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Lisa Iezzoni, a professor of medicine at Harvard University, looks to understand why people with disabilities report substandard health care. M. SCOTT BRAUER / THE NEW YORK TIMES 2022

Doctors' 'shocking' strategies

Study shows that physicians treat patients with disabilities differently

By Gina Kolata
The New York Times

For a quarter of a century, Dr. Lisa Iezzoni, a professor of medicine at Harvard, has heard the same story during research with hundreds of people who have disabilities: Health care that was substandard. Medical offices that were not accessible. Doctors who did not treat them with respect.

"Everywhere I looked, there were disparities," Iezzoni said. Yet, what patients told her was no surprise, given her own experiences with multiple sclerosis and using a wheelchair.

"I thought I needed to start talking to doctors," Iezzoni said. She proposed asking physicians what they really thought when a patient with a disability arrived in their office.

The result was a study that gathered doctors, a mix of primary care physicians and specialists recruited from across the United States, into three focus groups on video conferences. Protected by anonymity — only first names or nicknames were used — the groups of eight to 10 doctors began to talk. At first, they were guarded,

but as the sessions that Iezzoni moderated wore on, they began to speak more frankly. In their Zoom meetings, they could not see that Iezzoni was seated in a wheelchair.

The study's findings, recently published in the journal *Health Affairs*, stunned one of the study's authors, Dr. Tara Lagu, professor of medicine and medical social science at Northwestern University.

"It was so shocking, I almost couldn't believe it," she said.

While disability takes many forms, the doctors had much to say about people who use wheelchairs. Some doctors said their office scales could not accommodate wheelchairs, so they had told patients to go to a supermarket, a grain elevator, a cattle processing plant or a zoo to be weighed, or they would tell a new patient the practice was closed.

One said he didn't think he could legally just refuse to see a patient who has a disability — he had to give the patient an appointment. But, he added, "You have to come up with a solution that this is a small facility, we are not doing justice to you, it is better you would be taken care of in a special facility."



"Some (doctors) will find every excuse not to see you," said August Rocha, who has a rare genetic disorder. KEVIN MIYAZAKI / THE NEW YORK TIMES 2022

The doctors also explained why they could be so eager to get rid of these patients, focusing on the shrinking amount of time doctors are allotted to spend with individual patients.

"Seeing patients at a 15-minute clip is absolutely ridiculous," one doctor said. "To have someone say, 'Well, we're still going to see those patients with mild to moderate disability in those time frames' — it's just unreasonable and it's unacceptable to me."

The focus group partic-

ipants also raised communication difficulties — one doctor said he had hired a sign language interpreter for a deaf patient, a decision that cost so much that he lost \$30 each time the patient visited. A specialist in one focus group said disabled patients took too much time, adding that they were "a disruption to clinic flow."

The researchers acknowledged limitations to the study, including that the focus group members were self-selected from verified users of a social network for physicians. The study's authors said they used research methods to include doctors from a variety of fields and parts of the United States.

Iezzoni said she decided on anonymity for the doctors because she thought it would be difficult to get physicians to openly admit that they treat patients with disabilities differently, and not only because of the legal repercussions of violating the Americans with Disabilities Act. They also "don't want to come across as horrible people," she said.

People with disabilities who were interviewed for this article said the strategies doctors described to limit their care or get rid of them rang all too true.

Jason Miller, 46, who lives in Green Bay, Wisconsin, has a rare bone

disorder, osteogenesis imperfecta, and says he has suffered many indignities. When he called a doctor for an appointment, all went well until he mentioned he used a wheelchair. Then, he said, his appointment was canceled. The person he was speaking to at the doctor's office said there was a mistake — the doctor was on vacation. They would call back to reschedule. They never did.

August Rocha, 27, who lives in Milwaukee, and makes TikTok videos about being transgender and disabled, has Behcet's disease, a genetic disorder that causes chronic pain. He uses both a wheelchair and a walker. And he says he has heard it all.

"Some will find every excuse not to see you," he said. "They will say, 'Our machinery isn't good enough for you. Maybe you shouldn't come in.'" Or doctors will have trouble examining him because they cannot get him onto an exam table, so he said they will tell him directly, "I really don't know what to do with you. Maybe you should go elsewhere."

He hesitates to complain, "You want the doctor to be on your side," he said. And he worries that the doctor might spread word that he is a difficult patient, making other doctors spurn him.

Lagu said there were no easy solutions. One change

she would like to see, which the National Council on Disability proposed last year, is including disability in the data health care systems collect about their patients. Not doing so makes it impossible to track disparities in treatment and outcomes.

Doctors need to know ahead of time that they will be seeing a patient with a disability. All too often, Lagu said, a patient will call and explain their disability, but the doctor's office does not convey the message to their conditions while appreciating a patient's extensive knowledge of how disability affects their daily lives.

Accessibility is another high priority for patients, Iezzoni said. That includes equipment, like exam tables with adjustable heights and scales that can weigh everyone, as well as communication accommodations for those whose hearing, vision or speech is impaired. Many patients also want doctors to have some knowledge about their conditions while appreciating a patient's extensive knowledge of how disability affects their daily lives.

But that is just the start. When it comes to discriminatory thinking around disability, "I know for sure that we have to change the culture of medicine," Lagu said.

Heart attack symptoms overlooked in women

By Ebony Williams
The Atlanta Journal-Constitution

While heart attacks don't discriminate based on gender, women are more likely to die from a heart attack than men. Studies suggest that's because women are less able to recognize the symptoms of a heart attack.

Cardiovascular nurse Jennifer Gaydosh knows firsthand how tricky it can be to recognize heart attack

symptoms in women.

Gaydosh woke up in the middle of the night with a burning pain in her arm. After a visit to the ER and some tests, Gaydosh was cleared and released. Later at work, a co-worker told her she didn't look good and suggested she go back for more testing.

Those tests revealed that Gaydosh was having a heart attack.

That a cardiovascular nurse who deals with patients experiencing heart

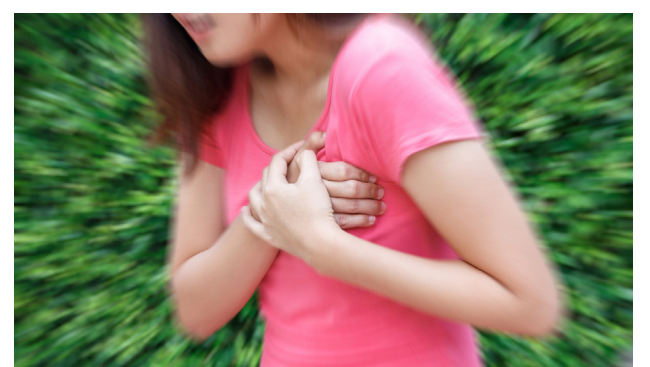
attacks all the time couldn't be sure what she was experiencing just goes to show how difficult it can be for women to recognize symptoms.

"I see patients all the time who try to talk themselves out of symptoms and I roll my eyes," Gaydosh recently said on a recent "Good Morning America" appearance. "It really is easy to convince yourself that you're fine."

The truth is, heart attack symptoms in

women are often overlooked and missed. Unlike the chest-grabbing, arm-tangling symptoms men often experience, the signs of a heart attack in women can be more subtle. Symptoms include:

- Nausea
- Indigestion
- Fatigue
- Dizziness
- Chest pain
- Burning sensation
- Uncomfortable pain between shoulder blades
- Shortness of breath



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- Indigestion or gas-like pain
- Unexplained fatigue and sleep disturbances

"Ultimately you have to take care of yourself first," Gaydosh said. "Go get your symptoms checked out."