

# Medicine's Unseen Assumptions: Disability, Ableism and Advocacy

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University College of Medical  
Sciences & GTB Hospital, Delhi





# WHY Disability Rights?



**Satendra Singh, MD**  
@drsitu

The visual rhetoric of disability & why [#DisabilityCompetencies](#) need to be rooted in rights. The brutal display of how our disabled bodies are continued to be medicalized, exhibited, photographed, and gazed.

[#NotYourInspiration](#) [#Ableism](#) [@DrTedros](#) [@WHOdisability](#)

# Perceptions of Practicing US Physicians



- 82% believe disabled patients have worse QoL
- Only 41% confident to provide same quality of care
- Just 56% strongly agreed to welcomed patients with disabilities into their practices
- Poor understanding towards legal responsibilities

lezzoni LI, Rao SR, Ressalam J, Bolcic-Jankovic D, Agaronnik ND, Donelan K, Lagu T, Campbell EG. Physicians' Perceptions Of People With Disability And Their Health Care. Health Aff. 2021;40(2):297-306.



# Accessibility

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भारतीय आयुर्विज्ञान परिषद्  
Board of Governors in Super-session of  
MEDICAL COUNCIL OF INDIA

No.MCI-34(1)(UG)(Gen.)/2012-Med./167890

Date: 29/03/12

To,  
The Deans/Principals of all the Medical Colleges/Institutions in India.

Subject : Access facilities for persons with disabilities in Educational Institutions  
Hospitals - regarding.

Sir,  
Please find enclosed herewith copy of letter No.79/1101/12-13, dated 30.01.12 alongwith representation dated 07.12.2012 of Dr. Satendra Singh, Coordinating Enabling Unit, Equal Opportunity Cell, University College of Medical Sciences, New Delhi received from the Deputy Chief Commissioner, Court of Chief Commissioner for Persons with Disabilities, Ministry of Social Justice & empowerment, Department of Disability Affairs, New Delhi regarding access facilities for persons with disabilities in Educational Institutions and Hospitals.,

You are requested to submit the compliance and also endorse the copy of compliance to the Court of Chief Commissioner for Persons with Disabilities, Ministry of Social Justice & empowerment, Department of Disability Affairs, New Delhi.

Kindly treat this as **Most Urgent**.

Yours faithful

# Accessibility

Sr. No.	Details of information	Provided or not (with no & date)
11	Toll free number to report ragging.	
12	No. of ragging cases reported to Anti Ragging Committee and Action taken by Anti Ragging Committee.	

Undertaking - To be given by the Dean/Principal of the Institute

I hereby given an undertaking that :

- The college will admit students only after obtaining the permission from Central Govt.
- In the event of this declaration turning out to be either incorrect or any part of this declaration subsequently turning out to be incorrect or false, it is understood and accepted that the undersigned shall be responsible for any such misdeclaration or misstatement.
- In case, the declaration made by me is found to be false in any material point then necessary Civil / Criminal proceedings, including prosecution under Section 199 of the Indian Penal Code, 1860, may be initiated against me by the Competent Authority.
- The college has obtained all requisite statutory approvals.
- The college has fulfilled all requirements as per the applicable Minimum Standard Requirement for the Medical College Regulations, 1999.
- The mandatory requirements laid down by the Persons with Disabilities Act are met by the college

Date:

Signature with stamp Dean/Principal/Director

# What's wrong with her?

As a teenaged medical student in Britain, I witnessed symptoms of mine being discussed disparagingly in lectures and seminars. I would hear my adolescent colleagues laugh to one another, *If I ever get that way, kill me*. My cheeks would burn. Our teachers, consultants, and lecturers did not correct them

*A senior professor of OBG at my world-famous medical school aggressively insisted to my class that everyone with my diagnosis should be aborted because they didn't like our QOL. The professor did not know that I was sitting in the front row with that specific condition.*

## BREAKING NEWS

UPSC SOUGHT  
PHOTOGRAPHIC  
EVIDENCE OF  
DISABILITY

Date: \_\_\_\_\_

**CERTIFICATE**

Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board

\_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_  
identification mark(s) \_\_\_\_\_ is  
category :



IITs asked to stop using disability photos in applications

Respect for inherent dignity & autonomy



Satendra Singh, MD  
@drsitu

70 yrs of Independence & mentally ill still kept naked in Govt-run Behrampur hosp. @MamataOfficial @JPNadda



# Respect for Diversity



‘Protecting the human rights of every person would be the best homage to the memory of the chained human beings at Erwadi who were burnt to death.’



**SATENDRA SINGH,**

*University College of Medical Sciences, Delhi*

# #WhatADoctorLooksLike



“Not only do these gifted disabled physicians benefit medicine, sciences, & their patients, but their classmates learn from them. They gain empathy for people with disabilities, & learn a lesson in courage.”- Dan Albert, Emeritus chair of Ophthalmology, UW

# Health-worker education for disability inclusion in health



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December 1, 2023  
[https://doi.org/10.1016/S0140-6736\(23\)02707-1](https://doi.org/10.1016/S0140-6736(23)02707-1)

About 1.3 billion people in the world experience disability.<sup>1</sup> Yet in many settings, the competence and understanding of reasonable adjustments among health workers are inadequate to provide the same quality of care to people with disabilities as to individuals without disabilities.<sup>2,4</sup> More broadly, disability is not sufficiently prioritised in the global agenda. Despite the establishment of a Disability, Equity, and Justice Group for the first time in the Group of Twenty (G20) in India in 2023, global leaders failed to explicitly address disability in the recommendations of the G20 Declaration,<sup>5</sup> notwithstanding existing evidence that financial investment in a disability-inclusive health sector is an investment with dividends.<sup>1</sup>

Inclusive health care requires improvements in accessibility; training of health professionals; and attitudes of staff in health facilities. Some progress is being made and medical education in some countries now includes disability, human rights, and reasonable adjustment.<sup>6</sup> There are many initiatives globally, and here we highlight a few instructive examples. WHO's disability-inclusive health services toolkit for the Western Pacific Region<sup>7</sup> and the Oliver McGowan Mandatory Training on Learning Disability and Autism in UK medical education<sup>8</sup> show that some steps have been made in integrating essential disability competencies into medical education. India introduced a competency-based curriculum in 2019.<sup>9</sup> However, this initiative faced criticism from the disability community

training, co-designed with people with disabilities and health workers, delivered by a pair of trainers (one with a disability and one health worker), encompasses understanding disability, motivations for becoming a health professional, disability and equitable health care, communication with persons with disabilities, referring persons with disabilities, and auditing health facilities for disability accessibility. Once the pilot is completed, the project aims to train about 300 health workers over 2–3 months during 2024.

Yet challenges persist and gaps remain in the training of health workers on disability in many settings. Systemic barriers within health systems need to be overcome. Limited integration of disability-related content into educational curricula hampers provision of and access to appropriate services and means health-care professionals may not receive comprehensive training to address the diverse needs of disabled persons.<sup>10–14</sup> In settings where health-professional education does not include mandatory core competence for disability training, sustainability challenges emerge, because training is often initiated on an ad-hoc basis by individual teachers due to personal interest.<sup>15</sup> This patchy provision can be exacerbated by insufficient or absent resources, such as lack of teaching staff, and competing demands on time so that disability content is not regarded as a priority.<sup>16</sup> Therefore, it is crucial to establish robust policies within ministries of health and within health-professional councils and organisations to

Crucially, disability training must be delivered by those with lived experience—people with disabilities—in conjunction with other health workers.<sup>6</sup> A promising strategy involves pairing disabled people with health workers to deliver training, to ensure training upholds the principle of “nothing about us, without us” and medical standards.<sup>23</sup>

# THE LANCET

November, 2023

[www.thelancet.com](http://www.thelancet.com)

*Luthfi Azizatunnisa, Sara Rotenberg, Tom Shakespeare,  
**Satendra Singh**, Tracey Smythe*

## Lived Experiences

# Disability Competencies in CBME

Disability Competencies included in the Indian Competency Based Medical Curriculum and their correlation with the roles expected from an Indian Medical Graduate, and with the competencies defined by accreditation boards in the US and in Canada.

Role of an IMG (ACGME Competencies) [CanMEDS role] <sup>9</sup>	NMC Disability Competencies <sup>12</sup>	Predetermined codes derived from the competencies
Clinician (Medical Knowledge; Patient Care) [Medical expert]	1. Describe disability as per the United Nations Convention on the Rights of Persons with Disabilities while demonstrating respect for the differences and capacities of persons with disabilities as part of human diversity and humanity.	Respect for Diversity
Professional (Professionalism) [Professional]	2. Compare and contrast medical and social models of disability.	Advocacy
Communicator (Interpersonal and Communication Skills) [Communicator]	3. Demonstrate a non-discriminatory behaviour towards patients or caregivers with disabilities	Non-discrimination
Leader (Systems-based practise) [Leader, Collaborator]	4. Build an understanding on the disability etiquettes while addressing people with disabilities	Dignity Autonomy
Lifelong learner (Practice-based learning) [Health advocate, Scholar]	5. Demonstrate the use of verbal and non-verbal empathetic communication techniques while communicating with people with disabilities	Dignity Autonomy
	6. Advocate social inclusion by raising awareness of the human rights of persons with disabilities	Social inclusion Disability Rights/Human Rights
	7. Have an understanding of accessible healthcare setting for patients with disabilities, including universal design	Equity/Equal Opportunity Accessibility/Universal Design
	8. Demonstrate awareness of the disabilities included in the Rights of Persons with Disabilities Act, 2016	Disability Rights/Human Rights Advocacy



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

**Disability and Health Journal**

journal homepage: [www.disabilityandhealthjnl.com](http://www.disabilityandhealthjnl.com)

Using the health humanities to impart disability competencies to undergraduate medical students

Satendra Singh <sup>a, \*</sup>, Amir Maroof Khan <sup>b</sup>, Upreet Dhaliwal <sup>a</sup>, Navjeevan Singh <sup>a</sup>

<sup>a</sup> Health Humanities Group, University College of Medical Sciences, University of Delhi, India  
<sup>b</sup> Medical Education Unit, University College of Medical Sciences, University of Delhi, India

atives for



## NCD Policy Areas

- CRPD
- Civil Rights
- Cultural Diversity
- Education
- Emergency Management
- Employment
- Financial Assistance & Incentives
- Health Care
- Housing
- International

## Preview NCD's New NCD.gov Website in Beta

Take a look at the new beta site, an early, in-progress version at [beta.NCD.gov](https://beta.NCD.gov)

## NCD Letter to the ACGME Regarding Disability Competency Training of Medical Professionals

July 14, 2021

Thomas J. Nasca, MD, MACP  
 President and Chief Executive Officer  
 Accreditation Council on Graduate Medical Education  
 401 North Michigan Avenue, Suite 2000  
 Chicago, Illinois 60611



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## Preview NCD's New NCD.gov Website in Beta

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## NCD letter to The Joint Commission regarding disability competency training of health professionals

June 21, 2021

Dr. Mark Chassin  
 President and CEO  
 The Joint Commission  
 One Renaissance Blvd.  
 Oakbrook Terrace, IL 60181

# Supreme Court Lauds Achievements Of Persons With Disabilities In Judgment Allowing Medical Education For Candidate With Disability



**15** | OCT  
2024





## ***The Stage***

**We didn't go up to the stage  
no one asked us, actually  
only by pointing fingers  
they showed us our place  
and we sat there;  
'great', they exclaimed.**

**And they went up on the stage  
started narrating us our own sorrows  
but, 'our sorrows remained ours  
never became theirs...'**

–Waharu Sonavane

The above poem by an Indian tribal activist in the Marathi language highlights how movements driven by outsiders (non-tribal) often further marginalize Adivasis by assuming they need a voice and a savior to be liberated, heard, and respected. This pattern of "othering" is not uncommon in DABs, where history shows that able-bodied individuals often make decisions without invoking clinical accommodations, thereby widening the gap between 'us' and 'them.'

# Supreme Court of India

## Om Rathod v DGHS, 2024

My suggestions to SC:

i) rename the Disability Assessment Boards as *Ability Assessment* Boards;

(ii) *include* a doctor with disability who is well conversant with disability rights in such Boards;

(iii) use a *human rights model* of disability for assessment;

(iv) issue guidance on *clinical accommodations*;

(v) *train* the Boards in carrying out the disability competency assessment; &

(vi) use the *Enabling Units* to serve as a contact point for clinical accommodations



# HC for fresh assessment by AIIMS for disabled candidate denied admission

Rema Nagarajan / TNN / Updated: Sep 30, 2024, 09:42 IST



26. However, this Court, despite dismissal of this petition, tries to grant some succour to Kabir by referring to Great Sant Kabir, his namesake:

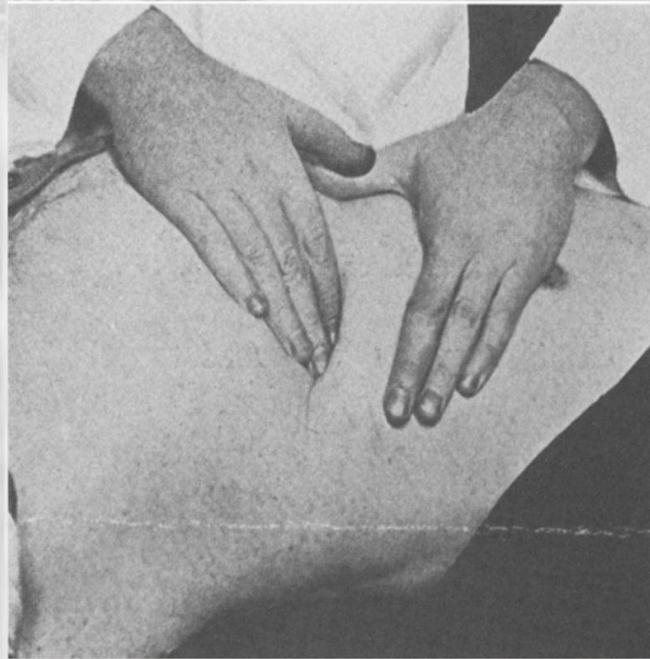
*जिन खोजा तिन पाइया, गहरे पानी पैठ,  
मैं बपुरा बूडन डरा, रहा किनारे बैठ*

[Those who search, find, by diving deep into the waters, I, the fool, was scared to drown and remained sitting on the shore]

# EXPRESS VIEW



Neurosurgeon Sir Sidney  
Sunderland's hand



Hamilton Bailey's hands as pictured  
in his textbook *Physical Signs in  
Clinical Surgery*

## Ability or dexterity

SATENDRA SINGH

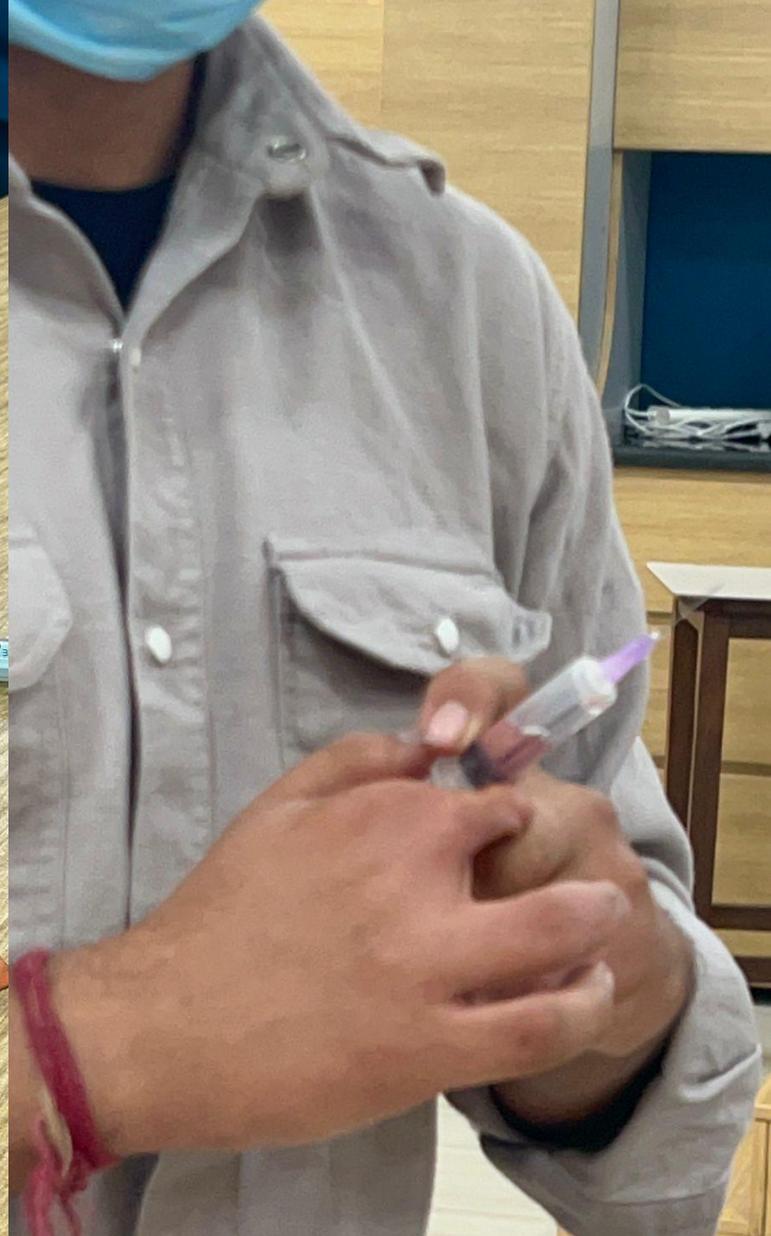


Of the 183 surgeons surveyed, who had lost fingers, 180 continued to practise surgery, one even became a surgeon as a result. Hamilton Bailey, whose surgical textbook remains foundational for medical professionals, had lost the index finger on his non-dominant hand. As these cases demonstrate, very few tasks truly require 10 fingers.



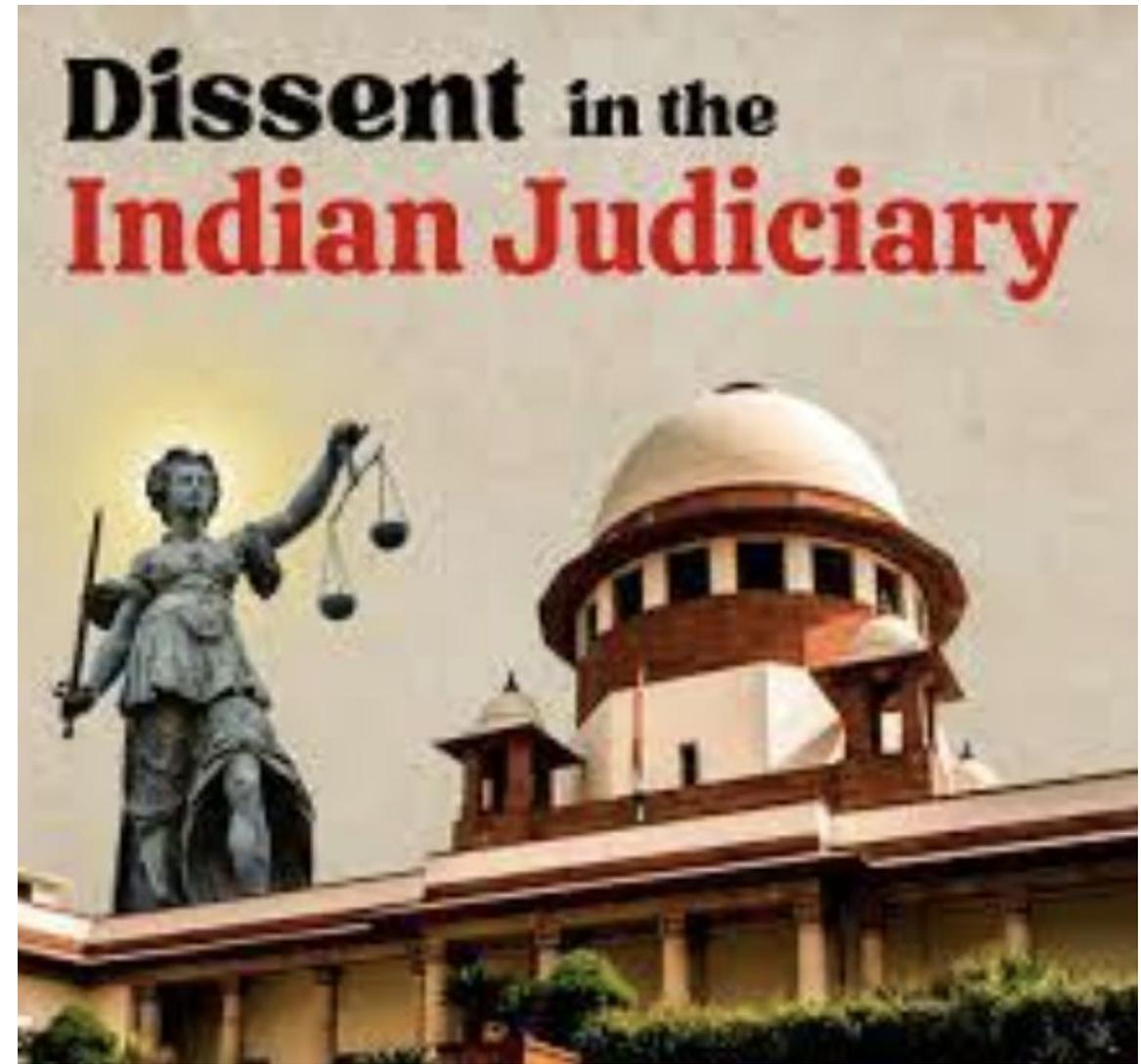
**SATENDRA SINGH,**

professor, University College of Medical Sciences  
& GTB Hospital & disability justice activist



Supreme Court of India, Anmol v UOI, 2024

# Supreme Court of India Anmol v UOI, 2024





“The correct approach is the one that Dr. Satendra Singh has adopted viz.- to not bar a candidate at the threshold but grant the candidate the choice after completing the MBBS Course, to decide whether he wishes to specialize in a nonsurgical or medical branch or continue as a GDMO. As rightly set out by Dr. Satendra Singh, it will be unfair to presume incompetence at the threshold without first providing an opportunity to the candidate and ensuring the availability of accommodations and assistive products.”



**SUPREME COURT**

**#DocsWithDisabilities**

# For disabled aspirants, new clause crushes hopes of nursing career

Even though nurses with disabilities are working in many govt hospitals, revised regulations deny others a chance to enroll in nursing college

Rema.Nagarajan@timesofindia.com

Justin Kumar



**WILLING AND ABLE:** Krishna worked as a nurse for 30 years despite losing her legs in an accident and wearing a prosthetic

This cut-off of 50% is ridiculous," says Chauhan, who works as an assistant nursing superintendent in the Central Jail Hospital, Tihar. He does not know the exact percentage of his disability since there was no such rule to determine the exact percentage before 2016. It was enough that a person's disability was above 40% to avail of the quota for persons with disability.

In 2020, INC revised the BSc (Nursing) curriculum for the first time since Independence. Now, its clause 8 states that only those "with a disability of locomotor to the tune of 40% to 50% of the lower extremity" would be eligible for graduation in nursing. This excludes candidates with other disabilities such as muscular dystrophy, dwarfism, acid attack victims, low vision, hearing impairment, speech disability and intellectual disability. Despite so many senior nurses with varying levels of disabilities working in Delhi, none of them were invited to be part of framing the regulations.

Even after Delhi high court directed INC to re-evaluate the criteria, it reiterated that its high-powered committee had considered all issues and upheld the clause, saying that limited

functional abilities of nurses would hamper care. "Nursing care activities mandate physical and mental fitness like good vision, hearing and stamina for assisting patients in activities of daily living," it argued.

Krishna pointed out that she and several others were proof that even with substantial disability one could contribute as a nurse. "I liked being posted in the injection room where hundreds of people had to be given injections which I could do sitting down. I was also in charge of the stores and keeping track of medicines and supplies. I drive a scooty and do all the work in my house on my own including sweeping, mopping and cooking. We deserve to be given a chance to work and earn a living and lead independent lives," she says.

The National Organization of Nurses with Disabilities (NOND) of the US wrote to the INC urging the council to "open the educational doors to students with disabilities" pointing out that nurses with disabilities or chronic health conditions "can provide competent, empathetic, direct patient care, or work in other healthcare industry sectors for corporations and nonprofit organisations". The NOND letter listed several careers other than clinical nursing, such as becoming disabled nurse educators, consulting on health and wellness, private duty, rehabilitation etc.

Doctors With Disabilities: Agents of Change, which filed the public interest petition in the Delhi high court, says it places "artificial fetters at the stage of admission itself, reducing the chances of persons with disabilities from being suitably employed." This, when India faces a significant shortfall of nursing staff. It has 1.96 nurses per 1,000 people against the WHO-recommended ratio of three nurses.

Dr Satendra Singh, a disability rights activist and faculty in GTB Hospital Delhi, points out that the disabled find unconventional ways to adapt to. "Why only nurses who are 'one-legged' or with 'both legs disabled'? We need compassionate nurses who understand what it is like to live with chronic illness or disability, not superhuman robots. To clear misconceptions about the capacity of students with disabilities to undergo training in nursing, why doesn't INC include nurses with disabilities in the committees that frame such regulations?" he says.

\*Name changed on request



Satendra Singh, MD @drsitu · Sep 15

Replying to @drsitu @DrPankajPrasad2 and 4 others

On my PIL, Delhi HC directed Indian Nursing Council to formulate new nursing regulations accommodating all persons with disabilities, as identified by the #RPDA2016. Additionally, comments to be invited from the stakeholders #NursesWithDisabilities 6/

[livelaw.in/high-court/delhi](https://livelaw.in/high-court/delhi)



● Krishna (uses only her first name) retired as deputy nursing superintendent in 2022 after being a nurse for more than 30 years. She lost both her legs in an accident just as she was graduating in nursing but went on to join GTB Hospital in East Delhi in 1989 using a wheelchair to move around

● Meeta\*, who has 100% hearing loss in one ear, has been working as a nurse since 2011 in a Delhi govt hospital. She says that she has never faced any problem in carrying out her duties because of her disability but was told that since deafness was not a recognised disability in nursing, she could not avail benefits of the quota for people with disabilities

● Lokesh\* whose right leg was affected by polio since childhood was certified as having 65% disability. However, he has been working as an assistant nursing superintendent in AIIMS Bhopal

While examples like Krishna, Meeta and Lokesh show that nurses with disabilities can indeed work in hospitals and may, in fact, show more understanding to patients, hurdles to a nursing career have only increased for other disabled aspirants.

Recently, a girl with an amputated arm, whose disability level was 51%, was not allowed to join a BSc

**RANVEER SINGH CHAUHAN, NURSE**

There are 200 nurses with various levels of disability working in Delhi. Some of them have been certified as having 70%-80% disability. This 50% cut-off is ridiculous



Nursing course because the Indian Nursing Council (INC) does not let anyone with a disability level above 50% take admission in nursing courses.

Ranveer Singh Chauhan, president of the Differently Able Employees Welfare Association, says there are about 200 nurses with various levels and kinds of disabilities working in several govt hospitals in Delhi. "Among them are some who have been certified as having 70%-80% disability.





Long before seeing people,  
I viewed bodies as structures-  
to me it made sense  
symmetry and balance  
only poets talks “essence”

Yet, trapped in a structure  
that did not conform,  
my leg and my body  
defied the norm.  
Who needed fixing?  
Me or my surroundings?

I sometimes sit  
during long surgeries,  
it's less often from fatigue  
and more out of incredulity  
at being able to “see” the people  
not merely their bodies,  
like I learned to see mine  
and I bow in awe  
to the mystique  
and the fascinating diversity

Shubham Arora (Artist), Pooja Priyamvada (Poet)

**"Ableism looks like calling people 'inspiring' for navigating a system that is designed for exclusion, while doing nothing to hold the system accountable."**

**“Medical Humanities** enables us to identify structural barriers that are often normalised or ignored; to visualise invisible patient suffering; and to protect the human rights of those who are most marginalised, especially those who may not be able to fight their own battles.

MH in essence is **advocacy** to me” - *Dr Satendra Singh*