

Ability Bias in the Health Professions

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Ability Bias

Ability bias is the assumption that able-bodied people are the norm in society, and that people who have disabilities must either strive to become that norm or should keep their distance from abled people. A disability is thus, inherently a "bad" thing that must be overcome. In this worldview disability is a flaw, or a failing, rather than a simple consequence of human diversity. Being aware of this commonly-held bias increases our effectiveness as clinicians.

Disability Rights 101: Nothing About Us Without Us

- Disability is a natural part of the human experience. The lives of people with disabilities are inherently meaningful and valuable.
- Disabilities of all kinds are spread unevenly across all populations; no one is completely disabled in all areas, nor is anyone completely abled in all areas. Physical, programmatic and communication access to care are civil rights. (It's the law!)
- Disability is not simply a characteristic of an individual, but a failure to accommodate the needs of individuals.
- Inclusion requires proactive thought and action. Inclusion means that all parts of the social and physical infrastructure are accessible. This includes recognizing that illness often presents in unusual ways. It requires active work to identify signs and symptoms of illness.
- People with disabilities are usually much happier than they are judged to be by others.
- Assumptions about another person's quality of life should never be used to justify offering or denying treatment.
- Parents and professionals do not speak for people with disabilities, but can be allies and supporters.

The Role of the Health Professionals in Addressing Bias

Health professionals have a lot of influence over the lives of people with disabilities. We control access to medical care. Often, we also control access to education, employment, transportation, housing, services, supports, assistive equipment, and public benefits. In many situations we even control the opportunity to make decisions and form and maintain relationships. We influence research questions, funding and methods. Our research drives public policy.

With that power comes the responsibility to become self-aware about our own ability bias. The bias can be seen when we define "normal" and label differences as "abnormal", or when we define a patient solely based on deficits rather than on strengths. Our words, actions and leadership matter. By addressing our own bias, we have a tremendous opportunity to improve the quality of life for people with disabilities.

Ability Bias in Professional Speech

Our institute is dedicated to reducing the burden of people with disabilities on their families and society.

Our institute is dedicated to providing people with disabilities therapies that improve skills and function.

I have tragic news about your child?

Maxine is a beautiful child with the following strengths and challenges. We are here to help her develop her strengths so she can achieve her potential.

?Autism Epidemic ?

?Neurodiversity Movement?

The burden of caring for elders with dementia threatens the productivity of our employees.

It is a business imperative that employees have the support, flexibility and resources they need to be productive while caring for elders with dementia.

She is wheelchair bound and dependent on MediCal.

She uses a wheelchair and receives services and benefits which enable her to go to school, work and socialize with family and friends.

The burden of caregiving will stress your marriage, so consider institutional care?

Stress in your marriage may be a sign that you don't have the support, resources and respite you need. Let's assess your needs and develop a plan to get you the help you need.

This was a poor ultrasound study due to the patient's inability to get on the exam table.

When making his appointment, we inquired about his needs and arranged accommodations to ensure that we got a good ultrasound.

I am a parent/professional and can represent people with disabilities.

As a professional ally, I insist that we include self-advocates in this decision.

That patient in exam room #5 is so adorable!

Mr. Smith, in exam room #5, brought in a list of concerns to discuss about his upcoming surgery.

The disabled showed up at the meeting.

People with Traumatic Brain Injury and Deaf and Autistic advocates were invited to help plan and participate in the meeting.

You're so brave. I can't imagine being wheelchair-bound.

As you requested, we have two staff to help you transfer to the High/Low exam table.

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Language

English

Document Tags:

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