
POSTER ABSTRACT**Lived Experience as a Driver in Care: Investigating the Representation of Persons with Disabilities in Eastern Canadian Medical School Curriculum**

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Introduction

The design of our health and care systems needs to be a process that is shared through meaningful partnerships with patients, families and citizens. Within healthcare, medicine claims expertise and definitional authority over disability. In assuming to already know disability, medical knowledge may de-center the perspectives of people with disabilities, with implications for the quality of care they receive. Disability Studies is an emerging interdisciplinary field that offers alternative knowledges and approaches to disability that center lived experience perspectives, yet it remains unclear whether and how knowledge from the field is being taken up in medical education in Eastern Canada.

Aims Objectives Theory or Methods

In order to enhance the quality of medical care that people with disabilities receive in Eastern Canada, an investigation is being conducted to determine how medical schools in Eastern Canada represent and include the perspectives of people living with disabilities within their curricula. This will contribute to the field of health research regarding accessible health services and illustrate the possibilities and limitations of existing medical education curriculum pertaining to integrated care for persons with disabilities.

Highlights or Results or Key Findings

As the goal of the medical model is to “cure” the disability and return the individual to a state of “normal,” the main focus of physicians is the treatment of the disability. Due to this hyper-focus on a person’s disability, people with disabilities often do not receive adequate health care, and this in turn undermines their dignity and worth as people. This gap in care has recently been identified by two physicians in the *Canadian Journal of Disability Studies*. Their research indicated that Canadian physicians lack knowledge of the social model of disability, as well as their legal duty to ensure accommodation for persons with disabilities to have equal access to health care.(1) The current systems in place for educating medical students are not producing physicians with the requisite competencies to care for people with disabilities.

Conclusions

The COVID-19 pandemic has exposed deep vulnerabilities in health and care systems, particularly for people with disabilities. Now more than ever we must work to create meaningful partnerships with patients, families and citizens. We must ensure effective representative engagement from diverse communities and uptake actionable strategies to create meaningful partnerships.

Implications for applicability/transferability sustainability and limitations

Collective action is required to reduce health inequities and improve population health. We must accelerate efforts towards our shared vision of universal access, by harnessing the power of multisectoral, interdisciplinary, collective action. It is time for a shift in power – to recognize lived experience as a driver in care.