



QUALITY OF LIFE, QUALITY OF CARE, AND PATIENT SAFETY

DISABILITIES IN DERMATOLOGY: WHAT ARE THE BARRIERS?

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Background: What the physician experiences: a patient who shows up late and seems to be failing to follow a simple management plan for acne. What the patient experiences: a disability access bus that runs behind schedule making her late; difficulty getting the examination gown on and tied correctly; embarrassment when the physician seems irritated she has not applied a treatment, which is packaged in a tube she can barely open, to an area she is unable to reach; and frustration that she missed the opportunity to ask about her main concern - the new rash under her leg brace. Variations on this case are everyday occurrences in dermatology practice.

Observation: Patients with disabilities face many risk factors for poor health; such as obesity, lower levels of education, and inability to get enough physical activity. Medicine has made strides toward recognizing and addressing health disparities with regard to race, gender and socioeconomic status, but we must begin to acknowledge that patients with disabilities form a heterogeneous, at-risk population that requires special consideration. Many actual and perceived barriers to care exist when managing patients with disabilities. How do we ensure a patient utilizing a wheelchair is provided with a thorough skin cancer screening? How do we educate a patient who is blind about changing nevi? What treatment strategies can be employed for a patient with cerebral palsy and impaired fine motor skills? How do we approach a patient with autism who cannot tolerate the sensation of an ointment?

We propose a case-based education strategy to highlight barriers and offer solutions to physicians and staff caring for this diverse patient population.

Key Message: We have a duty in dermatology to recognize patients with disabilities as a vulnerable population, to achieve better understanding of barriers to care, and to promote health equity.

