

4-23-2019

Social model of disability must be a core competency in medical education

Jeff Nisker

Children's Health Research Institute, jeff.nisker@lhsc.on.ca

Follow this and additional works at: <https://ir.lib.uwo.ca/paedpub>

Citation of this paper:

Nisker, Jeff, "Social model of disability must be a core competency in medical education" (2019).

Paediatrics Publications. 2528.

<https://ir.lib.uwo.ca/paedpub/2528>

LETTERS

Social model of disability must be a core competency in medical education

Although I applaud Dr. Andrew Hogan's article in *CMAJ*¹ for bringing the social model of disability to the attention of its extensive readership, as well as the need for more persons with disabilities to be able to attend medical school, the article is dismissive of the imperative that the social model of disability be prominent in all levels of medical education.

The need for the social model of disability to replace the medical model has been called for by disability scholars for decades.²⁻⁴ Furthermore, it has been emphasized that the social model and indeed all education promoting the health of persons with disabilities should be designed and taught by persons with disabilities,²⁻⁴ honouring the concept "Nothing about us, without us."⁵ This need was reinforced by findings from our recent research involving interviews with physicians working in women's health in Canada; their transcripts displayed lack of knowledge of the legal rights of women with disabilities, and lack of understanding of how persons with disabilities see themselves and want to be seen.⁶ These physicians commented on their lack of training in promoting the health of disabled persons, including no knowledge of the social model of disability.⁶

An immediate opportunity exists in Canada for the health promotion of per-

sons with disabilities to be included as a core competency in the newly developing "Competency by Design" undergraduate and postgraduate medical education programs. Furthermore, this competency should be based on the social model of disability and be designed and taught by persons with disabilities.

Jeff Nisker MD PhD

Scientist, Division of Maternal, Fetal & Newborn Health, Children's Health Research Institute; professor, Departments of Obstetrics & Gynaecology and Oncology, Schulich School of Medicine & Dentistry, Western University

■ Cite as: *CMAJ* 2019 April 23;191:E454.
doi: 10.1503/cmaj.71861

References

1. Hogan AJ. Social and medical models of disability and mental health: evolution and renewal. *CMAJ* 2019;191:E16-8.
2. Oliver M. *The politics of disablement: a sociological approach*. New York: St. Martin's Press; 1990.
3. Linton S. *Claiming disability: knowledge and identity*. New York: New York University Press; 1998.
4. Shakespeare T. *Disability rights and wrongs*. New York: Routledge; 2006.
5. Charlton JI. *Nothing about us without us: disability oppression and empowerment*. Berkeley (CA): University of California Press; 1998.
6. Joseph M, Saravanabavan S, Nisker J. Physicians' perceptions of barriers to equal access to reproductive health promotion for women with mobility impairment. *Can J Disabil Stud* 2018;7.

Competing interests: None declared.