

IMPROVING ALLYSHIP AND ACCESSIBILITY FOR DOCTORS WITH DISABILITIES

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PRESENTER DISCLOSURE

Presenter: Dr. Samantha Lavitt

Relationships with financial sponsors:

- Any direct financial relationships, including receipt of honoraria: Paid educator and UGME EDI curricular lead at the University of Ottawa, paid Peer Guide and speaker on a variety of topics for the Ontario College of Family Physicians.
- Membership on advisory boards or speakers' bureaus: Unpaid member of Accessibility Advisory committee and co-chair of EDI Advisory Committee for Municipality of North Grenville.
- Patents: None
- Other: I am disabled and therefore personally motivated to improve the culture around accessibility in our workplaces.

DISCLOSURE OF FINANCIAL SUPPORT

- The CFPC compensated my ticket for today, but I still had to pay for the rest of the conference and related travel expenses.

LAND ACKNOWLEDGEMENT

We are coming together today on the traditional lands of the Anishinaabe (Ojibwe), Ininew (Cree), and Dakota peoples, and the homeland of the Red River Metis

Full Moon Ceremony

5 pm Oodena Celebration Circle

Collaboration between Sunshine House, Manitoba Keewatinowi Okimakanak Inc MMIWG Liaison Unit (MKO), The Link, Manitoba Moon Voices (MMVI), Women's Health Clinic (WHC), Inaadiziwin, Native Clan Organization, Inc. (NCO), Manitoba League of Persons with Disabilities and Medicine Bear, Ka Ni Kanichihk.

Disability language

Person-first!

A



With [Condition or Disability]

Identity-first!

A [Medically-affected or Disabled]



A review of terms

Allyship: Supportive association with the members of a marginalized or mistreated group to which one does not belong.

Equality: The quality or state of being equal

Equity: The quality of being fair and just, specifically in the freedom of people of different genders, race, or other identifying factors to access needed resources and opportunities to obtain similar outcomes.

Inclusion: The practice of creating a culture or environment to foster a sense of belonging, welcome, and respect.

A review of terms

Accessibility: The quality of an environment that enables a person to access it WITH EASE.

Accommodations: A measure taken based on the personal circumstances of a worker/learner that is designed to enable them to carry out their duties and fully participate in work- or learning-related activities.

“Undue hardship”: A legal term describing the limit of an employer's requirement to accommodate a worker. This limit is unique to each situation.

CinDi: my personal shorthand for “chronic illness and disability”.

Why Allyship and Accessibility matter

20% of doctors in Canada identify as having chronic illnesses or disabilities (CMA 2021), but I cannot find any health facilities that were designed to be accessible for physicians.

Despite enshrined human rights legislation in many regions requiring work accommodations be provided, there is no provincial or federal system to support this.

The disability population is the only minority group that anyone might join at any time (and almost certainly will! At least temporarily).

Excerpt from 2021 National Physician Health Survey on impacts of disability on physician wellbeing

	Disability	No disability	Mental health condition	Neurodiverse	Long term chronic condition
Flourishing mental health	39%*	50%	22%	36%	45%
Languishing mental health	12%*	6%	19%	14%	9%
Overall burnout	61%*	39%	83%	81%	65%
Positive for depression	63%*	43%	83%	73%	54%
Severe or moderate anxiety	36%*	21%	53%	49%	31%
Suicidal ideation (lifetime)	56%*	30%	75%	60%	46%
Professional fulfillment (HIGH)	15%*	23%	8%	13%	18%
Psychological safety (HIGH)	49%	60%	43%	39%	50%
Social support (HIGH)	63%	75%	60%	63%	62%
Bullying/harassment/microaggressions	19%*	14%	21%	26%	17%

Table 47. Psychological factors by self-reported disability vs. no disability, and type of condition

*** Statistically significant using chi-square test of independence. See Appendix B for more details.*

Last definitions

Ableism: Prejudice and discrimination against people with a disability.

Hidden curriculum: What is learned when nobody is actively or formally teaching. The transmission of knowledge on cultural norms, attitudes, standards of behaviour, etc in an educational institution.

Why we're having this talk

You may need help making or obtaining your own accommodations

Your colleague may need help making or obtaining accommodations and it is kind, collegial, and equitable to help them. Implementing accommodations in your shared workplace may help maximize their work capacity and efficiency, reduce burnout, and actually improve their health.

Making your office accessible means you could hire one of the many physicians who are currently underemployed due to disability to assist you! You could maximize your own performance, reduce your burnout, and improve patient care and satisfaction, while supporting your colleagues.

It's time for...

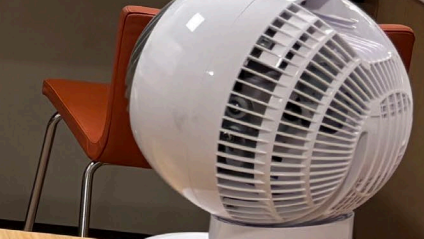
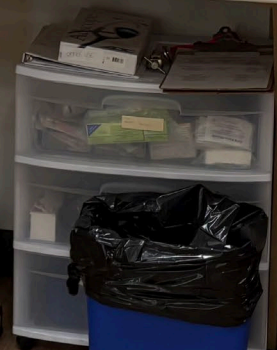
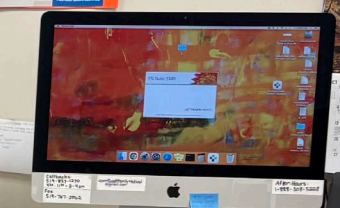
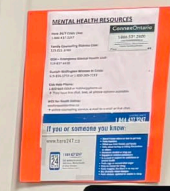
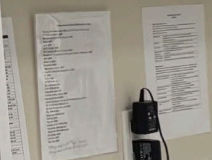
SPOT THE BARRIER!

Entrances



Staff rooms





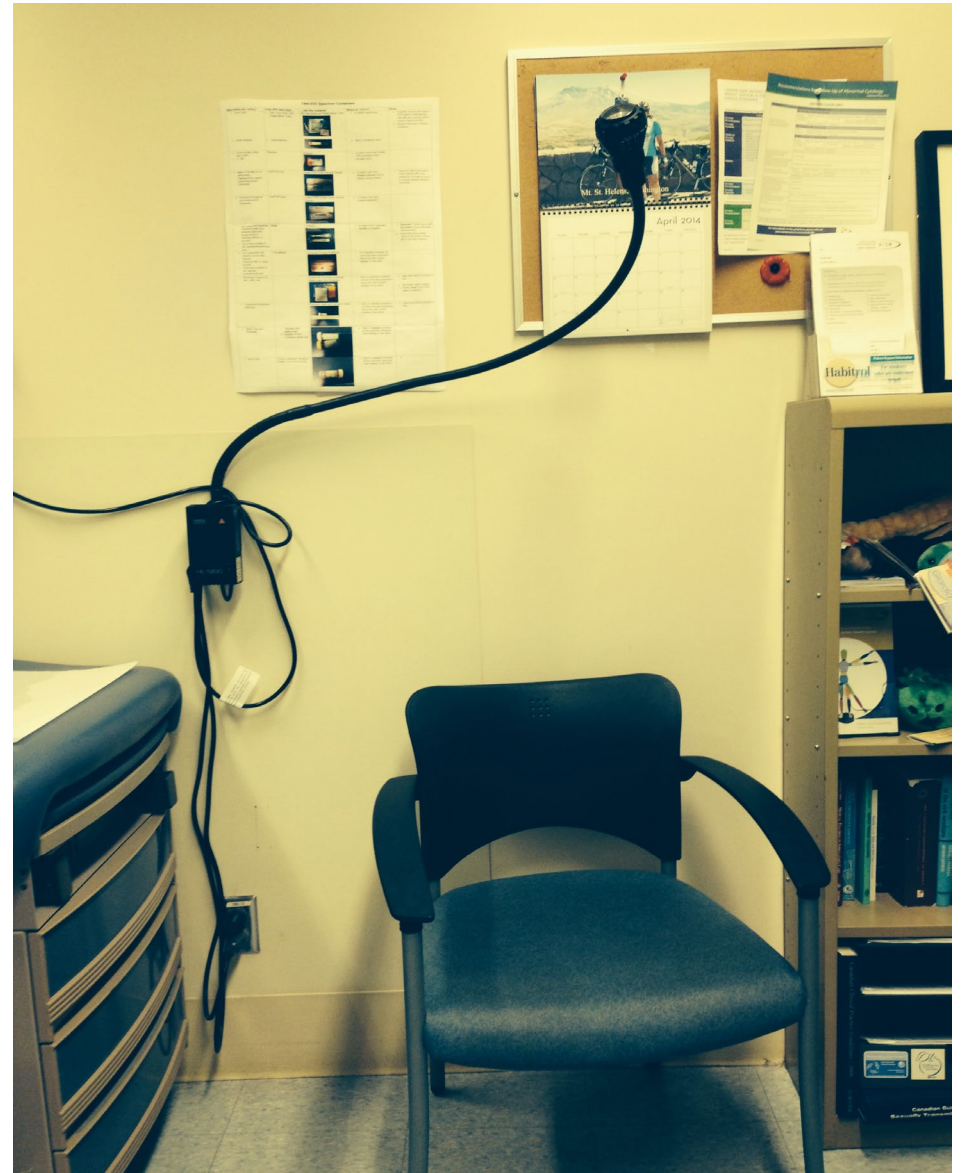
Offices



Exam rooms



Exam rooms



Teaching



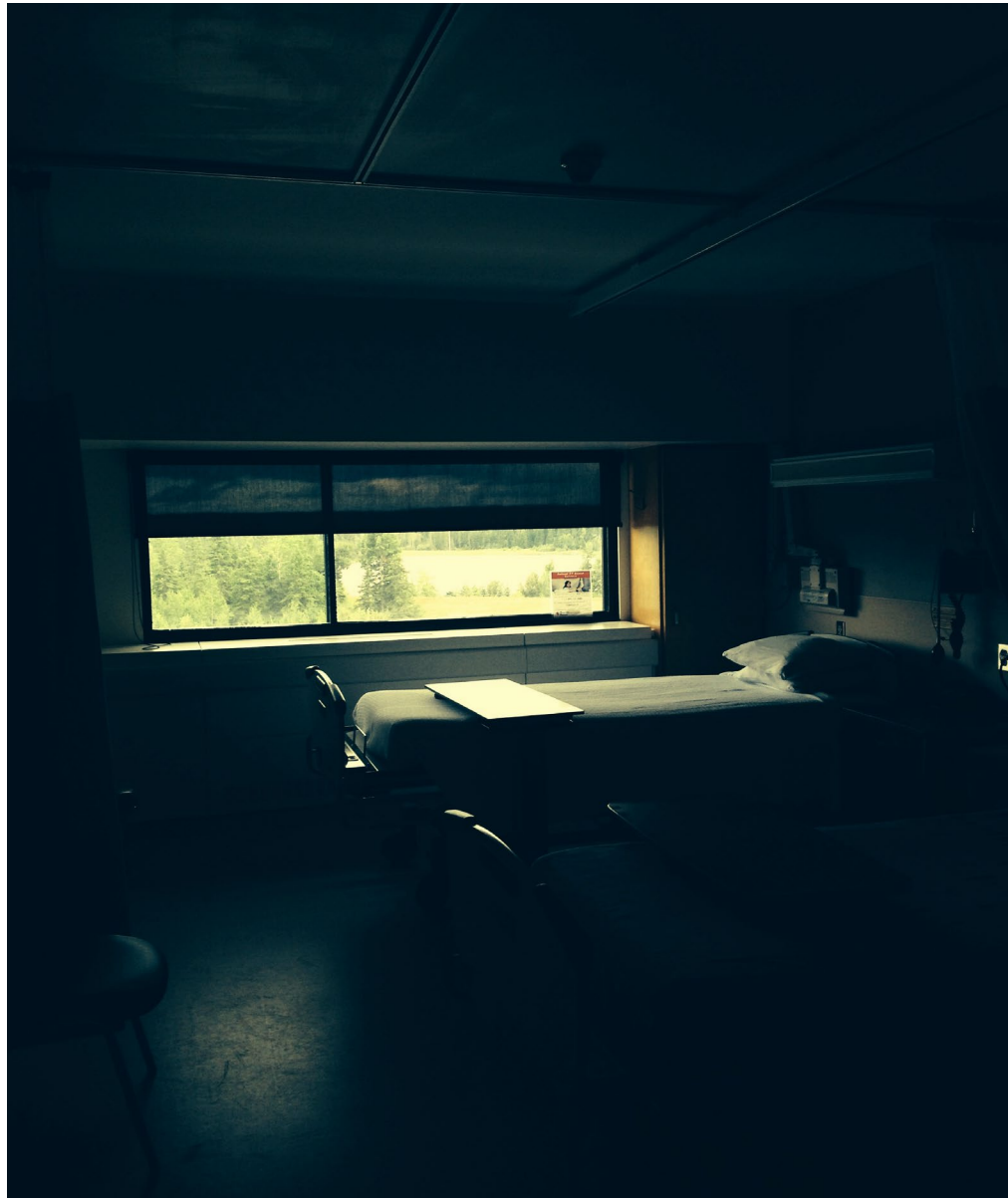
Teaching



Teaching



Hospital rounds



And all the things you cannot see...

Barriers or benefits in policies

- Mandatory minimum scheduling
- Mandatory evenings/overnights or weekends
- Mandatory minimum patient flow
- Lack of trade or cancellation mechanism
- Inequitable overhead calculations (eg. flat rate)
- Flexible appointment and shift lengths
- Waivable or negotiable for other services
- Honestly, I think minimum patient flow is just a bad idea anyway
- Plan for cancellations for illness and family emergencies if substitutes cannot be found.
- Tie overhead to roster size, hours/wk or %fees.

Actual job ad for ED locum

“October 26, 27, & 31
(24h shifts, 08:00h - 08:00h)

Clinic days optional.”

Barriers or benefits in policies

- Shared staff struggle to track needs for every MD
- Assistants only for some procedures
- Each MD has to find their own locum and negotiate terms in an emergency.
- Dedicated staff learn patient and MD preferences
- Assistants for the MDs that need help
- Clinic can keep a list of reliable locums who are available at short notice and make arrangements with standard contract.

Barriers or benefits in systems

- Minimum rosters
- Unable to roster as a practice share (Ontario)
- EMRs assume electronic records and messaging is the best option for everyone
- Referrals same
- Virtual care no longer fully paid by phone or outside rostered care
- What if we just didn't? Better to take 400 patients than 0!
- Allow rostering to an MD or MD/NP pair
- Make EMRs as accessible as possible and adapt messaging to your team preferences
- Dictate or delegate
- Reinstate full billing as an accommodation

Instead of trying to think outside the box, recognize that the problem is the box and deal with that first.



Disabled Me MD Step-by-step Accommodation Problem-solving

1. What is the problem?
2. Remembering that the box of attitudes and preconceptions is actually the problem, drop all your assumptions and expectations about the difficulty that is being experienced and what you are actually trying to solve.
3. What is the mismatch between the user and the object/process/system to be used? Get specific.
4. Now ask one more question about how that could be different.

Small group exercise!

Pick ONE element/accommodation we reviewed today that feels good to you

How could it benefit disabled and nondisabled people in your workplace or organization?

What are potential barriers to implementing this change and how could you address them?

Big group chat!

How did that go?

What felt easy?

What felt hard?

How can we help?

Big group chat!

Generally, humans do not like change.

Bureaucracies less so.

But just because that's the way it is, doesn't mean that's how it has to be. Imagine a better way

It doesn't have to be hard. It just feels that way because it's unfamiliar

Find your allies and ask for help

Remember, accessibility is for everyone!

THANK YOU!

Email me!

disabledmemd@gmail.com

@DisabledmeMD

On Instagram, bluesky

Disabledmemd.ca
coming soon!

You have my
permission to stop me
to chat about this
presentation for the
rest of FMF :)



THANK YOU!

Please do your session evaluation now! I take feedback very seriously!



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