

**AMERICAN MEDICAL STUDENT ASSOCIATION  
HOUSE OF DELEGATES 2017  
RESOLUTION: A9**

INTRODUCED BY: Devki Joshi, Chair, Action Committee on Race, Ethnicity and Culture in Health; Eva Shelton, Programming Coordinator, Action Committee on Race, Ethnicity and Culture in Health; Luis Carlos Perez, Advocacy Coordinator, Action Committee on Race, Ethnicity and Culture in Health

SCHOOL: SUNY Downstate College of Medicine; University of Wisconsin-Madison; Baylor College of Medicine

SUBJECT: Principles Regarding Persons with Disabilities

TYPE: Resolution of Principles

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1 WHEREAS fair treatment of persons with disabilities is important.

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3 **THEREFORE BE IT RESOLVED** that the Principles Regarding Persons with  
4 Disabilities (p. 130) be AMENDED to state:

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6 The American Medical Student Association:

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8 7. URGES all medical schools and health-care providers to continually assess their  
9 physical, environmental and attitudinal surroundings/approach in order to provide and  
10 maintain a barrier-free, as well as discrimination-free, environment for their students,  
11 faculty, staff, patients and visitors;

12 a. ENCOURAGES that the 'barrier' be defined by the patient/visitor and/or health-care  
13 provider as opposed to solely by the health-care provider; (1997)

14 b. URGES the health-care provider to acknowledge the need **and provide** for auxiliary  
15 aids and services, including a sign language interpreter, in communicating with many  
16 deaf patients. ~~Therefore, the provider is encouraged to seek out and pay for a qualified~~  
17 ~~and appropriately certified sign language interpreter in such instances that the patient or~~  
18 ~~the physician feels it would improve communication.~~

19  
20 8. ENCOURAGES health-care providers, at minimum, to ~~acknowledge the culture of~~  
21 **gain an understanding of** people with disabilities and their perspectives **on** (i.e.,  
22 nondisability, nonpathological) their impairment.

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25 FISCAL NOTE: None  
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28 **REPORT OF REFERENCE COMMITTEE A**

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30 **DISCUSSION**

31 BOT: Adopt as amended

32 BRD: N/A

33 PRD: Recommend to adopt as written

34 IRD: recommends to adopt as written

35 ACTE: recommends to adopt as written

36  
37 7b) “Strongly urges the healthcare provider to freely provide for auxiliary aids  
38 and language access services such as qualified interpreters to assist with  
39 communication barriers for all patients, including but not limited to patients who  
40 are deaf or hard of hearing.”

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42 Premedical Caucus: N/A

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44 Other Groups: Voted to NA

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46 **SUMMARY OF DISCUSSION:**

47 **PROS:** It is necessary to give proper specification of the accommodations in reference to  
48 the barriers to healthcare.

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50 **CONS:** The terminology of the specification of the services to overcome barriers should be  
51 free and include barriers beyond physical disability such as language. And the relevance  
52 of the disability and barriers of language was unclarified.

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55 **REFERENCE COMMITTEE COMMENTS:**

56 Although language barrier is not specifically a disability, however, ACTE stated that it is  
57 relevant and appropriate based on current law. For ACTE stated that the disabilities and  
58 limited English proficiency both serve as a barrier to healthcare are often grouped  
59 together and therefore logically should be grouped within our PPP.

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61 All regions and groups support the adoption of this resolution

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64 **REFERENCE COMMITTEE RECOMMENDATION:**

65  
66 Adopt as amended

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68 7. URGES all medical schools and health-care providers to continually assess their  
69 physical, environmental and attitudinal surroundings/approach in order to provide and  
70 maintain a barrier-free, as well as discrimination-free, environment for their students,  
71 faculty, staff, patients and visitors;

72 a. ENCOURAGES that the ‘barrier’ be defined by the patient/visitor and/or health-care  
73 provider as opposed to solely by the health-care provider;

b. Strongly urges the healthcare provider to freely provide for auxiliary aids and language access services such as qualified interpreters to assist with communication barriers for all patients, including but not limited to patients who are deaf or hard of hearing.;

8. ENCOURAGES health-care providers, at minimum, to ~~acknowledge the culture of~~ gain an understanding of people with disabilities and their perspectives on (i.e., nondisability, nonpathological) their impairment.