

Editorial

‘Reasonable accommodation’ for medical professionals with congenital colour vision deficiency

Congenital colour vision deficiency (CCVD) is prevalent in the medical fraternity. A body of literature, which includes only a few studies from India, has shown that people with CCVD can experience difficulties during medical or dental education, during training in a specialization of their choice and later when they practise in their chosen field.¹⁻⁵ How should we deal with this information keeping in mind the need to protect the rights of the medical professional as an individual and also the need to protect their patients?

Although the Supreme Court has exhorted the Medical Council of India to stop discriminating against students with CCVD during admissions, no clear guidelines exist on what to advise such students once they are admitted to a medical course.⁶ How should they navigate the medical curriculum so that CCVD does not hamper learning? What strategies should they employ to safeguard their patients from any potential harm? What medical or surgical specialty should they consider appropriate for training after graduation? What should be the role of teachers?

These questions have been addressed in a review published in this issue of the *Journal*.⁷ The author highlights that in many western countries those with CCVD are not debarred from training in a specialty of their choice. First, it is recognized that performance during a clinical test of colour vision cannot accurately predict the performance in real-life situations.⁸ Second, because they have been dealing with their altered colour perception since birth, people accommodate to the deficiency and begin to rely on cues other than colour.⁹ Finally, just as no two individuals with normal colour vision have quite the same colour perception, anomalies in colour vision are extremely variable and the level of difficulty experienced as a result may also be variable and unpredictable.^{10,11} Thus, the question of choice of specialty should be considered on an individual basis rather than being lumped together as a group of people with CCVD. It would be discriminatory to debar all students with CCVD from training in a particular specialty without considering each one’s distinctive abilities or disabilities in that specialty. In an extensive review of the literature, Chakrabarti affirms that it is only fair to allow people with CCVD to make their own choices of specialty based on a self-realization of their limitations.⁷

As medical teachers, we have a responsibility to our students with CCVD. Chakrabarti discusses many strategies and the rationale behind their recommendations.⁷ Committees for admissions to medical institutions uniformly, all over India, must require colour vision testing for all new entrants. Those found to have CCVD should be counselled about their condition and be advised to ask for help in navigating the problems they face, if any, because of their altered colour perception. Specialty teachers should be prepared to help students with CCVD explore their specific limitations and help them find innovative ways to learn and to compensate using cues other than colour.^{12,13} If they did that, teachers would be making ‘reasonable accommodation’ for these students. Reasonable accommodation is defined in the United Nations’ Convention on the Rights of Persons with Disability (to which India is a signatory) as a ‘necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms ...’¹⁴

It is often argued that CCVD is not a disability in the true sense of the definition: ‘Persons with disabilities include those who have long-term physical, mental, intellectual

or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.⁹ Probably for this reason, CCVD is not included in the list of disabilities that entitle one to benefits and concessions under the Rights of the Persons with Disabilities Act, 2016 even though the government has enhanced the number of disabilities that fall under its purview to 21 (from the previous 7);¹⁵ however, this does not mean that the topic should not be adequately addressed. Doctors with CCVD do exist, and the problems they face need exploration if only from the point of view of human rights and patient safety.

But we need more data. We need to hear the voices of medical practitioners with CCVD—nothing about them without them. ‘Nothing About Us Without Us’ is a slogan that has been used in disability activism since the 1990s to convey the idea that no policy decisions for people with disability should be made without their full and direct participation in the making of that policy.¹⁶ The medical community and policy-makers would be better informed about how to manage the issue if doctors share their experiences of practising with CCVD. It is up to the medical fraternity to provide a forum where they can speak without fear of being judged, shamed, isolated or ostracised.

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