

Episode 63

Mary Goodwin-Oquendo, JD

Pete Poulos:

Doctors with disabilities exist in small but impactful numbers. How do they navigate their journey? What are the challenges? What are the benefits to patients and to their peers? And what can we learn from their experiences? Join us as we explore the stories of doctors, PAs, nurses, OTs, PTs, pharmacists, dentists, and other health professionals with disabilities. We'll also be interviewing the researchers and policymakers that drive medicine forward towards real equity and inclusion. I am Peter Poulos, and I am thrilled to bring you the Docs With Disabilities Podcast.

Sofia Schlozman:

Hello and welcome back to the Docs with Disabilities podcast. Today we are joined by disability civil rights attorney Mary J Goodwin-Oquendo for a discussion about strategies and barriers for receiving accommodations throughout one's medical training. If you're a student with a disability, at any stage in your academic journey, we strongly encourage you to give this episode a listen. We begin with an introduction from Ms. Goodwin-Oquendo

Pete Poulos:

Welcome to the Docs with Disabilities Podcast. It's so great to see you again. Can you please introduce yourself for the audience?

Mary Goodwin-Oquendo:

I am Mary J. Goodwin-Oquendo. I am a disability civil rights attorney, originally from Brooklyn, New York, but our practice is now in Manhattan, and I live in the Bronx. So I'm New York through and through.

Pete Poulos:

Nice. And tell us about your journey in life to becoming a disability advocate and disability lawyer.

Mary Goodwin-Oquendo:

So I always tell people, they really struggle to believe it, but when I was very young, in elementary school, I knew that I wanted to be an advocate of some sort. And I was really inspired by my mother. She was the first advocate I saw in action regarding my brother. So my brother's about four years younger than me, and when he was around two or three, he didn't have normal speech. So he was speech delayed. So that started the whole evaluation process. So we're talking the late eighties, early nineties. And my mother encountered so many professionals who placed limits on what my brother could achieve. "Oh, he'll never talk." "Oh, he'll never be able to be in a normal classroom." "Oh, it's unlikely that he'll ever be able to graduate high school." What no parent wants to hear and what my mom knew wasn't accurate.

Mary Goodwin-Oquendo:

She knew what he was capable of achieving at home. And when he had intensive one on one instruction. So, she pushed past all of those barriers. She made sure that he had an appropriate placement, and my brother did everything he wouldn't be able to do. He was able to talk. He was able to join inclusion

programs eventually, the first inclusion programs in New York City. He was able to graduate high school. He went on to college. He even was on the honor roll. So, I saw all of the children that were left behind when they didn't have parents to advocate for them. And sometimes, that's because the parents didn't know they could advocate for an alternative path. It was because sometimes they were overwhelmed or working, and it was truly sad. So at that age, watching my mother, I knew that I wanted to be a voice for people who could not advocate for themselves or didn't have the knowledge to advocate for themselves.

Mary Goodwin-Oquendo:

My journey also was inspired by my mother. She developed rheumatoid arthritis when I was in middle school. And I saw just how destructive that was and how burdensome that was to us as a family and how having painful physical impairments like that truly limits how you can participate in society. So then that was another inspiration. And then, myself, I was always kind of sickly as a child. I always compare myself to Beth in Little Women. I don't know if you're familiar with Little Women. But she was the one who I think had scarlet fever, and I had scarlet fever multiple times.

Mary Goodwin-Oquendo:

I had so many different viral conditions as a child, and then I developed chronic pain, chronic fatigue, and chronic neurological issues in high school. I constantly went to the doctor, "Oh, that's growing pains. Those are growing pains." But then, when I'm 19 and still have these issues, it's not so much growing pains. So I was eventually diagnosed with Fibromyalgia. Since then, I've developed a number of other conditions. So I am inspired by all areas of life. So I consider myself a person with disabilities. I consider myself an advocate for people with disabilities and an ally because not everyone needs someone to speak for them.

Pete Poulos:

Right. And your mom was doing this all before the Americans With Disabilities Act was passed, right?

Mary Goodwin-Oquendo:

It's around the same time. So the ADA was passed in 1990. And it was around 1989, 1990, that my mom started truly advocating for my brother.

Pete Poulos:

Was there a palpable difference before and after the ADA was passed and how that felt?

Mary Goodwin-Oquendo:

Well, not so much personally, but I'll talk globally. So prior to the ADA, the most comprehensive law was section 504 of the Rehabilitation Act, but that was limited to entities that received federal financial funding. So think of everyone else, right? Every other business, every other school, completely left out. ADA was passed in 1990. People are very hopeful about what it would be able to achieve. But as is often the case, lobbying of the corporations and businesses allowed them to place limitations on the ADA. And then, once it went into effect, you see that courts started to place limitations on the applicability of the ADA. And that was inconsistent with what Congress envisioned, even with the lobbying interest.

Pete Poulos:

It's like the ADA AA or?

Mary Goodwin-Oquendo:

Yes. The ADA Amendments Act. So the ADA AA.

Pete Poulos:

AA, AAA.

Mary Goodwin-Oquendo:

Yes. All the As. And that was in response to all of the Supreme court cases and circuit court decisions that narrowly interpreted the applicability of the ADA. So Congress said with the Amendments Act, you know what? This law should be as inclusive as possible. The focus shouldn't be on making people with disabilities jump through hoops of fire to prove they're disabled. It should be on whether the school, the employer, whether the place of public accommodation properly accommodated that person. So again, we were hopeful. I was hopeful. I was in law school at that time, completing my last year. And I worked with my mentor and principal, Joanne Simon, and other affinity groups to submit comments for both the legislation and the regulations to enforce the legislation. And we were hopeful. But then I would say maybe like a year or two later, we start again seeing creative ways, especially in higher education and testing companies and licensing, creative ways of avoiding responsibility under the ADA, which is disappointing.

Pete Poulos:

So do you think that the Amendments Act in 2008 had a profound effect on these sorts of limitations? Did things measurably improve after that? Or did courts and judges start putting more restrictions even after that?

Mary Goodwin-Oquendo:

Well, I think one thing to keep in mind is that most cases never go to court. And half of the battle is education. So I would say in that regard, because with the enforcement regulations from the department of justice, the department of education, and the EEOC, the rights of individuals with disabilities were clarified, making it more digestible to the general public. There was also more guidance issued by the enforcement agencies. And in that regard, I think it made it easier for people to advocate for themselves or know when they were being treated illegally because this information was now accessible. So in that regard, yes. There have been a few wonky decisions, but they don't have wide applicability.

Sofia Schlozman:

In the next section, Dr. Poulos and Ms. Goodwin-Oquendo transition into a discussion about the process for receiving accommodations as a student with a disability. Beginning with high school, our guest shares the steps that a student can take to increase the likelihood of receiving the accommodations they need throughout their academic career.

Pete Poulos:

So let's talk about the ideal journey of a student from, let's say, high school through residency and into practice. I guess it's different for every type of disability, but we'll keep in mind to make this as inclusive as possible beyond people with mobility, hearing, or visual impairments. But also learning disabilities, chronic illness, autism, mental illness, et cetera.

Mary Goodwin-Oquendo:

Yes. So I would say that ideally, if someone had a disability that existed in high school or prior to high school when they leave high school, they would have adequate documentation of that disability from appropriate treatment providers. They would have proof of formal accommodations in school. And, if applicable, proof of formal accommodations on high-stake standardized examinations. What that looks like before leaving high school, of course, varies. Some people, depending on what their disability is, can be identified early on in kindergarten or even before. So some people start receiving support services and accommodations at the beginning of their academic career.

Mary Goodwin-Oquendo:

Other people, sometimes even with the same disabilities, are not diagnosed early on. They're not accommodated early on. Sometimes that's because they fall through the cracks. Other times it's because people recognize that they have these limitations and need assistance, but they provide them with informal accommodations. Either in school or their parents provide supplemental instruction, work with tutors, learning specialists, and so on. Then there's the class of people who did not have a disability prior to high school for whatever reason. Obviously, if someone has a learning disorder or ADHD, there should be evidence of impairment early on in early childhood. You must remember evidence of impairment is not the same as saying, "Oh, proof of accommodations or proof of formal diagnosis." So you show that you have that limitation by showing the extra effort you needed to take to keep up with academic demands, or perhaps you fell behind.

Mary Goodwin-Oquendo:

So for people with, let's say, psychiatric conditions like anxiety, PTSD, or depression, the age of onset for those can be anything. So you don't need to produce the same paper trail. So I guess, in short, by the time you leave high school, if you have a learning disorder, ADHD, or another impairment that existed during that time, you should ensure that your record is set straight. It is important that you don't move on to the next level of schooling without crossing every T and dotting every I with regard to accommodations. Now once you're in college, the same thing happens. You should make sure that you have a detailed paper trail, updated evaluations, or doctor's letters and that you are also receiving accommodations in college, preferably formal. However, that also doesn't happen. Sometimes you'll have students who did receive formal accommodations K-12, but they go to college, are self-conscious, or are worried about bias.

Mary Goodwin-Oquendo:

So they find ways to self-accommodate by, let's say, strategically selecting majors or strategically selecting courses or even schools. When you're in college, I would say because the law that you're dealing with is different. Let's say you came from a K-12 public school. That's dealing with the IDEA, right? With free and appropriate public education, it's easier in many ways to secure accommodations in K-12. You can do so with far less extensive testing, right? The level of testing neuro-psych-wise that needs to be completed to secure accommodations after high school is kind of crazy. It was kind of expensive. So that's something that families should take into consideration when planning for college.

Pete Poulos:

Sounds like it's better to ask for accommodations early on because a record of having accommodations in the past makes it easier or facilitates receiving accommodations in the future. Correct?

Mary Goodwin-Oquendo:

Absolutely. But it isn't full proof. Very often, people who've received accommodations consistently at all levels of schooling, at all levels of standardized testing, they'll reach a point usually in graduate school, usually with licensing examinations, where that will be challenged. That shouldn't happen under the law, but it happens all the time in practice.

Mary Goodwin-Oquendo:

They have PTSD and depression, impacting their cognitive functioning, concentration, focus, and stamina, but they only want to talk about their learning disorder. None of these conditions exist in a vacuum, and I personally feel that people do themselves a disservice when they omit some of these impairments from the discussion. And also, your documentation may not make sense to the reviewers because you're excluding information that absolutely impacts your performance, especially on neuro-psych testing.

Pete Poulos:

How important is it strategically to just get it right the first time?

Mary Goodwin-Oquendo:

It really depends. What information have they included? Have they been accurate? The overwhelming majority of our clients come to us after they've already had at least one bite at the apple with the testing companies. This process can take much more time than people could ever anticipate. When you start looking at the deadlines for submitting accommodations requests versus just the deadline for registering for an exam.

So let's take the MCAT as an example. People who are just registering for the MCAT and not requesting accommodations truly, truly have a privilege because individuals with disabilities have to take into account, okay the AAMC requires, I think it's up to 60 days to render a decision on an initial application, and then for an appeal or request for reconsideration, that's an additional 30 days.

Then after that, you also have to worry about finding a test center once your permit is updated and depending on where you're located, test center appointments go quickly. For the NBME, initial applications, again, take up to 60 business days, and request for reconsideration, I would say during the height of the pandemic, also 60 business days. Now they're back to being closer to within 30 days, but still, that's quite a bit of time, especially if you're considering that many schools place, quote-unquote, deadlines on people to sit for examinations. Or some people, they're applying for accommodations while also studying for the exam, so they find themselves in a situation where they either have to discontinue studying or try to keep up that stamina.

The whole thing is very expensive, emotionally and financially, and it's something that isn't on a lot of people's radars. Another thing is if you submit your initial application, and let's say you get a denial, and you find out that you need updated testing, let's say you come to someone like me, and we recommend updated testing. I mean, the testing company says your data is out of date, so you have to find a quality clinician who has an appointment. Then it takes time for them to draw up the report. So you could easily be looking at six months for the whole process.

Pete Poulos:

Yeah, I've heard this before. So it's important to, I would say, start early and get it right the first time

Mary Goodwin-Oquendo:

Mm-hmm. Speaking of getting it right the first time, sometimes, especially for aspiring medical students who need accommodations for the MCAT, they'll come to me. They'll say, "Well, I really wanted to get in this test cycle, so maybe I'll just apply without accommodations and deal with it once I'm in medical school." Or "I'll take the MCAT with the lesser accommodations I've been granted." I always advise against this because the NBME and the NBOME tend to look at what the MCAT did. It's not impossible to achieve greater or additional accommodations on the COMLEX or the USMLE after receiving none or minimal accommodations for the MCAT, but it's much more difficult. So you either fight the battle before

medical school, where I believe the stakes are lower because you're not on that timeline, or you fight it later, and it's much more stressful then, and you have much more to lose.

Pete Poulos:

Yeah, that's great advice.

Sofia Schlozman:

The conversation now shifts to a discussion of how to seek accommodations as a medical student in one's clerkship years.

Pete Poulos:

Do you have experience consulting with medical students who are trying to get accommodations in their clinical years?

Mary Goodwin-Oquendo:

Yes. It can be difficult if there's resistance from the medical school. But, I would say, in most cases, when provided with adequate documentation, the programs tend to be quite responsive, at least to me. But, when a medical school student is unable to get the necessary clinical accommodations, they're placed in a very difficult situation because it's very expensive to litigate, and that's very time-consuming.

Pete Poulos:

So what do you think the optimal process looks like for a medical student requesting accommodations in the clinical setting? We talk about the importance of the disability service provider in this process. That number one, the person should be highly trained and familiar with the clinical environment and clinical accommodations. And two, the disability service provider should be the one to negotiate the accommodations with the supervising physicians or clerkship directors, to remove the student from having to negotiate with a person who is in the position of evaluating them. Would you agree with that?

Mary Goodwin-Oquendo:

Absolutely. Absolutely. Nothing is worse than telling the student to negotiate deals with each and every one of their supervisors on their own. One, many people would not do that because they don't want to be treated differently, fearing stigma, so there's a chilling effect. If you require people to do that, you will have fewer people who need accommodations requesting them. But also for the purposes of continuity and clarification so that the disability services provider can clarify for the supervising physician what their responsibilities are under the law. That's not the role of the student. A lot of them don't know, and they just make it up as they go along.

Pete Poulos:

Right.

Mary Goodwin-Oquendo:

And that's always a recipe for disaster.

Pete Poulos:

What I've seen sometimes is that the disability service provider gives the student a letter of accommodations and then tells them to go to the clerkship director, present the letter, and then talk about negotiating the accommodations.

Mary Goodwin-Oquendo:

Yes. As you know, I've also seen that at the undergraduate level and in some law schools. And it's the same thing. It has a chilling effect, and I really wish that these entities didn't try to pass off their obligations to accommodate these individual professors and supervisors. It shouldn't be at the discretion of anyone whether they choose to provide these necessary accommodations. If they're granted, they should be provided, no questions asked.

Pete Poulos:

What do you think the barrier is? Are there not enough disability service providers to service the student population? Like they just don't have time to go beyond giving the student the letter? Is it a reluctance to deal with physicians because of a power dynamic? Why do you think the burden is placed on the student?

Mary Goodwin-Oquendo:

Well, one, I do think part of it is the power dynamic, but another part, and again, this extends beyond the world of medicine and medical education and is more so just the general tone in academia, is academic freedom. They don't want to step on the toes of whoever's running the show. So in schools, that's the professor. In the hospitals, those are the supervisors.

Sofia Schlozman:

In the next section, Dr. Poulos and Ms. Goodwin-Oquendo discusses advice for students navigating the process of receiving accommodations. Listen or read along as they share online resources and Ms. Goodwin-Oquendo's biggest piece of advice for students.

Pete Poulos:

Do you know of any online resources that people can refer to to help guide them through this process?

Mary Goodwin-Oquendo:

With regard to filing a complaint?

Pete Poulos:

Yeah. Just like frequently asked questions or a guide to your educational rights.

Mary Goodwin-Oquendo:

If you go to the office for civil rights for HHS, they do have a pretty good Q&A section that describes the rights and responsibilities of institutions and also students with disabilities. The same thing happened for the Department of Education's Office for Civil Rights. In addition to having Q&A, there's also a list of decisions. So if someone has time and energy and just wants to peruse public decisions, that can be helpful. You might see similarities in the published case with what you're currently dealing with.

Mary Goodwin-Oquendo:

So I think those are two great free online public sources. And I also think affinity groups, such as the several that you run, are great because, very often, people operate in silos, and they don't know the general trends. They don't know what's possible. For example, suppose you see that someone with a

similar condition could acquire accommodation at another school or hospital, and it's something you want. In that case, if you don't know that information, you might think, well, maybe my request is unreasonable. Maybe it really is impossible for the school or the hospital to provide this accommodation.

Pete Poulos:

In your pre-interview questionnaire. You listed as a number one take home point to be unapologetic when requesting accommodations. Can you elaborate on that?

Mary Goodwin-Oquendo:

Very often, people will request less than what they need because they don't want to be seen as a troublemaker, or they don't want to come across as greedy, or they're worried that people will think, well, if you need all of those accommodations, maybe you're just not capable. And I understand those fears, but you can't protect your rights if you don't assert them. You can't claim that your school never accommodated or improperly accommodated you when you didn't request everything you needed.

So ask for what you need even if they say no, because one, you never know, you may luck up, and you may not have to fight for what you need. But if you have to fight, preserve your rights, create a paper trail, put it out there.

Pete Poulos:

Yeah.

Mary Goodwin-Oquendo:

Even if you ask for less, they can still say no. Especially the testing companies, people will say, "Well, I truly need, let's say, double time, but I'm going to ask for time, and a quarter, I'm going to ask for time and a half, because I don't want to seem greedy. I heard they're more likely to grant time and a half than double time." Not true.

You can ask for whatever you want; they are just as likely to say no if they don't want to grant it. And that's regardless of whether you have an extensive history of receiving accommodations or not.

Pete Poulos:

So let's transition now to residency. At Stanford, our students have access to the office of accessible education at the university level. There's a DSP designated to the medical school, although she also does accommodations for other professional schools. We're working on getting a dedicated DSP just for the medical school. But our residents are hospital employees, and their accommodations go through Human Resources.

Mary Goodwin-Oquendo:

Yes.

Pete Poulos:

So I think that this division actually causes problems. But I'm curious what sort of issues you see on the residency level?

Mary Goodwin-Oquendo:

Well, you make a good point because they're employees. If they're having issues, they may want to fight with the EEOC instead of one of the other institutions.

Pete Poulos:

And EEOC for our listeners is?

Mary Goodwin-Oquendo:

Equal Employment Opportunity Commission.

Pete Poulos:

Okay. So students go to the OCR, but employees go to the EEOC.

Mary Goodwin-Oquendo:

Yes. And I would say, generally speaking, there is perhaps a bit of a split in the case law as to whether residents are solely employees or are they hybrid student employees, but I would go with filing with the EEOC. That's something that we've done in the past with success.

Pete Poulos:

What sort of issues do you see with residents requesting accommodations?

Mary Goodwin-Oquendo:

Common asks that I see that are sometimes met with resistance would include taking notes. However, it's gotten better over the past several years since more people are utilizing available technology, regardless of whether they have a disability.

But before, when there was less uniformity in that regard, and people would have to hand write notes, depending on someone's impairment, whether it's a physical impairment or maybe they have dysgraphia, maybe they have dyslexia or some other condition where, for them, in order to take accurate and thorough patient notes, they would need to type it. That was a problem.

Another thing that was a problem was processing those notes and needing more time. Maybe needing to access the system, the online system, the database, whatever, beyond regular hours. Sometimes that was a problem.

Another problem patients encounter. How long each appointment was. A lot of the hospitals push for doctors to keep it short and sweet, but some people, again, depending on their impairment, need more time to communicate with their patients. Either it's because they need more time to ask questions. They need more time to examine. And I would say there still is this push for uniformity when it comes to dealing with patients that do a lot of doctors with disabilities a disservice.

Pete Poulos:

Are there some fields that are more accommodating than others?

Mary Goodwin-Oquendo:

I would say it depends on the person's impairment. And this is one area where a lot of people with disabilities, a lot of doctors with disabilities, self-accommodate by strategically selecting a specialty.

Pete Poulos:

So one thing people ask about is being exempt from the call as a resident. Now, if you've taken out of the call pool and are part of a large residency program, say there are 50 people in a class. That doesn't have much impact, right? But for a smaller residency, let's say there are only four people per class that would require your classmates to go from Q4 call to Q3. Do you think that's a reasonable accommodation?

Mary Goodwin-Oquendo:

The answer that no one likes but that's often appropriate is that it depends. It truly depends. But these are all things the law says we must consider, right?

What are the resources? Are we fundamentally altering the job description when you do that? What about patient safety? Will making this adjustment and accommodation pose a risk to patients or other employees? So because there are all these things you have to consider, it's really so case specific.

Pete Poulos:

Are there any things that a medical student can look at when applying for residencies to sort of judge how friendly they will be towards accommodations?

Mary Goodwin-Oquendo:

Well, this is one thing where, ideally, more people would have mentors so that they have a real honest sense of the culture of the institution. I think that goes a long way. And I know that you have a mentorship program, which I think is amazing. I just wish that that was something that is done everywhere and that everyone knew about. Because again, I think that sharing information is a large part of the battle.

Pete Poulos:

Right. And that's our goal to create a national community. Our mentorship program is open to everyone across the country, and there are medical students with disabilities and chronic illness organizations too, which is a great resource. And then, of course, there are other resources, this podcast, there's the AAMC report authored by Lisa Meeks and Neera Jain, of course, the books, Disability as Diversity and Equal Access for Students With Disabilities. So there are a lot of resources out there, but it's a matter of educating people on where to go.

Mary Goodwin-Oquendo:

Absolutely.

Pete Poulos:

And can sometimes be a little bewildering.

Now, okay, let's go into a career as a physician who's already attending. And let's say, for example, they just can't practice medicine physically anymore, and they don't want to practice medicine physically anymore. What would you recommend if those people still want to work or be involved in medicine but don't necessarily want clinical careers anymore?

Mary Goodwin-Oquendo:

If they could take that experience and go back to medical school, I think that would be great.

Pete Poulos:

Yeah. To join our advocacy efforts. And some have. Yeah.

Sofia Schlozman:

In the next section, Dr. Poulos and Ms. Goodwin-Oquendo tackle the often confusing topic of licensing questions. How are disability-related questions usually phrased on licensing applications? How should people with disabilities respond to these questions?

Pete Poulos:

So one thing I do want to touch on, and we get a lot of questions about this, is these questions that are often asked on licensing questionnaires or licensing applications. How are these questions usually asked?

Mary Goodwin-Oquendo:

These are trick questions. Something like, do you have a disability or an impairment that interferes with your ability to confidently practice medicine, or something to that effect? It's the same thing with the law.

Fortunately, over the past decade, a number of jurisdictions have gotten rid of that through advocacy because it is a trick question. But when people come to me, I always say, "Read the question carefully. If you know what your disabilities are and you're making sure that you're accommodated, you're not going to act incompetently. Having a disability in and of itself doesn't mean that somehow you're not confident. The question is so loaded. Don't fall for it."

Pete Poulos:

Right. And there are also specific questions about mental health on these licensure applications, and people are very hesitant to disclose any mental illness on their application. How, for someone with, say, psychiatric illness, how should they answer these questions?

Mary Goodwin-Oquendo:

Well, it would depend on the question and where it's located. If they're asking if you have a condition that impacts you in a particular way, in medicine, the law gives employers in hospitals a great deal of deference because, on the whole, we must protect the public belief, right? If someone is posing a threat to the public or to whoever they're serving or their fellow employees, they're not protected by the law.

So, unfortunately, some of these examinations and questions are considered permissible in many instances, but it depends. If you're not sure, reach out to the EEOC. If you're not sure about the legality of a question, that's something you don't need a lawyer for necessarily to reach out to the EEOC for guidance. But also reach out to a lawyer, and look online for some examples. But, again, the EEOC provides quite a bit of information when it comes to inquiries pre and post-offer of employment.

Pete Poulos:

Now, these questions about mental illness. I've read that they've become increasingly prevalent over the last few years. There's this study that showed in 1998, 75% of boards asked these questions. And then 80% in 1996. And then, in 2009, this article says that the vast majority of boards asked such questions and that many of them are unlawful under the ADA. And so,

You've taken your tests, and you've passed your tests. Now you're just submitting all of your documentation and filling out an application for a license in a particular state. And then you come across these questions, do you have a history of mental illness? How should people answer this question? Because I think if people disclose their mental illness, it could-

Mary Goodwin-Oquendo:

Open the door.

Pete Poulos:

... Open the door to an investigation. The Mississippi Board, for example, in this article that I've read, says by submission of an application for licensing, an applicant shall be deemed to have given his or her consent to submit to physical or mental examinations if, when, and in the manner so directed by the board

and to waive all objections to the admissibility or disclosure of findings, reports, or recommendations pertaining thereto on the grounds of privileges provided by law.

Mary Goodwin-Oquendo:

I personally feel that those types of questions should not be allowed. But in practice, these licensing entities get away with it because they say that they're asking the questions to determine whether someone would be a risk to the public.

... I feel that sometimes if someone, let's say, didn't answer this question, but then something came out later, that could create an issue as well. If they fail to disclose information, they get you on dishonesty because it is usually state-specific. I recommend that the person consults with either their local EEOC office because it is still a licensing issue or that they consult with an attorney. I don't want to offer advice that could negatively impact someone. Because let's say someone then omits it, and then it's flagged, they leave the question blank because maybe they don't want to answer untruthfully, but they don't want to answer yes, or there are just so many things to consider.

Pete Poulos:

I mean, I guess when I read these questions, I sort of mentally insert the phrase with reasonable accommodations, like, do you have a disability that could interfere with your ability to safely care for patients with or without accommodation?

Mary Goodwin-Oquendo:

You're correct. Always assume that the question is about accommodations. Whether it's formal accommodations or it's self-accommodating. That one is easier to answer than the other one, asking, do you just have this kind of impairment? Do you have a history of this kind of impairment?

Pete Poulos:

Right. So, yeah. And again, what I've read is that these kinds of questions can deter people from seeking a license in those states that ask those questions.

Mary Goodwin-Oquendo:

Yeah.

Pete Poulos:

I've also heard that because people don't want to answer yes to these questions, they don't seek treatment for their mental health. So if there's no documentation or paper trail of a mental illness, they can avoid answering yes on the application. But I mean, that must have a negative impact, obviously, for a lot of people who are avoiding treatment, avoiding psychiatric treatment, just so they can answer no to these questions.

Mary Goodwin-Oquendo:

Absolutely. Especially when you look at the levels of stress that doctors experience and the studies and research on just anxiety and depression. Treatment should be encouraged, and we have knowledge of that rather than discouraged. That in and of itself should be sufficient to remove the stigma.

Pete Poulos:

I don't even know how you could get through a residency without taking an antidepressant. I mean, it can be a miserable experience. Taking call Q4, working 33 to 36-hour shifts, just like the exhaustion, the

constant high stress, the death, and illness that you're dealing with. And the tragedy and grief on a daily basis, that sort of stress.

Mary Goodwin-Oquendo:

And that's even without experiencing intentional discrimination. Add to that the fact that there's bullying. There's a lot of bullying that goes on in these programs that just exacerbates the mental health challenges that people are already dealing with.

Pete Poulos:

Yeah, this bullying thing is a real problem. I've heard about this from a few different, I mean, we're talking about residents, but from medical students. For example, Suchita Rastogi, a Stanford med student, wrote about this in her article in the New England Journal of Medicine about how she was shamed when she had to leave early from the clinic because of her work hour restrictions and accommodations. And how people were outright just hostile. Or, like I said, making comments that made her feel less than others.

Mary Goodwin-Oquendo:

I've had medical student clients, doctor clients, and physician assistant clients who all experienced that same thing where they'll be called out in public in front of their peers. Keep in mind that disability is supposed to be something confidential, right? But it will be brought up in a way to victimize that person. So now you have other people not wanting to interact with them. Either because now they feel that they're incompetent or they don't want to be associated with someone who is being viewed as a slacker or a troublemaker. And the isolationism that people can experience in those situations it's just maddening.

Pete Poulos:

Yeah. There was a student, I won't say where, but they had a service animal for a mental health condition. And I think one of their classmates or residents looked at her with the dog and said, "Oh, what are you, blind?"

Mary Goodwin-Oquendo:

Oh my goodness.

Pete Poulos:

You know, like the only reason somebody would have a service dog is because they can't see. And I mean, I feel like people make comments to people with disabilities that they would never make about somebody's race or ethnicity or sexual orientation.

Mary Goodwin-Oquendo:

Yes. Especially when you're dealing with invisible disabilities.

Pete Poulos:

But this happens all the time to students with disabilities. I think many people don't even recognize it, especially those with chronic illnesses or disabilities that aren't considered classic. They may not even realize that their conditions qualify as a disability. And that they do have protection under the law.

Mary Goodwin-Oquendo:

Yeah. And even if they do realize that, again, here's this fearfulness of outing yourself and being othered by everyone around you.

Pete Poulos:

It's also, I think, a misconception that doctors with psychiatric histories are not safe to take care of patients. The American Psychiatric Association says that having a psych history is not an accurate predictor of your fitness and competence and that these questions are inappropriate. They say it is actually irrelevant and frankly violating the ADA. Some states have outlawed these sorts of questions.

These concerns about patient safety and disability, I think are a real problem. You know, this conflation of disability with inability or with unsafe patient care. How do we get rid of this sort of stigma or misconception and change the conversation away from a safety issue to one of either a non-issue or looking at doctors with disabilities as an asset to the field?

Mary Goodwin-Oquendo:

Education. Educating not just the employers, but educating the public as well. Because a lot of people are unaware of the subconscious biases that they hold against other people, and also, I think highlighting how the voices of disabled doctors and the experience of doctors with disabilities, how it is an asset. It's an asset. Very often, these doctors are more compassionate. They have a better bedside manner. They think outside of the box. These are all things that we should want our treatment providers to have.

Pete Poulos:

Yeah, absolutely.

Mary Goodwin-Oquendo:

Another way to, I think, fix it is through legislation. But that would take a lot of effort and time, but maybe change it at the state level and then have the dominoes keep falling. So that's something I'd love to see.

Sofia Schlozman:

We end the conversation, as usual, with a discussion of our guest's advice for students listening to this episode.

Mary Goodwin-Oquendo:

I would tell people, don't be discouraged. You're not alone. Not only are there legal advocates, but there are student advocates, there are physician advocates, and others. And I think that if we all make an intentional effort to connect and encourage one another, we do have the power to change the landscape of disability civil rights in medical education and the medical profession. I share your goal, Pete. I want this to be national. I want people to lobby their state legislature.

Mary Goodwin-Oquendo:

I want people to lobby the federal legislature. But we can't do it as individuals. We can do it as individuals, but it's much more difficult for one voice to be heard. If we all come together, we can't be ignored. If we all come together, we can't be ignored. And I think that's how you enact change. These deficiencies that we've noted in the ADA, these issues with regard to consistent application, let's push for laws that clarify these specific situations so that things can't be twisted around and so that it's clearer who's protected by the law and what the rights and the responsibilities are when it comes to education and employment. I think we can do it. It'll be hard, but I think we can do it.

Pete Poulos:

Yeah. There's definitely strength in numbers. And yeah, maybe we should put together a group, subgroup, that's focused on these legislative efforts. I mean, we have tons of people all over the country who are interested in this topic. I don't think it would be that hard to put together a task force to work on this. What do you think? Should we do it?

Mary Goodwin-Oquendo:

I think that would be amazing. And outside of pushing for legislation, sometimes there's a case that should be litigated that can make change for everyone else, but the people, they just don't have the resources. If we pool our resources together, we can push those cases.

Pete Poulos:

All right. Wow, that was, I think, a really great interview. People are really going to be benefited, I think, from the information that you shared and your perspective. Thank you so much.

Mary Goodwin-Oquendo:

Thank you so much for having me. I really appreciate it.

Sofia Schlozman:

To our guest, Mary Goodwin-Oquendo, thank you so much for taking the time to share your wonderful insights and expertise with us today. This is going to be an extremely informative episode for all of the students in our audience, and we are so happy to have people like you helping to make healthcare careers a more inclusive space. To our audience, we hope you enjoyed this episode, and we thank you for listening to our podcast.

Sofia Schlozman:

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