

The Top 12 Disability Etiquette Do's and Don'ts

Do's:

1. Generally, always use "People First" language (e.g., "a person with autism," "a person with an intellectual disability") Some people may prefer "identity first" language (e.g., "I am autistic," "I am a disabled person"). If they insist on "identify first" language, follow their lead. Otherwise, stay with "People First."
2. Do ask the person how best you can assist. Presume competence when you speak clearly and using layperson's terms.
3. Do look at and speak directly to the patient even if someone else (parent, staff, other caretaker) is answering.
4. Do speak in a normal, comforting tone of voice appropriate to the individual's chronologic age.
5. Do check for understanding by the individual and, if applicable, the caretaker. Take extra time if needed.
6. Do remember people with disabilities are often their own best health managers.
7. Do allow the person to have whatever is needed to stay calm (even if it means touching your equipment).
8. Do maintain calm. Clear the room if necessary.
9. Do ask the person to clarify a statement, gesture, or something you did not understand.
10. Do fully explain all treatment options.
11. Do respect the individual's right to refuse treatment, get another opinion, or otherwise take charge of their medical care.
12. Do unto others as you would have them do unto you. Would you want someone to talk about you in front of you as though you were not there?

REMEMBER:



Don'ts:

1. Do not refer to the person as an inanimate object (e.g., "the wheelchair"), as the diagnosis (e.g., "the schizophrenic in the ED") or by using archaic terms (e.g., palsied, retarded, impairment).
2. Do not make assumptions about the patient's ability to understand what you say or what is needed for his/her health.
3. Do not speak directly to the person accompanying the patient (polite glance to include them is okay)
4. Do not speak in a baby-ish tone of voice unless you're addressing a baby!
5. Do not use idioms or medical jargon or keep looking at your watch.
6. Do not automatically begin your exam the way you usually do things without explaining them first and getting the person's permission to proceed. Use behavioral cues as well as their spoken, written or typed communication.
7. One you've begun, do not adhere to rigid "one-size fits all" procedures" because you may trigger behaviors, deny a legally permissible reasonable accommodation, or injure the person.
8. NEVER apply restraints when other interventions will suffice.
9. Do not pretend you understood what there person was saying or deny access or interpreter or their usual ways of communicating.
10. NEVER deny treatment because the person has a disability.
11. NEVER coerce treatment because the person has a disability.
12. Do not assume the individual won't be traumatized by their experience in your office. You may be holding their medical future in your hands.

BE RESPECTFUL!
You CAN provide Excellent Quality of Care for ALL.

