AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 317 (A-19)

Introduced by: Resident and Fellow Section

Subject: A Study to Evaluate Barriers to Medical Education for Trainees with Disabilities

Referred to: Reference Committee C (Nicole Riddle, MD, Chair)

Whereas, Section 504 of the Rehabilitation Act of 1973 states that individuals with disabilities should not be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance1; and

Whereas, The Association of American Medical Colleges (AAMC) published guidelines for technical standards (TS) in 1979 in response to Section 504 of the Rehabilitation Act of 19732 which called for “certain minimal technical standards for physicians that must be examined and enforced in the admissions process” and placed an emphasis on the MD degree encompassing “a broad undifferentiated degree attesting to the acquisition of general knowledge in all fields of medicine and the basic skills requisite for the practice of medicine”3,4; and

Whereas, The above stated TS often emphasize sensorimotor over cognitive abilities, which therefore serve as a barrier for matriculation of students with disabilities5 with research supporting this claim6; and

Whereas, The Americans with Disabilities Act of 1990 (ADA) prohibits institutions of higher education from discriminating against a qualified person on the basis of disability in admission or recruitment and requires entities that must comply with the law to make reasonable accommodations in order to afford an otherwise qualified applicant an equal opportunity to participate in institution’s programs7,8; and

Whereas, Despite passage of the ADA, parity has not been realized for people with disabilities hopeful of starting a career in medicine as demonstrated by the fact that 19 percent of America’s noninstitutionalized population has a disability9 compared to 1 percent of medical

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3 Association of American Medical Colleges. 4.
4 Association of American Medical Colleges. 5.
students\(^6\) and 2-10 percent of practicing physicians\(^{10}\) although technical accommodations are widely available and used; and

Whereas, The majority of US medical schools’ and residencies’ TS do not explicitly support accommodating disabilities and furthermore “do not support provision of reasonable accommodations for students with disabilities as intended by the ADA” thus precluding individuals with disabilities from enrolling\(^6\); and

Whereas, TS uphold the largely unspoken standard of the “undifferentiated physician”—meaning all students graduating from medical school should be able to enter any medical specialty—though this is an unrealistic expectation for even students without disabilities and therefore rejecting students with disabilities based on limitations that would qualify them as unfit for certain specialties is an unjustified exclusion\(^5,11\); and

Whereas, The majority of US medical schools’ and residencies’ TS require students to demonstrate certain physical, cognitive, behavioral, and sensory abilities without assistance, therefore, highlighting the students’ limitations\(^6,8\) and have not been revised since their original form in 1979; therefore be it

RESOLVED, That our American Medical Association work with relevant stakeholders to study available data on medical trainees with disabilities and consider revision of technical standards for medical education programs. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 05/01/19

RELEVANT AMA POLICY

Preserving Protections of the Americans with Disabilities Act of 1990 D-90.992
1. Our AMA supports legislative changes to the Americans with Disabilities Act of 1990, to educate state and local government officials and property owners on strategies for promoting access to persons with a disability.
2. Our AMA opposes legislation amending the Americans with Disabilities Act of 1990, that would increase barriers for disabled persons attempting to file suit to challenge a violation of their civil rights.
3. Our AMA will develop educational tools and strategies to help physicians make their offices more accessible to persons with disabilities, consistent with the Americans With Disabilities Act as well as any applicable state laws.

Citation: Res. 220, I-17

Support of Human Rights and Freedom H-65.965
Our AMA: (1) continues to support the dignity of the individual, human rights and the sanctity of human life, (2) reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges, and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity, or transgender status, race, religion, disability, ethnic origin, national origin, or age; (3) opposes any discrimination based on an individual's sex, sexual orientation,


gender identity, race, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies; (4) recognizes that hate crimes pose a significant threat to the public health and social welfare of the citizens of the United States, urges expedient passage of appropriate hate crimes prevention legislation in accordance with our AMA’s policy through letters to members of Congress; and registers support for hate crimes prevention legislation, via letter, to the President of the United States.

Citation: CCB/CLRDPD Rep. 3, A-14; Reaffirmed in lieu of: Res. 001, I-16; Reaffirmation: A-17

9.5.4 Civil Rights & Medical Professionals
Opportunities in medical society activities or membership, medical education and training, employment and remuneration, academic medicine and all other aspects of professional endeavors must not be denied to any physician or medical trainee because of race, color, religion, creed, ethnic affiliation, national origin, gender or gender identity, sexual orientation, age, family status, or disability or for any other reason unrelated to character, competence, ethics, professional status, or professional activities.

AMA Principles of Medical Ethics: IV
The Opinions in this chapter are offered as ethics guidance for physicians and are not intended to establish standards of clinical practice or rules of law.

Citation: Issued: 2016