

MSAI Policy Document
**ACCESS TO HEALTHCARE FOR PERSONS WITH
DISABILITIES**

Adopted at National General Assembly, 2023

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Policy Statement

Introduction:

Disability is not an uncommon condition. 1 in 6 people today experience some form of significant disability. (2) It is defined as any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them. In fact, it is something that many individuals experience at some point in their lifetime. Yet, barriers faced by persons with disabilities are far from few, the most important one being access to healthcare. Ironically, despite Persons with Disabilities being individuals who require healthcare services more often than the average person, the current healthcare system poses various barriers that make it difficult for them to access quality healthcare. PwDs are subject to stigma and discrimination within the healthcare system as well as in the community. They are denied opportunities for education and employment, increasing their risk of poverty. They also have two fold the risk of developing chronic conditions such as depression, asthma, diabetes, stroke, obesity or poor oral health. (2) Lack of access to quality healthcare perpetuates this cycle of ill health. It also prevents individuals from accessing rehabilitation services that enable them to be equal participants of society, which in turn, pushes them into the depths of poverty and social isolation. Hence, ensuring access to healthcare for persons with disabilities ensures fulfilment of other social and economic rights. It is also a step forward in the path to achieving universal health coverage.

MSAI position:

MSAI recognises the gap in the current healthcare system faced by persons with disabilities in terms of access to healthcare services. We believe that no individual with disability should be subject to discrimination solely on the basis of their disability. We encourage relevant stakeholders, especially those involved in health care, to ensure that persons with disabilities can access health promotion, prevention, screening, rehabilitation and other services aimed to improve the quality of life. MSAI affirms that disability inclusion is a key factor in achieving the Sustainable Development Goals.

Call to Action:

MSAI calls for:

1. Governments to
 - Increase funding for healthcare sectors to enable the provision of adequate resources for patients with disabilities
 - Increase geographical accessibility to healthcare facilities providing general and specialised services
 - Promote disability-friendly initiatives such as vocational training programs and facilities to integrate PwDs in public and private sectors
 - Strengthen existing policies and programs and the formulation, planning, implementation and monitoring of new policies and programmes.
 - Create state funded health insurance schemes that aim to increase the funding appropriate for the financial burden faced by PwDs while accessing health care services

- Implement initiatives to safeguard the rights of vulnerable populations including but not limited to women and children with disabilities
 - Support research initiatives to improve the quality of life of PwDs and society's ability to respond to their concerns.
 - Initiate helplines for psychological support services to persons with disabilities.
2. NGOs to
- Conduct awareness sessions and campaigns for the community leaders, families and the general population about the physical and mental health problems faced by the persons with disabilities.
 - Work towards increasing outreach to PwDs that live in underserved and inaccessible areas
 - Work to strengthen the effective application of national legal frameworks
 - Introduce programmes that will create opportunities for the community to volunteer towards fighting the barriers faced by PwDs
3. Healthcare Institutions to
- Ensure accessibility of doctor's chambers, clinics and hospitals such as providing accessible toilets, passages, doorways, rooms, flexible height examination beds and chairs, provision of ramps and elevators
 - Make health information available in easy-to-follow formats – including plain language and pictures or other visual cues along with availability of written material, sign language interpreters, braille and appropriate formats. for easy dissemination of information.
 - Design healthcare facilities in such a way that they provide appropriate visual conditions, good acoustics and noise control
 - Provide screening services for other comorbidities and mental health issues, include other departments of physical medicine, orthotics and prosthesis for a holistic treatment.
 - Provide teleconsultation services for PwDs and ensure access to these services
 - Implementation of flexible appointment timings
4. Medical education institutions and Faculties to
- Inculcate disability sensitive training in medical curriculum and include Physical Medicine and Rehabilitation as an important component of the curriculum
 - Train medical students in communication, counselling and soft skills
 - Include basic sign language as part of the medical education curriculum
 - Continuing Medical Education initiatives that aim to sensitise healthcare workers on the health needs and the various barriers faced by PwDs and the initiatives that they can take in order to become disability-friendly

5. Medical students to

- Take initiatives such learning basic sign language, in order to put patients with disability at ease
- Conduct awareness sessions in order to sensitise the medical fraternity as well as the general population on rights issues faced by PwDs
- Initiate efforts to improve professional, interpersonal and communication skills to interact in a sensitive manner with PwDs.

Position Paper

Background information:

The World Health Organization (WHO) defines 'Disability' as "an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives. (10)

In this day and age, persons with disabilities face several barriers that prevent them from being equal participants in society. They are subjected to violations of their rights such their right to be included in school and workplaces, to live independently in the community, to vote, to participate in sport and cultural activities, to enjoy social protection, to access justice, to consent or refuse medical treatment or to enter freely into legal commitments and inheriting or buying property. (1) They also face acts of abuse, prejudice and discrimination because of their disability.

The protection guaranteed in other human rights treaties, and grounded in the Universal Declaration of Human Rights, should apply to all. Persons with disabilities have, however, remained largely 'invisible', often excluded in the rights debate and denied from enjoying and exercising the full range of human rights. (1)

Recent global events such as the COVID-19 pandemic have only added to the existing issues that persons with disabilities already face. They were subject to increased risk of poor outcomes from the disease itself, reduced access to routine health care and rehabilitation, and the adverse social impacts of efforts to mitigate the pandemic. The lockdown measures societies have taken during the COVID-19 pandemic have meant people with disabilities are worse off and more excluded. (13)

Hence, it is more important than ever before to stop treating persons with disabilities as invisible members of society and provide them a chance to become equal participants of society.

Discussion:

GLOBAL PHENOMENON

Over 1.3 billion people are estimated to experience disability. This corresponds to about 16% of the world's population, with up to 190 million people aged 15 years and older having significant difficulties in functioning, often requiring health care services.(2) In spite of persons with disabilities contributing to such a significant amount of the world's population, they continue to be one of the most marginalised groups of society.

Recognition of disability as a human rights issue by the United Nations led to the historic adoption of The Convention on the Rights of Persons with Disabilities and its Optional Protocol on 13 December 2006, which entered into force on May 3, 2008. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It elucidates how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights. (4)

A new landmark resolution "The highest attainable standard of health for persons with disabilities" was adopted by the 74th World Health Assembly. The resolution includes access to effective health services, protection during health emergencies and access to public health interventions across different sectors. This resolution specifically requests WHO to develop a global report on the highest attainable standard of health for persons with disabilities, which will be launched on 2nd December 2022. (5)

SITUATION IN INDIA:

As per the Census 2011, the differently abled population in India is 26.8 million, which is 2.21% of the total population. There has been a marginal increase in the differently-abled population in India, with the figure rising from 21.9 million in 2001 to 26.8 million over the period of 10 years. (10)

In India, the Department of Empowerment of Persons with Disabilities administers the following 3 acts-

1. The Rights of Persons with Disabilities Act, 2016
2. The National Trust for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999
3. Rehabilitation Council of India Act, 1992

The RPwD Act, 2016 was enacted on 28.12.2016 which came into force from 19.04.2017. The salient features of the Act are:-

- Responsibility has been cast upon the appropriate governments to take effective measures to ensure that the persons with disabilities enjoy their rights equally with others.
- Disability has been defined based on an evolving and dynamic concept.
- Additional benefits have been provided for persons with benchmark disabilities and those with high support needs. (11)
- In order to increase accessibility for persons with disabilities, the Department of Empowerment of Persons with Disabilities (DEPwD) has launched the Accessible India Campaign (Sugamya Bharat Abhiyan) in 2016. It is a nation-wide Campaign with the aim of achieving universal accessibility for Persons with Disabilities (PwD)

- **BARRIERS FACED BY PERSONS WITH DISABILITIES-**

One of the biggest barriers that persons with disabilities face is access to healthcare services. This includes prejudice and discrimination by health service providers and lack of appropriate services to accommodate their needs. Healthcare providers often have limited understanding of the various issues and violation of rights faced by persons with disabilities and are inadequately trained to treat such patients.

Physical barriers to healthcare include environmental, infrastructural and geographical barriers, such as access to rural health centres. Economic barriers to healthcare services are also an issue of concern, especially in low income countries. In its study of 51 countries, the World Health Survey reported that 32–33% of nondisabled men and women cannot afford health care, compared with 51–53% of persons with disabilities. Affordability was the primary reason why persons with disabilities, across gender and age groups, did not receive needed health care in low-income countries. (12)

People with disabilities experience significantly worse employment outcomes than individuals without disabilities. In a study of 91 countries, employment-to-population ratios were significantly lower for people with disabilities. Moreover, studies find clear evidence of discrimination in wages, training, and promotions.(3)

62% of countries broadly prohibit disability-based employment discrimination, but far fewer prohibit indirect discrimination (33%) and harassment (30%). Just over half (52%) of countries guarantee reasonable accommodation to workers with disabilities. Similarly, 53% of countries do not prohibit pay discrimination or discrimination in promotion/demotion. (3)

Women with disabilities often have their reproductive rights denied, and some are subjected to forced marriages, forced abortions and forced sterilizations. (6)

Persons with disabilities are also particularly prone to incidents of violence and abuse, especially when they are reliant upon others for support and care. They are susceptible to violations within their home and by family members, caregivers, health care professionals and community members. This risk is particularly higher in vulnerable populations such as women and children. The global prevalence of violence against children with disabilities was reported to be 31.7%. (7)

ROLE OF HEALTHCARE PROFESSIONALS

Healthcare facilities must be made disability friendly, This includes initiatives such as displaying health information in plain language, with pictures, with visual cues etc, increased availability of ramps and/or elevators and having toilets and passages that are capable of accommodating wheelchairs.

Several healthcare facilities have fixed-height furniture such as examination beds and chairs which do not accommodate the needs of persons with disabilities. Presence of such facilities makes even simple examination procedures daunting for a person with disability. Therefore, availability of accessible medical equipment and furniture in hospitals and clinics is extremely important in order to adequately address the needs of patients with disabilities.

Health services can also put in place certain measures such as longer and flexible appointment timings which can go a long way in making doctor visits a tad more comfortable for persons with disabilities.

Healthcare providers must be trained to adequately address the needs of persons with disabilities. They must be sensitised to the various barriers by persons with disabilities and the human rights violations that they are subject to. Sufficient training must also be given in terms of communication, counselling and soft skills. For instance, basic sign language can be taught to healthcare workers as well as medical students. Healthcare organisations and universities should inculcate these aspects in the medical curriculum in order to create a new generation of competent, empathetic and sensitised healthcare professionals.

ROLE OF ATTENDANTS AND PATIENTS

Attendants play a key role in being the medium of translation between the persons with disabilities and the healthcare professionals. They must be clear and efficient in this role and should present the relevant information as and when required. They are the window of the patient to accessing healthcare and should be well informed of the medical history and issues of the patient very well, also conveying the same in an efficient and correct manner to the healthcare professionals.

The patients must express their needs as well as possible to the attendants and they must recognise any warning signs and alert their attendants immediately. They should be well educated about their rights and responsibilities and should try to access whatever information and resources are available.

They should involve themselves as much as possible in training, workshops and seminars that increase their knowledge about their condition and take part actively in the problem solving process. They can be the best representatives for their own and should work towards bringing forward their problems and needs in forums like Government discussions and International meetings.

ROLE OF GOVERNMENT

Differently-abled persons need special arrangements in the environment for their mobility and independent functioning. Many institutes have architectural barriers that disabled persons find difficult for their day-to-day functioning. The colleges are expected to address accessibility related issues as per the stipulations of the Persons with Disabilities Act 1995, and ensure that all existing structures as well as future construction projects in their campuses are made disabled friendly. The institutes should create special facilities such as ramps, rails and special toilets, and make other necessary changes to suit the special needs of differently-abled persons. The construction plans should clearly address the accessibility issues pertaining to disability.

Guidelines on accessibility laid out by the office of the Chief Commissioner of Disabilities-

- Making the environment in schools, higher education institutes, workplaces, public spaces, government offices disability friendly.
- Providing scholarships and incentives for people with disabilities to promote their growth and provide them with more opportunities.

- Providing Special Equipment to augment Educational Services for Differently abled Persons. (9)

ROLE OF MEDIA

Images and stories in the media can deeply influence public opinion and establish societal norms. Persons with disabilities are seldom covered in the media, and when they are featured, they are often negatively stereotyped and not appropriately represented. It is not uncommon to see persons with disabilities treated as objects of pity, charity or medical treatment that have to overcome a tragic and disabling condition or conversely, presented as superheroes who have accomplished great feats, so as to inspire the non-disabled.

The media can be a vital instrument in raising awareness, countering stigma and misinformation. It can be a powerful force to change societal misconceptions and present persons with disabilities as individuals that are a part of human diversity. By increasing the awareness and understanding of disability issues and the diversity of persons with disabilities and their situations, the media can actively contribute to an effective and successful integration of persons with disabilities in all aspects of societal life. Indeed, the Convention on the Rights of Persons with Disabilities requires States to raise awareness and combat stereotypes related to persons with disabilities, including by encouraging all media to portray persons with disabilities in a manner consistent with a respect for human rights.

The media can play an important role in presenting disability issues in a way that could dispel negative stereotypes and promote the rights and dignity of persons with disabilities. Furthermore, options should be developed on how to present persons with disabilities in various media and the importance of supporting the work of the United Nations to build a peaceful and inclusive society for all.(8)

ROLE OF INTERNATIONAL ORGANISATIONS

Disabled people's organisations play many roles at the local, national and international levels for disabled people, governments, service providers and the general public. In many cases, the organisations of disabled people are the best vehicle to carry out the aspirations of people with disabilities. After all, disabled people, from their own personal experiences best know their needs, aspirations and abilities.

Their roles can be:

1. Identifying needs at grassroot levels
2. Open forums
3. Representation
4. Evaluating and monitoring services
5. Mutual support and solidarity
6. Self help projects

INITIATIVES TAKEN BY MSAI

As medical professionals, it's our duty to raise our voices against this issue. MSAI recognises the urgent need to take this section of the population into the limelight owing to its increased vulnerability during the COVID-19 pandemic and has been actively working for the rights of persons with disabilities by conducting various activities and campaigns.

We plan to launch a sustainable campaign, with this year's being a Workshop where medical students across the country will be taught basic sign language and how to communicate with vocally challenged populations and understand their needs and issues better in order to advise and participate in their treatment better.

CONCLUSION

All people, including people with disabilities, have the right to get access to equal and efficient healthcare services and opportunities. They should be provided with a risk-free, secure, safe and comfortable environment. The idea that discrimination is inherent to people with disabilities, in all areas of the world, needs to be fought tirelessly and systematically; urgent measures must be implemented to ensure the rights of all persons with disabilities and the necessary resources must be allocated for this cause. Failure to do so will not only cause extreme detriment to their well-being but will also worsen the care and treatment that they are provided. This will inevitably and drastically impact the entire healthcare delivery system worldwide.

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