

Doing the right thing for our patients with disabilities

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Many Canadians are limited in their daily activities because of a disability — whether temporarily from illness or permanently¹ — and are more likely to require medical care. So it seems logical that doctors' offices, of all places, would be set up to be barrier-free, to be easily accessible for these patients. Yet the reverse appears to be true at times. There are few regulations around accessibility that apply to doctors' offices. As a result, patients may face major challenges when visiting their physicians, which in turn can lead to poorer health outcomes.

In 2012, about one in seven adults in Canada reported having a disability.¹ With our aging population, this number is expected to rise substantially over time. About 26% of those aged 65–74 years are limited in their activities, and this proportion increases to 43% among those 75 years or older.¹

Most adult Canadians with disabilities are affected by pain or difficulties with mobility or flexibility — or a combination of the three.¹ These factors can affect a patient's ability to climb stairs or onto an examining table, use a washroom to provide a sample or navigate halls in a wheelchair. A substantial distance from public transit or from the parking lot to the clinic can present a major challenge.

Although many doctors think their practices are accessible, their patients with disabilities may think otherwise.² A study in Ontario showed that only 15% of practices had an accessible examination room with an adjustable bed.³

Barriers in accessing health care can have negative effects on health. This is particularly concerning because people with disabilities, as a group, have more chronic diseases and conditions.⁴ They may experience reduced independence and a loss of confidentiality because of the need to rely on others to access medical care. Some may have to make multiple visits to have their needs addressed, while others may give up entirely and avoid seeking health care.² People with disabilities have about three times as many unmet health care needs as those without.² It is no wonder that some develop a distrust of the health care system.

So why then aren't all doctors' offices accessible? Retrofitting older medical offices can be expensive, and achieving a barrier-free environment may be difficult given the existing physical space or leaseholder agreements.⁵ Historically, doctors' offices have been classified as part of the private sector and have not been subject to the requirements applied to the public sector.² Medical regulatory bodies encourage physicians to make their offices accessible, but in general have stopped short of requiring a barrier-free environment.

This situation may soon change, however. Recently, several provincial governments have announced an increased

commitment to improving accessibility to health care. The Ontario Ministry of Health and Long-Term Care and the Accessibility Directorate of Ontario, for example, have launched a consultation process that will inform the creation of a potential new accessibility standard for health care to be implemented by 2021. The ministry notes that the health care sector serves patients with temporary or permanent disabilities at all times, which sets these facilities apart from other businesses and organizations.⁶

This consultation will likely force the issue in Ontario (and other jurisdictions may act similarly), but doctors can do some things now to improve health care for patients with disabilities. Barriers to accessing care exist at many levels,² but improving the physical environment, even with some basic interventions, can have a major impact on accessibility.

Such interventions include a height-adjustable examination table or something as simple as a firm chair with armrests to help those who have difficulty moving from a sitting to a standing position.⁵ Some patients have had to find a new doctor after developing a disability that prevented them from navigating entrance stairs. Adding a ramp with railings could have solved that problem.⁵ Doors should be wide enough to accommodate scooters or wheelchairs. Grab bars and emergency call bells in washrooms will make those rooms less treacherous for many.⁵

We can wait for the ministries of health to tell us to do the right thing for our patients with disabilities — or we can just do it now.

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