

Ableism in Health Care

Improving our knowledge of disability can reduce stereotypes and stigma.

All people need access to health care. Yet people with disabilities often experience ableism—a “social devaluation on account of their disabilities.”¹ Disability is a part of being human, as everyone will likely have difficulty functioning at some time in their lives. Disability is an outcome of the interaction between a health condition such as cerebral palsy, Down syndrome, or depression and personal and environmental factors. Negative attitudes, limited social support, and inaccessible public buildings and transportation can affect a person’s health and contribute to disability.² Some people living with a disability may have poor health outcomes and complex health care needs, while others may not. Therefore, as a health and human right, equity will differ for each person.

Ableism occurs in health care when a person with a disability experiences discrimination or prejudice from a nurse or other health care provider.³ It can cause a provider to underestimate a disabled person’s quality of life or competence and affect the quality of nursing interventions.¹ Ableism can also fracture the patient-to-provider relationship, resulting in a lack of communication owing to the patient’s fear of being judged or not being heard.



not-resuscitate (DNR) status with the patient and family members, who all agreed on full code status. Over the next 24 hours, the patient’s condition deteriorated, and she was transferred to the ICU. Over the next six days, despite improvement in the patient’s condition,

the physician was questioned four times about the code status. The physician challenged the ICU team’s ongoing questioning. After a discussion about the patient’s quality of life before hospitalization and the patient’s and family members’ decision for treatment, the ICU team did not question the order again. The patient’s condition improved, and she was transferred out of the ICU and discharged from the hospital one week later.

The physician’s actions and advocacy support the importance of inclusion and challenging ableism in health care settings. Ableism must be confronted through understanding and removing barriers that hinder or prevent access to care for people with disabilities. Attitudinal barriers can be addressed by learning about disability, examining unconscious bias toward people with disabilities, and being aware of benevolent ableism that views people with disabilities as weak and in need of rescuing. Nurses can address these barriers by viewing patients and family members as allies, giving them “the mic,” and listening as they share their experiences.

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Chicoine and colleagues provide an example of ableism using a case study of a 60-year-old patient with Down syndrome and early Alzheimer disease who was admitted to a general medical unit with COVID-19–associated pneumonia early in the pandemic.⁴ The attending physician, who was also the patient’s primary care provider and director of a clinic for adults with Down syndrome, discussed care goals and do-

Communication barriers can be addressed by understanding that patients with cognitive disabilities may face attention, memory, and comprehension challenges. Nurses can adapt their communication style to accommodate these patients, learn about the disability, and avoid language that treats disability as an insult or a negative attribute. Ableist terms such as “dumb,” “slow,” and “insane” should be avoided.

Nurses can also address physical, cognitive, and financial barriers that hinder or prevent access to care by understanding and practicing universal design⁵—the design of environments to make them flexible and accessible to people with diverse abilities. Nurses should advocate for the protections guaranteed in the Americans with Disabilities Act,⁶ as well as connect patients to local, regional, and national resources that support people with disabilities and their families.

Nurses can avoid language that treats disability as an insult.

Ableism exists toward patients, family members, and other health care workers, and it causes harm. Improving our knowledge of disability can reduce stereotypes and stigma and decrease social isolation. Awareness and effective use of resources available to people with disabilities and their families will improve

their health and well-being. Knowledge of disability and awareness and effective use of resources will increase nurses' confidence and ability to partner with these patients and their families. ▼

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