

**Inclusion of people with disabilities in medical courses in Brazil: an analysis of the courses offered for enrollment in the year 2022***Inclusión de personas con discapacidad en cursos de medicina en Brasil: un análisis de los cursos ofrecidos para matrícula en el año 2022**Inclusão de pessoas com deficiência nos cursos de medicina no Brasil: uma análise dos cursos ofertados para ingresso no ano de 2022***Laura de Arruda Martinhago<sup>1</sup>**

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**Abstract**

This paper analyzes the inclusion of People with Disabilities (PcDs) in undergraduate medical courses offered in Brazil. Such an approach is necessary since there is little information on the subject in the academic environment. The objective of this work is to analyze how public and private Higher Education Institutions (HEIs) allow PwDs to enroll in their courses and how the selection processes for this purpose are structured. For that, a documentary research was carried out combined with descriptive statistics as an analysis method. The research showed lack of attention from both public and private HEIs in relation to PwD candidates, both in relation to the offer of vacancies, as well as the care and adaptations necessary for carrying out the selection processes, especially in private HEIs.

**Descriptors:** Mainstreaming, Education; Disabled Persons; Education, Medical, Undergraduate; Legislation.**Resumen**

Este artículo analiza la inclusión de Personas con Discapacidad (PcD) en los cursos de graduación en medicina ofrecidos en Brasil. Tal enfoque es necesario ya que existe poca información sobre el tema en el ambiente académico. El objetivo de este trabajo es analizar cómo las Instituciones de Educación Superior (IES) públicas y privadas permiten que las PcD se matriculen en sus cursos y cómo se estructuran los procesos de selección para tal fin. Para ello se realizó una investigación documental combinada con la estadística descriptiva como método de análisis. La investigación mostró falta de atención por parte de las IES tanto públicas como privadas en relación a los candidatos a PcD, tanto en relación a la oferta de vacantes, como al cuidado y adecuaciones necesarias para la realización de los procesos de selección, especialmente en las IES privadas.

**Descriptoros:** Integración Escolar; Personas con Discapacidad; Educación de Pregrado en Medicina; Legislación.**Resumo**

Este trabalho analisa a inclusão de Pessoas com Deficiências (PcDs) nos cursos de graduação em medicina ofertados no Brasil. Tal abordagem se faz necessária uma vez que há pouca informação sobre o tema no ambiente acadêmico. O objetivo deste trabalho é analisar como as Instituições de Ensino Superior (IES) públicas e privadas oportunizam o ingresso de PcDs em seus cursos e como são estruturados os processos seletivos para esta finalidade. Para tanto foi realizada uma pesquisa documental combinada com a estatística descritiva como método de análise. A pesquisa evidenciou desatenção tanto das IES públicas quanto privadas em relação aos candidatos PcDs tanto no que se relaciona com a oferta de vagas, quanto aos cuidados e adaptações necessárias para a realização dos processos seletivos, em especial nas IES privadas.

**Descritores:** Inclusão Escolar; Pessoas com Deficiência; Educação de Graduação em Medicina; Legislação.

## Introduction

The World Health Organization estimates that 15% of the world's population has disabilities. In Brazil, according to the 2019 National Health Survey (PNS) carried out by the Brazilian Institute of Geography and Statistics (IBGE), 8.4% of the Brazilian population over 2 years of age –17.3 million people – have some type of disability. Of which approximately 900,000 (5.2% of the country's total population) are young people of school age, pre-university entrance exams and higher<sup>1,2</sup>.

A person with a disability (PWD) can be defined as an individual who has a long-term physical, intellectual, mental or sensory impediment, which, in interaction with one or more complicating factors, may make it impossible for him or her to effectively participate in society on an equal basis. conditions with other people, having the right to equal opportunity with other subjects<sup>3</sup>.

Although recently there has been a greater concern for the necessary and due inclusion of PwD, ensuring them the conditions and treatment that all citizens should have access to, unfortunately, there are still multiple cases of secondary status and prejudice. From irregular access to a sidewalk or public road to the guarantee of rights so that a PwD can undergo a selection process.

Unfortunately, PwD access to higher education is no different. And, when the cut focuses on access to the medical course, the situation seems to be even more challenging. The present work aims to analyze the inclusion of PwDs in undergraduate courses in medicine offered in Brazil.

For this purpose, the public notices of 2021.1, 2021.2, 2022.1, 2022.2 of the selection processes of all Higher Education Institutions (HEIs) in the country that offer the Bachelor of Medicine course were examined. Data were extracted from the published university entrance notices and submitted to document analysis, which was complemented by the application of descriptive statistics to better demonstrate the results obtained.

A brief and superficial look at the information on graduates of PwD medical courses justifies the need for a more in-depth analysis of how such candidates gain access to the course, which in general is the one with the highest ratio of candidates per vacancy.

## Brief history of legal frameworks for PwDs and selection processes for admission to medical courses in Brazil

With regard to the history of inclusion of PwD in Brazil, it is known that it is recent. Significant political changes occurred after the enactment of the Federal Constitution in 1988, where it was established that "education is a right for everyone and a duty of the State and the family" (Art. 205), guaranteeing in one of its principles the "equality of conditions for access and permanence in school", seeking to align national documents with the ideas advocated in the Universal Declaration of Human Rights of 1948 and other international documents aimed at inclusion<sup>4,5</sup>.

Since then, the country has been seeking, through laws, international documents and policies aimed at

inclusion, to repair the service to people or students with disabilities, curbing human rights violations through programs and public policy incentives, resulting in advances for inclusion in education.

## The history of legislation for the admission of PwDs to higher education courses in Brazil

The history of care for people with special educational needs has been characterized by segregation, accompanied by exclusion, under different arguments and historical moments, leaving them on the margins of society and seen as incapable and/or sick people<sup>6</sup>.

In Brazil, care for people with disabilities began, in an embryonic way, at the time of the Empire, with the creation of two institutions: the Imperial Instituto dos Meninos Cegos, in 1854, currently the Benjamin Constant Institute (IBC), and the Instituto dos Deaf Mutes, in 1857, now called the National Institute for the Education of the Deaf (INES), both in Rio de Janeiro. Such institutions, although potentially inclusive, become the privilege of a paying group, with a small part of the vacancies destined for the poor. In addition, they were located in farms far from the urban center<sup>6</sup>.

During the 20th century, Brazil also had the foundation of the Pestalozzi Institute (1926), specialized in assisting people with mental disabilities; in 1945, the first specialized educational service for people with giftedness is created at the Pestalozzi Society, by Helena Antipoff; In 1954, the first Association of Parents and Friends of the Disabled (APAE) was founded<sup>7</sup>.

After the Second World War, in Eastern European countries, the concern with assistance policies aimed at people with disabilities grew. Such an attitude resulted from the need to care for the large number of victims and mutilated war victims, in addition to the poor, needy children and helpless elderly, also resulting in the creation of the United Nations (UN), which approved on December 9, 1975, the Declaration of the Rights of Persons with Disabilities, guaranteeing them, in theory, the rights inherent to Human Equality (Art.3<sup>o</sup>). Furthermore, in 1982, the UN also approved the World Action Program for Persons with Disabilities (Resolution No. 37/52), which had equal opportunities as its basic postulate, guaranteeing all persons with disabilities access to the general system of society, physical and cultural environment, housing, transportation, social and health services, as well as opportunities for work and education, cultural and social life, and even sports and leisure facilities, putting pressure on other countries worldwide to adopt similar attitudes<sup>8-10</sup>.

A few years after the Declaration of the Rights of Persons with Disabilities, by the UN, in 1978, Brazil took on these recommendations and made an Amendment to the Magna Carta of 1967, n. through:

*"I- Free special education; II-assistance, rehabilitation and reinsertion into the economic and social life of the country; III - prohibition of discrimination, including admission to work or public service and wages; IV- possibility of access to buildings and public places"*<sup>8</sup>.



and individual rights of this population<sup>11</sup> and the Law No. 10,098, which established general rules and basic criteria for promoting accessibility by people with disabilities or reduced mobility<sup>10,12</sup>.

More expressive changes are still seen from the 2000s onwards, as evidenced in the summary presented in the chart below:

In the following years, 1988 and 1989, with the enactment of the 1988 Constitution and Law No. 7853, respectively, fundamental rights and guarantees, along with civil and political rights, became the flag of the State<sup>10</sup>.

Subsequently, in 1999 and 2000 respectively, Decree No. 3,298/99 was published, which established the National Policy for the Integration of Persons with Disabilities, and aimed to ensure the full exercise of social

**Chart 1.** Summary of the legal frameworks for the inclusion of PwDs from the year 2000. Maringá, PR, Brazil, 2022

Year	Laws, Declarations and Decrees for Inclusion
2001	CNE/CEB Declaration
2002	Law No. 10,436 - Brazilian Sign Language - Libras
2003	Law No. 3,284 - Accessibility for people with disabilities, to instruct the processes of authorization and recognition of courses, and accreditation of institutions
2004	PROUNI - University for All Program
2005	Include - Higher Education Accessibility Program
2007	PDE Implementation of multifunctional rooms, teacher training to work in the AEE
2011	National Plan for People with Disabilities
2015	Incheon Declaration and Law No. 13,146 - Education of People with Disabilities at All Levels of Education
2016	Law No. 13,409 - Reservation of vacancies for people with disabilities

Source: Adapted from Vargas and Reis<sup>13</sup>.

Meeting the 17 Sustainable Development Goals (SDGs), present in the 2030 Agenda, in the year 2015, Brazil, as a signatory, declares itself committed, among other objectives, to "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" (SDG 4) and "Reduce inequality within and between countries" (SDG 10), through Laws No. 13,146 and No. 13,409, in addition to the increase and/or reservation of vacancies for PwDs in some universities<sup>14</sup>.

The adaptations of higher education institutions, as well as the inclusion laws and actions aimed at PwD, are relatively recent. Because of this, it is increasingly necessary to identify public policies that serve this population group, in order to know what the obstacle for governments and society is, if only a lack of resources or legal and technical ignorance of the resources that may be established, meeting not only the basic needs, but preserving the natural right of inclusion of PwD in society, through modifications and compliance with the rights provided for in the aforementioned legislation<sup>15</sup>.

### Methodology

In this research, a documentary analysis was carried out, complemented by a descriptive analysis with the objective of understanding the ways in which PwDs are included in the medical course and their effectiveness in the

selection processes for admission to medical courses in Brazil. The public notices of 2021.1, 2021.2, 2022.1, 2022.2 of the selection processes of all HEIs in the country that offer the medical course were examined, including analyzing the existence of quotas or specialized care for PwDs.

The documents used for analyzing the article's data were the most up-to-date public notices from each institution, extracted from the virtual portals of all HEIs offering the medical course, covering the period between the selection processes of 2021.1 and 2022.2.

The search in the aforementioned documents aimed to cover the two most frequent admission models made available by HEIs for student admission: the institution-specific test; and the use of the results of the National High School Examination, where the score considered in the national exam serves as a parameter for admission to the institution of choice.

In Brazil, there are 353 HEIs that offer the medical course. However, this article found certain limitations with regard to data collection, since the notices of the selection processes were unavailable in 7.93% of the offering HEIs. Also, the HEIs that used the SISU exclusively as a means of admission could not be analyzed in this study, since the candidate data is not available, 21.52% of the HEIs were in this situation. Thus, 249 of the institutions that offer the medical course in Brazil were analyzed in this article.



The HEIs were analyzed based on 6 sets of information, as described below:

- 1) category: private or public
  - 1a) municipal, 1b) state and 1c) federal;
- 2) form of entry:
  - 2a) vestibular formulated by the university itself or outsourced and 2b) score of the National High School Exam (Enem);
- 3) existence or not of quota for PwDs:
  - 3a) how many places are reserved and 3b) which law each institution follows for establishing quotas;
- 4) existence or not of specialized care during the test: 4a) what types of care are offered and 4b) whether the HEI specifies which types of disabilities are covered by its quota;
- 5) whether or not there is a need for a medical report proving the disability: 5a) how it should be sent to the university, 5b) what period of validity the report should have and 5c) whether or not it will be returned to the candidate after the process;

6) if medical expertise is required to take the entrance exam or to enroll in the university.

The study limited the period of analysis of the notices to be from 2021 to 2022, always opting for the most recent notice published by the IES during the data collection period. Access to public notices was done online, through the websites of HEIs or independent institutions that are hired for outsourced selection processes, such as Vunesp, in the state of São Paulo.

Finally, it was not possible to access data from institutions that use the Unified Selection System, the University for All Program or the Higher Education Financing Fund as a means of entering the university, due to the unavailability of the information. Therefore, these institutions were not included in the analysis.

### Results and Discussion

In Brazil, at the time this article was written, there were 353 HEIs offering vacancies for the medical course. Of these, for the reasons already mentioned, 249 HEIs were analyzed.

**Table 1.** Categorization of the HEIs that offer the medical course by Brazilian region and the sponsoring organization. Maringá, PR, Brazil, 2022

Region	Public HEIs		Private HEIs		All HEIs	
	n	%	n	%	n	%
Midwest	7	15,2	18	8,9	25	10,0
North East	7	15,2	31	15,3	38	15,3
North	9	19,6	14	6,9	23	9,2
Southeast	18	39,1	102	50,2	120	48,2
South	5	10,9	38	18,7	43	17,3
<b>Total</b>	<b>46</b>	<b>100,0</b>	<b>203</b>	<b>100,0</b>	<b>249</b>	<b>100,0</b>

The first analysis shows the regional distribution across the country of the 249 HEIs offering the medical course analyzed here. The Southeast region had the highest number of courses (48.2%), followed by the South (17.3%), Northeast (15.3%), Midwest (10%) and North (9.2%). HEIs were further classified according to the sponsoring organization. It was observed that most of the analyzed HEIs

are private (81.5%) and maintain a distribution close to the general analysis by region.

As for the most used forms of admission, it is possible to note the superiority of the processes of the HEIs themselves, 77.9%. 18.1% of the HEIs surveyed use ENEM results exclusively and 4% use both forms of admission.

**Table 2.** Admission process in the graduation course in medicine in Brazilian HEIs classified by region. Maringá, PR, Brazil, 2022

Region	Proof of self		ENEM score process		Process by own test and ENEM score		All HEIs	
	n	%	n	%	n	%	n	%
Midwest	20	10,3	4	8,9	1	10,0	25	10,0
North East	30	15,5	6	13,3	2	20,0	38	15,3
North	15	7,7	7	15,6	1	10,0	23	9,2
Southeast	93	47,9	21	46,7	6	60,0	120	48,2
South	36	18,6	7	15,6	0	0,0	43	17,3
<b>Total</b>	<b>194</b>	<b>100,0</b>	<b>45</b>		<b>10</b>	<b>100,0</b>	<b>249</b>	<b>100,0</b>



**Table 3.** Offers of vacancies reserved for candidates with disabilities by region and by legal obligation. Maringá, PR, Brazil, 2022

Region	Offer of vacancies reserved by legislation		Offer of vacancies reserved without legislation		No vacancies reserved		All HEIs	
	n	%	n	%	n	%	n	%
Midwest	9	29,0	0	0,0	16	7,4	25	10,0
North East	4	12,9	2	66,7	32	14,9	38	15,3
North	9	29,0	0	0,0	14	6,5	23	9,2
Southeast	5	16,1	1	33,3	114	53,0	120	48,2
South	4	12,9	0	0,0	39	18,1	43	17,3
<b>Total</b>	<b>31</b>	<b>100,0</b>	<b>3</b>	<b>100,0</b>	<b>215</b>	<b>100,0</b>	<b>249</b>	<b>100,0</b>

Regarding the possibility of reserving vacancies for PwDs in the selection processes for admission to the medical course, it is observed that, when it exists, most of the time the offer is related to the obligation imposed by legislation. In the meantime, it was observed that the Central-West and North regions concentrate most of the reserved vacancies

for PwDs. Both regions registered 29% of the total number of cases with such characteristics. However, when not required by law, only 1.2% of the 249 HEIs reserve a number of their vacancies for PwD candidates. Finally, it was observed that most HEIs (86.3%) do not reserve vacancies for PwDs in their selection processes.

**Table 4.** HEIs that do or do not offer specialized care during the selection processes for admission to the medical course by region and by sponsoring organization. Maringá, PR, Brazil, 2022

Region	Specialized assistance during the selection process at public HEIs		Specialized assistance during the selection process at private HEIs		No specialized service during the selection process at public HEIs		No specialized assistance during the selection process at private HEIs	
	n	%	n	%	n	%	n	%
Midwest	7	17,1	14	8,9	0	0	4	8,9
North East	7	17,1	23	14,6	0	0	8	17,8
North	5	12,2	11	7,0	4	80	3	6,7
Southeast	17	41,5	79	50,0	1	20	23	51,1
South	5	12,2	31	19,6	0	0	7	15,6
<b>Total</b>	<b>41</b>	<b>100,0</b>	<b>158</b>	<b>100,0</b>	<b>5</b>	<b>100</b>	<b>45</b>	<b>100,0</b>

In view of the above-mentioned analyses, it can be seen that only two of the five Brazilian regions have HEIs that made it possible to reserve vacancies for PwD candidates, without the constraints of the legislation: in the Northeast region, the State University of Maranhão (UEMA in Caxias-MA) appeared. and the State University of the Tocantina Region of Maranhão (UEMASUL in Imperatriz-MA), each offering 5% of vacancies for PwDs. In the Southeast, the Centro Universitário Multivix de Vitória featured with a

reserve of 10% of vacancies for PwDs. Therefore, both public and private HEIs are taking their own initiatives to enable accessibility, although in very low absolute numbers..

Another clipping showed that among all public HEIs in the country, more than half (63.04%) guaranteed vacancies for PwDs in their notices. When the private HEIs were focused, only 2.46% foresaw in their announcements the reservation of vacancies for PwDs.

**Table 5.** HEIs that offer places reserved for PwDs and provide assistance to special needs during the test. Maringá, PR, Brazil, 2022

Region	Specialized assistance during the selection process at public HEIs that offer reserved places		Specialized assistance during the selection process at private HEIs that offer reserved places	
	n	%	n	%
Midwest	5	20	4	80
North East	6	24	0	0
North	5	20	0	0



**Inclusion of people with disabilities in medical courses in Brazil: an analysis of the courses offered for enrollment in the year 2022**

Martinhago LA, Santos VGS, Silva LV, Garanhani RM, Silva G, Silva NCF

Southeast	5	20	1	20
South	4	16	0	0
<b>Total</b>	<b>25</b>	<b>100</b>	<b>5</b>	<b>100</b>

**Table 6.** HEIs that specify the conditions for considering a PwD candidate. Maringá, PR, Brazil, 2022

Region	There is specification for PcD		There is no specification for PcD	
	n	%	n	%
Midwest	6	10,0	19	10,1
North East	9	15,0	29	15,3
North	8	13,3	15	7,9
Southeast	27	45,0	93	49,2
South	10	16,7	33	17,5
<b>Total</b>	<b>60</b>	<b>100,0</b>	<b>189</b>	<b>100,0</b>

Regarding specialized care for PwD candidates, it is noted that of the 46 public HEIs offering the medical course, 41 (89.1%) offered such care. Among the 203 private HEIs, the percentage was 77.8%. In summary, the private HEIs are the ones that most fail to offer specialized care during the selection process for admission to the course and the public ones, on the contrary, are more attentive to such demand, even if they do not offer specialized care in all cases.

When the focus of attention falls specifically to the moment of the test, the number of HEIs with such attention is very low, both among public and private HEIs. Among the 41 public HEIs that offer specialized assistance during the

selection process, only 70% also ensure accessibility at the time of the test. Among private HEIs, this percentage is only 3.2%.

Among all 249 HEIs analyzed in this article, disregarding the categorization (public or private), it is noted that 60 (24.1%) specify which conditions a PwD candidate must have. In general, HEIs considered for such candidates: additional time to take the test, test in Braille, sign language interpreter, reader, transcriber, elimination of physical barriers, technical support, computer with screen reader, wheelchair, lip Reading, always in accordance with the needs described in the report.

**Table 7.** Classification of HEIs that specify or not in their notice of selection process as to the type of disability accepted and the ways of sending proof of PwD in Brazilian HEIs. Maringá, PR, Brazil, 2022

Specification for PwD	Submission of proof of PwD in electronic format		Submission of proof of PwD via mail		Delivery of proof of PwD in face-to-face format	
	n	%	n	%	n	%
Exists	42	28,4	2	40	7	53,8
Does not exist	106	71,6	3	60	6	46,2
<b>Total</b>	<b>148</b>	<b>100,0</b>	<b>5</b>	<b>100</b>	<b>13</b>	<b>100,0</b>

In order to receive assistance and/or apply for reservations, 193 (77.5%) of the 249 Higher Education Institutions require proof of disability, which must be submitted in different ways. In this article, the electronic form was the main means of submission, with 76.7%. The second most used form is the face-to-face verification of the candidate to the HEI, in 6.7% of the HEIs. Finally, proof through a report sent by mail, in 2.6%. In addition, 14% of Higher Education Institutions merge the above forms so that

the candidate with a disability can send the documentation that proves his disability and explains the need.

Of the 249 Higher Education Institutions, 56 do not require a document used to prove the disability. In this sense, of the 193 that require proof, 42% require that this material mention an issue date corresponding to what is required in the public notice of the selection process for admission to the course (58%) do not specify this date.

**Table 8.** Classification of HEIs that specify or not in their notice of selection process as to the type of disability accepted and the date of issue of the supporting documents for this in Brazilian HEIs. Maringá, PR, Brazil, 2022

There is specification for PwD	Requires specification of date of issue of proof for PwD		Does not require specification of the date of issue of proof for PwD	
	n	%	n	%



Exists	37	45,7	21	18,8
Does not exist	44	54,3	91	81,3
<b>Total</b>	<b>81</b>	<b>100,0</b>	<b>112</b>	<b>100,0</b>

### Final Considerations

In view of what was exposed in the present study and, returning to the objective of the present work, which is to analyze the inclusion of PwDs in undergraduate courses in medicine offered in Brazil, it can be observed that the minority of HEIs offer reserved places for PwDs and that these only usually exist when there is an obligation imposed by legislation.

As a result, the percentage of public HEIs that offer quotas for PwD is considerably higher than that of private HEIs that do the same. With this in mind, it is clear that initiatives are still needed for the inclusion of PwD in Brazilian higher education, both in public and private HEIs.

Furthermore, the quotas for PwDs are so few that they end up reducing the possibility of choice on the part of PwDs who end up opting for the few HEIs that consider them.

When the regions of Brazil are compared, the South receives a negative highlight as it is the 4th region to have HEIs that offer quotas for PwDs, even if required by law, and it is the 2nd that least offers reservations of vacancies. The Northeast, on the other hand, receives a positive highlight for being the region with the most HEIs that offer reserved places for PwDs, even if required by law.

With regard to specialized care during the test for admission to the HEI, the opposite of offering quotas for PwD is observed. Most HEIs that provide specialized care are private and are located mainly in the Southeast, South and North regions, whereas HEIs that do not offer specialized care for PwD are mostly located in the Midwest.

The institution of specialized care for PwD is not supported by any legislation, therefore, all HEIs that offer it have spontaneously taken the initiative to establish it.

The number of public HEIs that offer quotas for PwD and specialized care is almost 3 times greater than that of private HEIs that offer the same. Thus, it was concluded that, although more public HEIs only offer reserved spaces for PwD than reserved spaces and specialized care, they are still much more accessible for PwD than private HEIs, which have a large presence in the provision of specialized care, but they are inattentive about the quotas for PwDs.

It is also observed that most HEIs do not specify what the notice of the selection process considers as a disability or not, a fact that makes it difficult for PwDs to try to join, since there is the possibility that they will bear the costs of enrollment, provide an updated medical report and submit it in time for analysis and have their request for specialized care denied.

Another limiting factor for the entry of PwDs is the need for the candidate to prove their disability through a medical report and the way in which this documentation is sent to the IES. When the IES requires the candidate himself or a notary-certified attorney to go to the institution to deliver the documentation proving the disability, it creates a barrier for that candidate to be able to carry out his selection process, since many do not live in the city where the IES is located and will have to the cost of a trip beyond the one they would make to take the test or they will have the cost of hiring a proxy to go in their place. Therefore, going to the IES in person to prove the disability makes it impossible for the PwD to be able to enter the institution and it is worth mentioning that this is the second most common way of delivering documentation.

Finally, many HEIs retain the medical report proving the disability instead of returning it to the candidate, making it difficult for PwD to enroll in different selection processes and minimizing their alternatives, since it obliges them to issue the same report several times. In addition, as most HEIs that require documentation also require a specific issue date, the PwD will still have to bear the costs of looking for professionals who can produce a new medical report that, possibly, will not be returned.

Given the above, it is observed that the inclusion of PwDs in higher medical education is still very incipient. There is a space for both the constituted authorities and the HEIs themselves to expand the scope of their actions for the due admission of PwDs in the courses analyzed here.

Like all academic work, the present one has limitations for an even more complete analysis of the information collected, it is suggested that new studies continue the evidence raised here.

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