

Is ableism still entrenched in the medical profession in South Africa?

To the Editor: On 2 November 2023, the Minister of the Department of Women, Youth and Persons with Disabilities, Dr Nkosazana Dlamini-Zuma, kick-started the Disability Rights Awareness Month (DRAM) campaign in South Africa (SA). We join the global community to commemorate Disability Rights Awareness Month from 3 November to 3 December, which marks the International Day of Persons with Disabilities (IDPD).^[1] The theme for DRAM is 'Consolidate and accelerate rights of persons with disabilities into the future', while the IDPD focuses on 'the importance of inclusivity, accessibility and equal opportunities for individuals with disabilities, while also celebrating their achievements and contributions to society.'

A global call to strengthen efforts towards training more healthcare providers with disabilities highlights an under-representation of medical doctors with disabilities.^[2-6] The General Medical Council acknowledges their contributions to medicine.^[7]

The SA Medical Association (SAMA) represents the interests of medical doctors from the private and public sectors, yet how this commitment impacts members with disability in setting the baseline for inclusion in SA is unclear.^[8] Is this evidence that ableism is still entrenched in the medical profession? The experiences of Sarah Whitehead, who is a member of SAMA, are worth documenting.

Sarah was able-bodied when she commenced undergraduate studies in medicine at a university in SA in 2005. Mid-way through her final year, she was diagnosed with a condition that affected her mobility and speech (dysarthria). She narrates her experiences:

'Initially, the faculty authority figures to whom I disclosed my condition were supportive. I continued with all my clinical responsibilities. A month before my final exams, the attitude of these authority figures shifted, without warning, to insist on labelling me "an impaired student".^[9,10] They felt I was a danger to myself and others. This labelling was done with no acknowledgment of the fact that I had completed and managed all clinical tasks and responsibilities required of any final-year student without any complaints or concerns. This embarrassing and humiliating labelling meant that I could graduate but never practise clinical medicine. During the final month, my fellow students and some doctors were incredibly supportive. After an external committee overturned the faculty's decision, I was allowed to graduate in 2010 and commence my internship.

'My 2-year internship was full of discriminatory moments, mostly from senior doctors. One look at my mobility challenges was often all it took – without the person getting to know me – for them to assume that I couldn't do my job. Again, my fellow interns were generally very supportive, though I had to work harder than other interns to prove my abilities.^[9,10] I felt more accepted as a doctor in my community service year, especially by patients.'

These experiences stirred Sarah's interest in disability inclusion in the undergraduate medical curriculum. She obtained her PhD in 2023.^[11] This story sits among many other stories of medical practitioners with different disabilities, who make critical contributions to healthcare.^[7,12,13] We hope this letter generates dialogue and action on disability inclusive health systems.

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