]. Where a standard is outlined, it is qualified at the end by a line similar to “*the candidate must demonstrate alternative means and/or abilities to*” completing the task.

The impetus created by changemakers in the US has also lead to successful campaigns, such as #DocsWithDisabilities [8].

However, some countries still remain in a state of development in this area. The Medical Council of India made a decision to exclude people with a greater than 80% disability in selected disability categories from practicing medicine [9]. It is unclear how such percentages are calculated. This decision is being fought in the courts as of 2019.

Parting thoughts

In a publication for the British Medical Association in 2007, Sir Bert Massie stated that “By welcoming more disabled medical students, and by retaining more disabled doctors in employment, the profession will improve its outward facing service and better reflect modern society” [10].

Historically, the medical profession has been a thought leader in what is just and right. We are at a transitional point in our society, where everyone is encouraged to be included in education, employment, and the community. During my journey, I have found us to be falling short.

What we do may have an effect for other professions. It may influence other parts of the community.

I hope that, in Australia, we soon become leaders and leave discrimination as a thing of the past.

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DWDA

Doctors with Disabilities Australia (DWDA) advocates for inclusivity in medical education and employment. <http://www.dwda.org.au>

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WITH DISABILITIES

