

Able medics transcript – episode two

How disability is viewed – by patients, colleagues and educators

TANITA: Hello and welcome to *Able medics*, a podcast from the General Medical Council. I'm Tanita Cross, producer of this series and the GMC's Digital Content Officer.

We've just published updated guidance for educators on how to support disabled people to become doctors – during their time at medical school and in the workplace.

To help us draft the guidance, we spoke to lots of disabled medical students and doctors, and we want you to hear their voices and stories too. All views shared in this series are personal and do not reflect the views of the GMC.

You can visit www.gmc-uk.org/ablemedics to find out more about our guidance, which is called *Welcomed and valued*.

And if you want to share your story or give us feedback on the podcast, we'd love to hear from you. Tweet us @gmcuk and please use the hashtag #ablemedics.

IOANNA: Hi, I'm Ioanna Maraki and I'm an Education Policy Manager here at the GMC. For the last two years, I've led our review on health and disability and that has made me passionate about making sure medicine is an accessible and inclusive profession.

Last time on *Able medics*, we celebrated the valuable contribution that disabled doctors already make to our health services.

Today, in episode 2 of the series, we're talking about how disability is viewed by others, including patients, colleagues and educators, and what impact that has on doctors who have their own health needs.

IOANNA: In the last episode, we ended with Professor Kate Thomas from the University of Birmingham.

KATE THOMAS: *One of the things that I really feel is I'm a better doctor for having been ill and a better doctor for knowing what it is to be depressed.*

IOANNA: Dr Kelly Lockwood and Dr Hannah Barham-Brown, who both have Ehlers-Danlos Syndrome, told us their stories about how their condition helps them connect with patients.

KELLY LOCKWOOD: *Because of my anaesthetics experience, I see a lot of patients with chronic pain as a GP, and I've got the advantage that I haven't got a hidden disability. I don't feel like I'm disclosing something to patients that is a complete shock to them or that's inappropriate. They can see I'm in a wheelchair, they know I'm disabled, so sometimes if people really are struggling with pain relief and side effects – and they do sometimes feel like you, as a doctor, you just prescribe something and it doesn't really matter to you if that's going to make them feel ill for three days because that's not your problem, it's them that are having to go through that.*

And sometimes I do say to patients 'look, I've lived, and I live with daily pain and I know what it's like, and I am going to do the best that I possibly can to make sure that we do the best for you'. And just that patient having that faith in you – they almost feel then like they can have that confidence and trust in you, because you know how horrible it is and you're not going to let them suffer that if there's a way of making it better for them.

So, I do sometimes disclose things like that to patients, and I think that actually goes an awful long way to building that rapport and that relationship and that trust.

HANNAH BARHAM-BROWN: *The other day that was a kid in a corridor in a wheelchair and I'd seen him in a waiting area earlier and he didn't stop looking at me. I waved back. My wheelchair has light up front wheels that light up in different colours whenever I move. And so later on he was rolling down the corridor and I caught up with him, and me and him had a race down the corridor [laughter].*

He got really excited by my front wheels and he had amazing spoke covers with tigers on them. We had a great time, and his mum was like 'thank you so much – it's so lovely for him to see somebody in a wheelchair, working and doing stuff and having a great life'.

And I think that's the key thing actually - that's why I get so passionate about us as physicians reflecting our patients because I think that really helps everybody. It's so important. There's a lot of joy in being a disabled doctor sometimes, even if it doesn't feel like it.

IOANNA: Dr Su Sukumaran works mainly with children. In her twenties, when she was training in paediatrics, Su had a stroke. She developed weakness on one side of her body and lost the use of one arm. With the right support, Su was able to continue her medical

training by switching to psychiatry. She has now been a Consultant Child Psychiatrist for twenty years and is struck by how her disability can help parents of the children she works with open up to her.

SU SUKUMARAN: *In my job, I deal with children and families. The number of inspirational parents I've met – who themselves have got chronic illnesses or disabilities and have been struggling with parenting these children with either mental health or additional problems – how they keep going and going, and fighting and battling, obviously to get help for their children and ensure they've got a place in school, get housing – all sorts of very, very basic things that the rest of us often take for granted.*

How often they'd feel they could make a connection with me because I had a disability and they thought, 'well, you know a little bit about the system'. And so they would open up and perhaps be more open with me and frank and talk about their own depression or struggles, which often I think they didn't feel safe doing with other professionals that they saw that saw their children. So that kind of openness and trust you get from some people and some families when you have a disability yourself, I think, is really special.

IOANNA: Sometimes, though, patients can get thrown off by seeing a doctor with a visible disability. Here's GP Kelly Lockwood again.

KELLY LOCKWOOD: *When I call them into the room - we have an electronic board usually that we call them into – so the first time they actually lay eyes on you is when they walk into your consultation room. And I've had people stop at my door and say 'oh sorry, have I got the wrong room?' 'No.' 'Oh, are you Dr Lockwood?' 'Yes.'*

You can see the thought processes that are going on there but normally when they realise, and they stand there for a couple of seconds and they have that realisation, 'oh okay, it is a doctor in a wheelchair, that must be okay then, yeah alright, I'll go in'. Luckily, that's as far as it's got.

I've had some comedy moments where I've had patients sit down with a very puzzled look on their face and say to me 'you're in a wheelchair'. And the temptation has always got to be to say 'oh gosh, am I?' [laughter] But I do tend to refrain from doing that...

HANNAH BARHAM-BROWN: *Generally, people are really positive. You get a few people who just don't really know what to make of you. So, they'll automatically assume you're a patient, so you can get some funny looks when you're suddenly putting a stethoscope on and picking up patient notes and doing the job of a doctor. But on the whole, patients and staff are all really positive towards me.*

IOANNA: Sadly, disabled doctors and medical students and those with health needs don't always feel fully accepted into the profession by their medical colleagues. Here's Professor Kate Thomas again.

KATE THOMAS: *I think there is undoubtedly, and I feel that this is sad to say about a profession that spends its time dealing with people with all sorts of disabilities and health problems, but I think that there are still doctors who say 'oh well you can't be a doctor if you've got dyslexia. I mean how would you prescribe safely?' or 'you can't be a doctor if...' and I think that is a barrier that sometimes is really difficult for students because they will come across someone who is just very resistant and negative, and instead of saying 'okay, how can I help you?', they're just very defensive about it.*

HANNAH BARHAM-BROWN: *I was working in an A&E department, which I loved – it was a fantastic job, and about two in the morning, this guy walked past me in the unit. I'd never seen him before, but he was clearly a member of staff. He looked at me, looked at me in my chair, and said 'um should you even be at work? Are you alright?' and just carried on walking.*

And normally I'm really like... water off a duck's back with everything, particularly in an A&E department where people come in drunk, they'll say stupid things, you kind of expect it. But you don't expect it from a colleague. And I just burst into tears in the middle of the shop floor. Because I was so taken aback and so completely thrown. I was having a great shift, I was really enjoying my job, I was on top of the world. And suddenly somebody just said something and questioned my entire existence as a doctor and it just hit me so hard.

MIKE MASDING: *I think the stigmas around declaring health issues are still there in medicine. And I can remember it at the start of my career where you were expected just to soldier on under very difficult circumstances. I think there'll be a lot of people who still have that attitude. Hopefully as years go by that will change.*

IOANNA: Dr Mike Masding is the Foundation School Director in Wessex and the Chair of the UK Foundation School Directors Committee. He's been involved in medical education since he became a Consultant in 2003.

I also spoke to Professor Andy Grant, Chair in Clinical Education at Swansea University, about where this stigma comes from. Andy is a GP and has a major research interest in the mental health of medical students and doctors in training.

ANDY GRANT: *I think there are some rather judgemental attitudes that people with mental health problems may not be able to practise as a doctor or may only be able to practise in a limited way. This seems to be a subliminal message that gets out there to junior doctors and students very easily. It's very hard to counter – this is a strongly held view amongst medical students and junior doctors.*

IOANNA: Where does this view that people with health problems can't be doctors come from? Sometimes that pressure can come from medical students and doctors themselves.

MIKE MASDING: *I think sometimes there's the personal issue of admitting to yourself that you're perhaps not as perfect as one might be. I think doctors are very high achievers and these guys that come from medical school, you know, they've done exceptionally well*

to get into medical school, they've done exceptionally well to get through medical school, they've achieved a lot, they've generally succeeded. And then it may be quite hard to admit to oneself that you're not working at 100% and you're not feeling so great. Sometime s it's about getting people to be a bit more self-aware that it's alright to say I'm not very well, it's alright to say I've got a disability.

KATE THOMAS: *I think sometimes the barriers are within individuals. I think that for a lot of students, they never see anyone senior to them – or very rarely see them – acknowledging that they've had any difficulties or faced any challenges or barriers themselves. So, they tend to think well it must just be me – everyone else must be able to do it. And they feel inhibited about being open and they worry about asking for things, or even just saying 'actually I need help'. And I think that when we're talking to students, one of the things we try to say is 'you're not alone, there will be lots of people who have faced what you have'.*

ANDY GRANT: *Those who have mild or moderate mental health problems will usually keep it to themselves, discuss it with their families and their friends, discuss it with their GP, but won't discuss it with anybody at work. And, as long as they're able to do their job, there's no reason why they shouldn't do that – they don't have to disclose their illness. But, we do want people not to feel that they have something they can't discuss, they can't open up about.*

IOANNA: If a trainee doctor does open up about their disability or health condition, what reaction can they expect? Here's Foundation School Director, Mike Masding's experience.

MIKE MASDING: *People are very sympathetic and will try and offer a lot of help and will try and listen and accept that they have an illness and it needs sorting out. My experience is that trainees are often very surprised and a comment we have a lot from our professional support unit is that trainees wish they'd been referred earlier, wish they'd got involved earlier, because they realised how supportive it was and how helpful people would be.*

I would encourage anyone, any doctor at all who's ill or has a disability or whatever, just to talk to their colleagues and whoever's running their training about it. Most of the time – I can't promise all the time – but most of the time I'm sure you would have a sympathetic ear and people would try and help you.

IOANNA: Join us next time when we'll talk to doctors and educators about how to approach and access reasonable adjustments, and why flexibility is vital for disabled doctors.

In the meantime, please tweet your feedback on this episode @gmcuk and visit gmc-uk.org/ablemedics to find out more about our *Welcomed and valued* guidance and to read more stories like these.

Thank you for listening.

TANITA: *Able medics* is a podcast by the General Medical Council. It was hosted by our Education Policy Manager, Ioanna Maraki, and it was produced by me, Tanita Cross.

Thanks to Nick Drew, Lorie McManus and Steph O'Connor from the GMC for their support. And thanks to our guests, Kate Thomas, Hannah Barham-Brown, Kelly Lockwood, Su Sukumaran, Mike Masding and Andy Grant.