

## **DocsWithDisabilities Podcast #15**

**Dr. Cheri Blauwet**

**Introduction: Lisa Meeks**

Doctors with disabilities exist in small but measurable numbers. How did they navigate their journey? What were the challenges? What are the benefits to patients and to their peers? What can we learn from their experiences? My name is Lisa Meeks, and I am thrilled to bring you the *Docs with Disabilities* podcast.

Join me as I interview Docs, Nurses, Psychologists, OT's, PT's, Pharmacists, Dentists, and the list goes on. I'll also be interviewing researchers and policy makers that ensure medicine remains an equal opportunity profession.

### **[INTRODUCTION]**

**Kate Panzer:**

Welcome to the DocsWithDisabilities podcast. My name is Kate Panzer, and I am an MDisability research assistant at the University of Michigan Medical School. Today, we have the privilege of speaking with Dr. Cheri Blauwet, a leader both in the hospital and on the track. While pursuing an incredibly successful career in wheelchair racing at the paralympic level, Dr. Blauwet was also training to be a medical doctor. Listen or read along as Dr. Lisa Meeks narrates our discussion with Dr. Blauwet about her experience with patient perspectives, potential barriers in medical education, and how disability is a strength in medicine.

**Cheri Blauwet:**

My name is Dr. Cheri Blauwet. I'm an assistant professor of Physical Medicine and Rehabilitation at Harvard medical school. And my hospital affiliations are Spalding Rehab hospital and the Brigham and Women's hospital. My day to day practice is focused on Sports Medicine, and my research and administrative work primarily focus on injury and illness prevention in athletes with disabilities.

**Lisa Meeks:**

Dr. Blauwet may seem like a typical academic physician, if you don't know her story, but she is anything but 'typical.' In her New York Times commentary, "I Use a Wheelchair. And Yes, I'm Your Doctor," Dr. Blauwet challenges readers to reconsider their constructs of a physician. Those readers left comments, and some were surprising to me, but not to Dr. Blauwet.

## [NYT ARTICLE REACTION]

### **Cheri Blauwet:**

On the whole, I actually wasn't very surprised. I think that the comments from the general public did somewhat mirror what I see in clinic. It's a very typical patient doctor interaction. We're able to focus on the substance, really talk about what their concern is, move through our history, physical exam and define a plan and we all go about our day and then don't think much of it. That said, there's certainly a subset of individuals who, as I described in the article, still react differently. Often it's with surprise in a positive way wherein they didn't expect their doctor to be a wheelchair user, but it doesn't seem to bother them. And in fact, they're more intrigued or curious than anything else.

### **Lisa Meeks:**

Some comments were positive, but there was also another set of comments that reflected some of the inherent biases in our society.

### **Cheri Blauwet:**

And then there is a subset of people, in my experience it is a narrow subset, but definitely one that exists, of people who are curious but also a bit concerned and may have some skepticism regarding whether someone who's a wheelchair user will be able to provide competent care to them, whether it's from the standpoint of the physical aspects of the interaction, i.e. things like the physical exam, or potentially some inherent bias or concerns in their mind regarding whether the physical disability is linked with intellectual disability.

### **Lisa Meeks:**

On the other hand, Dr. Blauwet highlighted that, "Many people reacted in a wildly positive way to the piece with comments about how they felt something like this was long overdue."

### **Cheri Blauwet:**

They were so glad we're talking about it and getting it out there and that a physician with a disability likely has heightened empathy and that they would want to have a physician with a disability.

### **Lisa Meeks:**

She says that others just seemed “curious,” but some showed” bias and skepticism.”

**Cheri Blauwet:**

Unfortunately, certainly a subset of comments that did display that bias and skepticism. Comments like, “Well, I'm sorry, but I would never want someone with a disability operating on me,” or, “It doesn't matter how you spin it. I still wouldn't want a doctor with a disability.” That kind of thing. Although I find it somewhat disappointing that that point of view is still out there.

**Lisa Meeks:**

Which brings us to our shared work -- a collective desire of physicians with and without disabilities to work together to change the culture of medicine. While she says she “doesn't take it personally,” these attitudes do reflect our culture as addressed by Dr. Blauwet.

**Cheri Blauwet:**

Cultural change is a decades long process and we're certainly far beyond where we were several decades ago. But there's still a lot of work to do to reduce our overall societal stigma and bias that's out there.

**Lisa Meeks:**

When you are the first person with a disability at your institution, you have the honor and sometimes it feels like the immense responsibility to “get it right.” I asked Dr. Blauwet what it meant to her to be the first person in her program with a disability.

**Cheri Blauwet:**

For anyone who is a first, whether it's in medicine or another career, there are a lot of opportunities that come with that and also some challenges. For me, being the first at Stanford was something that I was very proud of and it was something that excited me because I knew that it was a prestigious medical school and it felt really good to have broken that barrier and to be there as someone with a visible disability that could be recognized for that unique aspect. I really did find all of that exciting.

Along the way, and particularly now in hindsight, I also realize that that did bring many aspects of challenge and that being a first certainly carries with it a burden to always be thinking about how to troubleshoot the environment. Always thinking about what comes next in terms of coursework or rotations and what environmental barriers or other types of barriers you might encounter and how to be sort of on top of it and proactive about how to ensure that things would go well.

**Lisa Meeks:**

Dr. Blauwet reports having a very good experience being the first medical student with a physical disability at Stanford. The faculty and leaders who were open to doing things differently.

**Cheri Blauwet:**

You know, in my experience, the school was very, very willing to work with me, and they were very proactive as well, but it certainly took extra work and we had to be really thinking and metaphorically on our feet throughout the experience to make sure that we weren't missing things or that we didn't get behind in planning such that that would then lead to a negative experience or me not being prepared for a clinical rotation.

**Lisa Meeks:**

Upon reflection, Dr. Blauwet also understands how “being first can be a blessing and carry a heavy burden.”

**Cheri Blauwet:**

Now that I'm a faculty member and thinking back about that experience, you know, I realize that it certainly was an honor to be there as a first student with a disability and certainly a huge opportunity, but it also was quite stressful frankly. And definitely put a lot on my shoulders as someone who is of course just trying to navigate a challenging medical school environment.

**Lisa Meeks:**

Dr. Blauwet recognizes that not everyone would embrace being “the first.”

**Cheri Blauwet:**

And when I think about then the generations that came after me, it does make me realize that that type of challenge is not something that we should expect people to enter into willingly. For certain people, it really suits their personality, but you shouldn't have to sign up for that in order to be a good doctor or to go through your medical training competently and to come out on the other side having been academically successful and ready to do your job. It's exciting, but it does come with a burden that we have to understand is not going to suit everyone or something that everyone even wants to experience.

**Lisa Meeks:**

People make good applicants to medical school for a number of reasons. As discussed in her introduction, Dr. Blauwet was, and continues to be, an olympic level athlete. So I asked, did she think her athletic background contributed to the positivity she received from the institution and whether or not her experience as an athlete contributed to her ability to think outside the box.

**Cheri Blauwet:**

Participating in sports had given me the opportunity from a very early stage to start being in different environments aside from my home environment. I knew that there may be obstacles that had to be dealt with in real time and requiring that creativity of thought and mental flexibility to figure out how to make it work. I was a wheelchair user, but because of my athletic background, it sort of placed upon me this identity of someone who was capable and physically able to navigate different environments.

And then also just the natural profile of success that comes with someone who has been involved in sport and achieved success in a realm outside of medicine. And I don't take that for granted. You know, when I was going through the admissions process and even early in medical school, I was also very active in sport. And at the time, I really was not thinking about the fact that the two were nicely dovetailing to reduce the bias that people may have had towards me as someone with a disability, and also likely giving me a little bit of boost in terms of confidence and feeling like I definitely could conquer a medical school environment. But now looking back, I'm sure that that was the case and that my athletic identity was certainly sort of helping drive things in terms of success in medical school. And I don't take that for granted. I feel very fortunate that I had that opportunity.

I do think that that had a strong role in me being accepted there and in them being willing to sort of take that leap from their perspective to admitting someone who is a wheelchair user for the first time. But that goes back to the point that we made earlier about that feeling of having to overachieve. Although it was helpful for me, you know, we should never assume that someone that comes down the road as a wheelchair user or with a different type of disability, one or two years later, would have to have an athletic identity in order to be successful because certainly that's not the case. So I think it was helpful to me, but I do realize that there was also a risk of it perpetuating that requirement for overachievement that can be problematic.

**Lisa Meeks:**

We switched our conversation to the important role played by the disability resource professional, who helps students navigate the multi-layered and nuanced environment that is medical school. From Dr. Blauwet's perspective, having an individual like this on board could be really helpful to the student.

**Cheri Blauwet:**

At Stanford, when I was looking towards my upcoming rotation in general surgery... And I say this from a primarily positive lens, but I remember many meetings with many different individuals about how we could facilitate that rotation and really having to brainstorm collectively about what were the options for accommodations. And how aggressive did we want to be in enabling me to be right there by the operating room table versus being a little bit further back or doing primarily an observational type of rotation and having

to really learn ourselves along the way. And I think that as schools are bringing on board professionals who can really be the point on that, it definitely reduces the barrier on students, where then they would feel like they have to collect all that information on their own and really weigh the pros and cons and make all these decisions independently, which is quite a burden really.

## **[ENTRY INTO MEDICAL SCHOOL]**

### **Lisa Meeks:**

We took an opportunity to step back in our conversation and look at disability inclusion from a broader lens. I asked Dr. Blauwet to reflect on her thoughts now that she's a faculty member, with regard to the barriers inherent in medical school for students with disabilities.

### **Cheri Blauwet:**

In my experience now having progressed through medical school and residency and fellowship and now having the lens of being an active faculty member, when I think back about my experience and compare it certainly to the experience of many of my peers who are also physicians with disabilities, it becomes pretty apparent that the primary barrier to entry is really that first jump from undergrad to medical school where we run into so many of these challenges related to having to really prove competence and grapple with issues like how much to disclose in the personal statement or in the interview process, you know, how to deal with a strong application wherein then you don't get many interviews or call backs and wondering whether that's due to your disability or other deficits in your overall application.

And I think that that barrier to entry is so high at that particular phase that that's where unfortunately we lose so many talented learners who would make fantastic physicians. But those barriers seem just a little bit too high that they decide to go a different direction with their career or somehow dissuaded from applying. And I think that attrition is something that's really, really concerning. Certainly that theme continues through each step when you then go from medical school to residency and residency to fellowship and fellowship to being a faculty member and training to private practice for example. But I think it is highest at the med school admissions level. Once we then bridge into that next jump from medical school to residency or residency to fellowship, at least then people have had the opportunity to give themselves a little bit of a track record of success and create some relationships that then help lead to things like really positive letters of recommendation and other ways in which they can prove that they're ready for acceptance into a specific residency.

Medicine is such a long trajectory and the training comes in these phases and it leads to this perpetual anxiety around the next phase. And a lot of the same concerns do pop up along the way, until you finally get where you're landed. And once you're there, I think by far and away, people are successful because you learn your environment and you learn your tricks of the trade and what accommodations work for you. But these barriers along the way at each step can be a particular challenge.

### **Lisa Meeks:**

As with all interviewees, we asked Dr. Blauwet what advice she would have for our learners, or those hoping to enter medical school, especially around disclosure of disability -- one of the biggest questions we are asked by our audience.

**Cheri Blauwet:**

You know, it is hard for students to find formal advice on this topic and it can be a real challenge and not everybody will provide the same feedback. So there's certainly variable opinions regarding how much to disclose and how to do it. And certainly there's not a one size fits all approach. When I get this question, I usually try to arrange even if just a brief conversation with the student to talk a little bit about what do they see as being their primary pitch for their admissions portfolio.

You know, medical school is competitive and particularly for someone who's highly qualified, who's been very successful in undergrad, there should be a lot to talk about and I always recommend trying to pull it together to create a story because the admissions committee is going to remember you as an applicant better when they really understand your pitch and understand what your story is and your vision for your career. Like where do you feel like your strongest assets are? Then we think about is there a way in which even a brief mention of your disability can be sort of woven in to make it apparent that yes, this is a part of who you are and a part of your life experience but not necessarily making it the focus.

Unless, there are certainly some learners who have spent a lot of time thinking about disability or potentially being involved in advocacy or other elements of being involved in the disability community through their undergrad experience that's important to them. And if that's been a big part of your undergrad experience, then I think it may make sense to bring it in because it really is a part of who you are and how you're making that pitch in and of itself. But again, caveat, it's really an individual thing.

**[THE STRENGTHS OF DISABILITY IN MEDICINE]**

**Lisa Meeks:**

As a person with a disability, an advocate and a researcher, Dr. Blauwet is in a unique position to speak about the strengths of being a physician with a disability. So I asked, how do you think your disability makes you a good physician? What are the elements that add to the richness of your practice?

**Cheri Blauwet:**

Overall I think that being a person with a disability certainly makes me a better physician. First and foremost, I think that honestly it gives me a more informed, and I would say more mature lens towards what it's like to be a human being who may be somehow trying to work through a challenge with their health that may be temporary or may be more long term. But that lens of what it's like to sort of grapple with, I guess you could say imperfection of the human body. And I think that, particularly for young physicians who are newer to practice, there's a tendency to overreact to that imperfection or to think that we have to fix everything back to its state of perfect.

Wherein, you know, in reality the human condition is very imperfect on the whole. And so I think it takes a mature lens to understand that and to then be able to work with the patient to really listen to them and to hear what are they struggling with and what are their goals to get back to health, and that's going to be different for every person and for every patient. And I do think it takes a certain maturity of perspective that all people with disabilities are more likely to have. I feel fortunate and in some ways quite proud to be practicing medicine now in 2020 where this whole concept of disability as a component of diversity in medicine is really growing and people are becoming more aware of it.

It's just a really exciting time to be, I would say, part of this movement. My experience and even ability to speak on these topics and to be involved in the conversations is different now and something that I'm quite proud of.

#### **Lisa Meeks:**

It's an exciting time for disability inclusion. As we look ahead to celebrating the 30th anniversary of the Americans with Disabilities Act (ADA), we are also planning for broader, international efforts towards disability inclusion. These events will work toward the development of standards for the practice of inclusion while also educating health science administrators about the benefits of disability as a function of diversity. So we encourage you to continue you, the listeners, to continue to follow along, via the podcast, twitter or our website. Our #DocsWithDisabilities efforts are far reaching, and we invite you to join us on this mission to move the needle towards better inclusion.

#### **Kate Panzer:**

The DocsWithDisabilities team would like to thank Dr. Blauwet for her valuable time and insight as she continues to advocate for the disability community in medicine. We hope you join us next time as we meet with Molly Fausone to discuss her experiences as a current medical student.

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