

## Transcript for Access Video

**Anna:** Hi, I'm Anna. I used to have lots of problems when I went to the doctor, because she didn't understand my disability access needs. I couldn't get on the exam table and she didn't schedule enough time for me. A few years ago I found a new doctor, and together we found solutions for these problems. This is Dr. Lee.

**Dr. Lee:** When I first became a doctor, I found it difficult to work with disabled patients, because I didn't know how. That was still true when I met Anna, but then she gave me some great information and advice. I also read some information on the web about access for disabled patients.

**Anna:** I remember that I needed a mammogram and you had no idea how to get me positioned. But now you got a new machine and it's much more comfortable.

Doctors want their patients to be healthy and happy. Many become knowledgeable and thoughtful about disability access issues. Others seem resistant to learning more about our lives. They may want to refer you to another doctor.

**Dr. Lee:** Doctors are just people like anybody else. We grow up with stereotypes about disability. Sometimes we have the same prejudices as anyone else.

**Anna:** It's not just that doctors have stereotypes of disabled people. A lot of people have stereotypes of doctors, too: that they're super-human, amazing high-achievers. The truth is that they are just people who have received specialized training.

**Dr. Lee:** We are trained to act confident and knowledgeable. But if we don't know much about a patient's needs, we can get nervous, defensive, or frustrated. This can make patients feel frustrated too.

We are taught to meet the patient, identify symptoms, find a diagnosis, provide a treatment, and expect a cure. But it doesn't always work out that way. When the patient doesn't get better completely, or faces a long-term disability or chronic illness, we may think it's our fault. We may even feel like we are failures, because we couldn't cure the patient of their disability.

**Anna:** These feelings are based on the idea of "normal." Most products and services are also based on the idea of "normal." They are developed for typical people, not for us.

But now some medical equipment is being designed with disabled people in mind, like adjustable-height exam tables. Doctors need to learn about this equipment and use it. They need to know that they can't always "cure" our disabilities, but they can take steps to make our lives better.

**Dr. Lee:** When you are with your medical provider, remember that we all have the same goal: your well-being. To do that, you and your health provider need to work as a team, just like Anna and I do.

A big part of teamwork is learning from each other and sharing knowledge. In a sense, you and your medical provider are each other's teachers. You are helping each other learn information and skills that you both need.

You can help your nurse or doctor learn to give you better care. Be patient -- doctors, just like anyone else, learn best from patient teachers. Thanks to listening to my patients like Anna, I learned to be a better doctor.

**Anna:** To work as a team, you need to communicate clearly. It may take a little time.

**Dr. Lee:** Remember our first appointment? Before you came I didn't even know you were disabled and we weren't prepared.

**Anna:** Yeah, I guess I should have given you some advance notice of the access and accommodations I needed. Now when I make an appointment I always remind your receptionist so that you can be ready. I also let you know if I am going to bring my personal assistant to help me undress.

**Dr. Lee:** That made things a lot better, but it was hard that first time. We just talked -- well, you talked, I mostly listened. But it was good. You told me what you needed from me.

**Anna:** I knew from experience that it was best for me to explain my situation to you. Disabled people are more likely to get good care by being honest and assertive with our doctors.

After that first visit, I called the receptionist and asked for extra time for our second appointment. I explained that I was disabled and things may take longer.

**Dr. Lee:** If the receptionist doesn't understand your need for extra time, ask her to tell a nurse to call you back. The nurse will better be able to arrange for extra time.

**Anna:** Before the second visit, I was pretty nervous, so I talked to a friend, Susie. She said, "Let's role-play the appointment before you go." Role-playing what I would say before the appointment helped me think through what I wanted and needed, and how to explain this. The role-playing also helped me feel more confident.

When I went to see Dr. Lee for the second time, I took my friend with me. Having Susie there for support helped because I was a little nervous. She sat there quietly listening and took some notes about my conversation with the doctor. This was a huge help, because I might forget something important. Also, I could get some feedback after the appointment.

**Dr. Lee:** At the end of the appointment, Anna asked me to make sure her access needs were clearly written in her chart. That way, if she needs to see another doctor, the information will be there.

**Anna:** Since then, my relationship with Dr. Lee has gotten better and better. She really knows how to help me now. Remember, when you like what your providers do, tell them, so they will keep doing it!

Thanks for listening. We hope this helps you get better health care!

**Dr. Lee:**

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