

Dr Hannah Jackson says no one makes an issue of her disability.



DOCTORS with disability

A new campaign group is helping doctors with disabilities break down barriers.

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Dr Dinesh Palipana has become an inspiration to many. In 2010, while a medical student, he became a quadriplegic following a car accident. After his recovery, he continued with his studies, graduated from medical school and earlier this year secured an internship at the Gold Coast University Hospital.

His story, which hit the national headlines, is not unique however. There are many doctors with physical disabilities working across the medical profession.

Dr Palipana has now joined forces with two other doctors, Dr Hannah Jackson and Dr Harry Eeman, to set up the campaign group Doctors with Disabilities

Australia. Their aim is to become a support network for both aspiring and established doctors wanting to break down the barriers. Here are their stories.

Dr Hannah Jackson, GP, Lindisfarne Clinic, Tasmania

I've had osteogenesis imperfecta my whole life and as a result I've been using a manual wheelchair. It never stops me from doing anything — if you think laterally. I've had many fractures, and I've got short stature and scoliosis. I can walk, but not for extended periods of time and it can be challenging without the wheelchair.

I went to the University of Tasmania from high school and did the UMAT — there was no interview at the time. I was given my offer and then met with the university staff to discuss what adaptations I needed in medical school. I did have extra time if I needed it in exams. In clinical situations, I had a bed that lowers up and down to a height to examine patients. I also had a lower table or separate microscope so I could see things better from my height in the dissection lab.

I graduated in 2011. In 2012, I began my intern year at the Royal Hobart Hospital. I had a

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big advantage — it's a relatively small community in Hobart and only one hospital, so everyone got to know me and know what I was capable of. I had a lot of great people from the hospital who wrote letters to support my original intern application.

Lack of awareness

When I reached my surgical term, I wouldn't scrub up and assist in theatre, but I still had clinical exposure and did the paperwork. There were physical limitations for me to do CPR, but I can instruct someone else to do chest compressions.

I eventually became a GP registrar at the Sorrell Family Practice

and the Lindisfarne Clinic. And I'm still at the Lindisfarne Clinic today. I got my RACGP fellowship last year.

I've been an independent, strong-willed person, so I was often educating medical professionals about what my needs were. To be honest, I feel more disabled when I'm in supermarkets rather than when I am at work.

Patients will notice, but don't comment. Kids comment, but I like their honesty. No one makes an issue of it.

My overall impression is that for some people who discriminate, it is often due to a lack of awareness about disability.

cont'd next page

from previous page

I don't think getting more doctors with disabilities should be about offering special treatment or giving people extra advantage. It's about levelling the playing field and ensuring equitable access.

Dr Harry Eeman, rehabilitation physician and pain specialist, Northern Health and St Vincent's Hospital, Melbourne

I decided to take a year off in the middle of my four-year graduate degree in medicine to go travelling. I got sick in the ski region of France. I had gastro, and my feet would get pins and needles. My hands were getting weak. I went to Brussels hoping to get over the gastro, as well as to see my family. One day, I woke up and had double vision and was wobbly on my legs. Twenty-four hours later, I was in hospital.

I was conscious, but couldn't communicate because I was paralysed, including my breathing. In ICU, it was all about fighting for my life. I didn't want to choke to death. The paralysis developed very quickly.

It was five months in intensive care, two months on a ventilator. I literally wasted away, I got down to 35kg and I was six foot four. I was skeletal. It was touch and go for my survival.

The doctors didn't take long to diagnose Guillain-Barre syndrome. Nothing else fitted the symptoms.

I could barely do anything for myself when I recovered: just swallow and breathe. I went through two years of regular hospitalisations as I got back some movement in my body. I went to rehabilitation in Belgium for 11 months before I was eventually stretched back to Canberra Hospital for another six months. I had outpatient rehab for another a year.

Pragmatic approach

I then restarted medicine in 2002. At that stage, I couldn't write very much and was pushing myself in my own wheelchair. I still needed a lot of help. Even the rehab doctor thought I could not possibly go into medical practice and that was sort of discouraging because I was — I still am — one of those guys who is pretty determined.

So I took a very pragmatic approach. I never thought 'Oh my god, I'm going to be in a wheelchair'. And I couldn't give up my medical studies because I just didn't want to be another bloke on the Disability Support Pension. With Guillain-Barre syndrome, the prognosis is fairly good. Around 70% of people who get it eventually recover in some form. You hold onto that hope. But soon I realised this was a severe form of the illness.

I started as an intern in 2004 at Canberra Hospital. I went through lots of meetings with the medical board who was concerned about my ability to practise, whether I was going to be safe. The one thing in my favour was that Canberra



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was a small place and the clinicians at the hospital got to know me, and that helped me transition to the wards. They've been very accommodating. By the end of my internship, it was clear to everyone that I could do the job.

I was the first intern in Canberra with tetraplegia. There are limitations on my hand function. I won't be the guy who jumps on chests or throws in central lines. I'll be the guy who works out if it's ischaemic chest pain. I've had to problem-solve and troubleshoot the way to examine people. I always knew the things that I couldn't do.

For example, I can't do a prostate examination. If I saw someone who needs that examination, I would always grab a hand from a colleague to help with that bit of the examination. By knowing your limits, you are quite safe. I now have a completely different view of patients, of the people in front of me, because I've been there and done all that.

I decided that I wouldn't mind trying radiology and I did it for a year. But I didn't get that connec-

tion with patients and that's the bit about medicine I love. I left radiology to start rehab medicine. It was four years' training. I moved down to Melbourne and finished my last years of the training there.

Then I decided I didn't mind doing pain medicine because pain is a complex and common problem in rehab medicine. That was an extra year.

Since then, I've been working half my week in rehab and half my week in pain medicine.

Patients often do a Google search of me and they are excited to meet me because they think I know what it feels like to be in their position.

It's almost like you're less disabled at your workplace than elsewhere. You'll be a high functioning specialist and the next minute little old ladies want to help you at the shopping centre. I think in our own journeys, we are all pioneers.

Through people like me, we've increased the awareness and decreased the stigma that can surround doctors with disabilities. That is a good thing.

Dr Dinesh Palipana, intern, Gold Coast University Hospital, Queensland

I had a car accident in 2010 during my third year of medicine when driving home on the motorway. I almost died that night, watching my life flash by. I was made a quadriplegic and spent several days in the ICU fighting for my life. I fractured the C6/7 cervical vertebra in the spine. It's left me with minimal use of my upper limbs and sensation in the medial aspect of my hands.

My family fell apart — they had to return to Sri Lanka. We were financially in a tough spot. The furniture in our flat was borrowed. I once turned up in the Gold Coast with a broken wheelchair. Mum and Dad helped as much as they could, and with physiotherapy, I was able to put my life back together again.

It was another five years getting ready to come back in 2015 and to finish the last two years of my degree. I spent many late nights studying and no one was really

sure that I could pass the exams. But there were some who really believed in me. Griffith University encouraged me to come back and finish my degree. I never gave up wanting to be a doctor during that time.

Even in the ambulance, where the emergency doctor was a former lecturer of mine, I just kept saying that I wanted to go back to med school no matter what.

It's now been around six months since I started my internship. I've done psychiatry, obstetrics and gynaecology and emergency department. It's been fun, especially the obstetrics and gynaecology round. I've also been working on spinal cord injury research, and I've been appointed an associate lecturer at Griffith University teaching medical students about ECGs. But I'm still keen on becoming a radiologist.

I've found ways to deal with my disabilities. I use iPads to take notes, and electronic health records make it quick and easy to input data. Colleagues often give me a hand if I have to reach something that is up high. They've been very understanding. The ED is fairly accessible. In a hospital with over 6000 staff you are never alone and there's always someone to help, especially in CPR situations. I've never had a patient react in a funny way, it's been mostly positive.

I've become part of the Doctors with Disability Australia so I can provide mentorship for those who have impairments. I think medicine is a largely cognitive activity and it is important to have a diverse medical profession that reflects our community. ●



Doctors who are interested in learning more about Doctors with Disability Australia can contact the founders on their website at <http://dwda.org.au>



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