

LETTERS

Social model of disability must be a core competency in medical education

Although I applaud Dr. Andrew Hogan's article in *CMAJ*¹ for bringing the social model of disability to the attention of its extensive readership, as well as the need for more persons with disabilities to be able to attend medical school, the article is dismissive of the imperative that the social model of disability be prominent in all levels of medical education.

The need for the social model of disability to replace the medical model has been called for by disability scholars for decades.²⁻⁴ Furthermore, it has been emphasized that the social model and indeed all education promoting the health of persons with disabilities should be designed and taught by persons with disabilities,²⁻⁴ honouring the concept "Nothing about us, without us."⁵ This need was reinforced by findings from our recent research involving interviews with physicians working in women's health in Canada; their transcripts displayed lack of knowledge of the legal rights of women with disabilities, and lack of understanding of how persons with disabilities see themselves and want to be seen.⁶ These physicians commented on their lack of training in promoting the health of disabled persons, including no knowledge of the social model of disability.⁶

An immediate opportunity exists in Canada for the health promotion of per-

sons with disabilities to be included as a core competency in the newly developing "Competency by Design" undergraduate and postgraduate medical education programs. Furthermore, this competency should be based on the social model of disability and be designed and taught by persons with disabilities.

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