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REFLECTION ARTICLE

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Vulnerabilidades en el acceso a la atención sanitaria para personas con discapacidad: la colaboración interdisciplinaria como estrategia

Vulnerabilidades no acesso à saúde de pessoas com deficiência: colaboração interdisciplinar como estratégia

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Abstract

The aim was to analyze the vulnerabilities faced by people with disabilities in accessing health services, to identify care practices by multidisciplinary and interdisciplinary teams, and to evaluate the impacts of these practices. This is a reflective study, with a search in PubMed up to 2025, using MeSH terms and free descriptors ("disability", "health services accessibility", "interdisciplinary team", "vulnerability", "multidisciplinary care"). Several types of vulnerabilities were identified: physical, architectural, and transportation barriers; inadequate communication; discriminatory attitudes or lack of awareness among professionals; limitations in organizational flow, primary services, and coordination between specialties. The practices of interdisciplinary teams combining medicine, nursing, physical rehabilitation, occupational therapy, and psychology, among others, showed improvements in functional outcomes, social participation, mobility, patient satisfaction, and continuity of care. Interdisciplinary collaboration emerged as a key element in reducing vulnerabilities in access to healthcare for people with disabilities. However, this implies institutional challenges, funding challenges, professional training challenges, and the need to adapt health policies.

Descriptors: People with Disabilities; Health Services Accessibility; Interdisciplinary Team; Health Vulnerability; Healthcare Access Barriers.

Resumén

El objetivo fue analizar las vulnerabilidades que enfrentan las personas con discapacidad (PCD) al acceder a los servicios de salud, identificar las prácticas de atención de equipos multidisciplinarios e interdisciplinarios y evaluar el impacto de dichas prácticas. Se trata de un estudio reflexivo, con una búsqueda en PubMed hasta 2025, utilizando términos MeSH y descriptores libres ("discapacidad", "accesibilidad a los servicios de salud", "equipo interdisciplinario", "vulnerabilidad", "atención multidisciplinaria"). Se identificaron diversos tipos de vulnerabilidades: barreras físicas, arquitectónicas y de transporte; comunicación inadecuada; actitudes discriminatorias o falta de sensibilización entre los profesionales; limitaciones en el flujo organizacional, los servicios de atención primaria y la coordinación entre especialidades. Las prácticas de equipos interdisciplinarios que combinan medicina, enfermería, rehabilitación física, terapia ocupacional, psicología, entre otras, mostraron mejoras en los resultados funcionales, la participación social, la movilidad, la satisfacción del paciente y la continuidad de la atención. La colaboración interdisciplinaria surgió como un elemento clave para reducir las vulnerabilidades en el acceso a la atención médica para las PCD. Sin embargo, esto implica desafíos institucionales, de financiación, de formación profesional y la necesidad de adaptar las políticas de salud.

Descriptores: Personas con Discapacidad; Accesibilidad a los Servicios de Salud; Equipo Interdisciplinario; Vulnerabilidad en Salud; Barreras de Acceso a la Atención de Salud.

Resumo

Objetivou-se analisar as vulnerabilidades enfrentadas por pessoas com deficiência (PcD) no acesso aos serviços de saúde, identificar práticas de assistência por equipes multiprofissionais e interdisciplinares, e avaliar os impactos dessas práticas. Trata-se de um estudo reflexivo, com busca na PubMed até 2025, usando termos MeSH e descritores livres *("disability", "health services accessibility", "interdisciplinary team", "vulnerability", "multidisciplinary care")*. Foram identificados diversos tipos de vulnerabilidades: barreiras físicas, arquitetônicas e de transporte; comunicação inadequada; atitudes discriminatórias ou falha de sensibilização dos profissionais; limitações no fluxo organizacional, nos serviços primários e na coordenação entre especialidades. As práticas de equipes interdisciplinares que combinam medicina, enfermagem, reabilitação física, terapia ocupacional, psicologia, entre outras, mostraram melhoras em desfechos funcionais, participação social, mobilidade, satisfação do paciente e continuidade do cuidado. A colaboração interdisciplinar emergiu como elemento-chave para reduzir vulnerabilidades no acesso à saúde de PcD. Implica, contudo, desafios institucionais, de financiamento, de formação profissional e necessidade de adaptação de políticas de saúde.

Descritores: Pessoas com Deficiência; Acesso aos Serviços de Saúde; Equipe Interdisciplinar; Vulnerabilidade em Saúde; Barreiras de Acesso aos Cuidados de Saúde.

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Introduction

Disability is a heterogeneous condition that encompasses physical, sensory, intellectual, or multiple limitations, affecting functional abilities and requiring adaptations in health services to ensure equitable access[1,2]. Vulnerabilities increase when the healthcare system lacks adequate architectural, communicational, technological, or organizational accessibility[3].

Studies reveal that health inequalities for people with disabilities are not explained solely by individual factors, but also by structural determinants of the system, social norms, stigma, low health literacy, and institutional barriers[4,5]. The lack of adaptation of primary services and the fragmentation of care across levels of attention exacerbate these vulnerabilities[2].

The concept of vulnerability in health is multifaceted, encompassing social, economic, cultural, and psychological dimensions. In the context of people with disabilities, vulnerabilities are amplified when associated with poverty, gender, place of residence, and education level[3]. Public policies often fail to consider these intersections.

The concept of an interdisciplinary team involves professionals from different backgrounds who collaborate in a coordinated manner to provide comprehensive care. This care integrates diagnoses, physical, psychological, and social interventions, with care coordination and effective communication[6,7]. The literature suggests that such models can mitigate barriers, increase the efficiency of care, and improve functional outcomes[8]. However, gaps remain regarding effective implementation methods, sustainability, costs, and institutional coordination[9,10]. This study seeks to analyze the vulnerability faced by people with disabilities in accessing health services, identify care practices by multidisciplinary and interdisciplinary teams, and evaluate the impacts of these practices.

Methodology

This paper adopted a reflective study approach, combining qualitative and quantitative studies, as well as systematic reviews[4]. The search was conducted on PubMed within the time frame of 2015 to 2025, using MeSH descriptors and free terms: "Persons with Disabilities", "Health Services Accessibility", "Interdisciplinary Team", "Multidisciplinary Care", "Vulnerability".

Articles in English or Portuguese, published in peer-reviewed journals, that assessed barriers or interdisciplinary practices aimed at people with disabilities were included. Isolated case reports, opinion articles, or studies without a direct link to team practices were excluded. The selection occurred in three stages: removal of duplicates, screening of titles and abstracts, and full-text reading of potentially relevant articles.

The extracted data included the type of disability, location, team characteristics, identified barriers, described interventions, and outcomes. The reflective and expository synthesis organized the findings into thematic categories: Barriers, Interdisciplinary Practices, and Identified Outcomes.

Methodological limitations of the studies included small sample sizes, heterogeneous designs, and a lack of long-term follow-up.

Results and Discussion

Barriers

Several studies have pointed to barriers in access to healthcare for people with disabilities. A scoping review highlighted communication failure, financial limitations, poor transportation, and a lack of professional training as recurring factors. In Brazil, research has identified a lack of ramps, adapted bathrooms, and adequate equipment. In Chile, primary healthcare centers have shown poor performance in architectural and informational accessibility[1-3].

One relevant aspect concerns technological barriers, which include a lack of accessible digital resources and telehealth systems poorly adapted to the needs of people with disabilities. Studies indicate that scheduling and teleconsultation platforms often do not offer options for screen readers, subtitles, or sign language interpreters, limiting the inclusion of people with sensory and communication disabilities. This technological gap becomes even more critical in contexts of expanding digital health, where accessibility should be a basic requirement. For people with intellectual disabilities or autism, communication barriers, reduced consultation times, lack of professional knowledge, and negative expectations were frequent. In adults with communication difficulties, limited health literacy, and impaired autonomy, reduced access[4-6].

Information barriers represent a significant vulnerability factor. Educational materials and clinical guidelines are mostly written in excessively technical language, without considering different levels of health literacy. This inadequacy compromises the understanding of recommendations, limits individual autonomy, and intensifies dependence on caregivers, especially among people with intellectual disabilities or low levels of education. The absence of clear and inclusive communication strategies contributes to perpetuating inequalities in access to and adherence to treatment[7].

Additionally, barriers related to professional training remain a significant structural challenge. A large portion of undergraduate health curricula allocates insufficient time to disability-related topics, resulting in professionals with low competence to meet the specific needs of this population. This training gap directly impacts on the quality of care, generating clinical uncertainty, inappropriate referrals, and practices centered on the biomedical model, to the detriment of comprehensive and interdisciplinary approaches. Investing in continuing education and awareness-raising processes is fundamental to overcoming these obstacles[8].

Interdisciplinary interventions

Interdisciplinary interventions have shown positive results. Post-COVID-19 rehabilitation programs with integrated teams have demonstrated gains in mobility and daily activities. Chronic pain models have shown functional

improvements and greater satisfaction. Return-to-work programs have indicated a positive impact on occupational reintegration[6,8].

Qualitative reports suggest that including the patient in decision-making, adjustments in communication, professional training, and the use of interpreters result in a better care experience[4,5]. The implementation of continuous training programs has demonstrated a significant impact on improving the quality of care. Strategies involving practical workshops, clinical simulations, and interdisciplinary discussions promote the acquisition of skills to address the complex needs of people with disabilities. These programs contribute to reducing knowledge gaps, promoting greater integration among professionals, and strengthening the person-centered approach, an essential element for ensuring equitable and humane care[9].

Another relevant aspect is the incorporation of content on accessibility and the rights of people with disabilities into academic curricula and continuing education. The systematic inclusion of these topics enables the training of professionals who are more sensitive to the specific needs of this population, in addition to stimulating collaborative and ethical practices. Evidence indicates that well-structured educational initiatives have a positive impact on reducing attitudinal barriers and consolidating integrated care models aligned with health equity guidelines[10].

The consolidation of interdisciplinary interventions requires not only technical integration but also institutional alignment and incentive policies. Evidence suggests that sustainable models depend on adequate funding, standardized protocols, and interoperable information systems capable of facilitating communication between different levels of care. Furthermore, the active participation of people with disabilities in the planning and evaluation of services is fundamental to ensuring that the strategies adopted are effective and culturally sensitive. This collaborative approach strengthens equity, promotes greater user satisfaction, and contributes to more consistent clinical and functional outcomes[11].

Identified outcomes

People with disabilities face multiple vulnerabilities in accessing healthcare, ranging from physical barriers to communication failures and social stigma; interdisciplinarity emerges as a central strategy to reduce and even eliminate these barriers[6-8].

Integrated rehabilitation models confirm functional and quality of life benefits. Interdisciplinary teams broaden the understanding of patients' needs and ensure more comprehensive interventions[6,7].

Social and institutional determinants amplify inequalities and hinder the realization of the principle of equity; there is evidence pointing to barriers that are not limited to the structural dimension but include symbolic and relational aspects that influence the user's experience in health services[10-12].

Interdisciplinarity is an essential strategy for mitigating these barriers, promoting the integration of knowledge and practices that encompass physical, psychological, and social dimensions. Care models that incorporate interdisciplinary teams demonstrate a greater capacity to adapt to the specific needs of people with disabilities, favoring effective communication, care coordination, and active patient participation in decision-making processes. This approach contributes to the consolidation of person-centered care, aligned with the guidelines of equity and comprehensiveness[11-13].

Interdisciplinary strategies applied to the care of neurodivergent children reinforce the logic present in integrated rehabilitation programs, demonstrating that coordination between different professional areas is crucial for achieving more comprehensive and effective results. The impacts are significant on the quality of care, promoting efficient communication, integration of knowledge, and adaptation to the patient's specific needs. Both studies converge on the premise that interdisciplinarity not only enhances functional outcomes and improves quality of life but also contributes to the reduction of secondary complications, consolidating itself as an essential strategy for a person-centered care model[13,14].

Insufficient funding, regional inequalities, precarious infrastructure, and a lack of professional training were identified as structural barriers that compromise the sustainability of interdisciplinary models. The heterogeneity of intervention designs and the scarcity of longitudinal follow-up studies limit the evaluation of impact, indicating the need for robust public policies and institutional strategies to consolidate these practices; the findings suggest that the adoption of interdisciplinary teams should constitute a structuring axis of health policies aimed at people with disabilities[14-16].

Investments in accessible infrastructure, integrated protocols, and continuous professional training represent priority measures to reduce vulnerabilities and promote equitable care. The active inclusion of the patient in decision-making processes and coordination between levels of care are essential elements to ensure relevant functional and social outcomes, aligned with the goals of equity and comprehensiveness[17,18].

Conclusion

People with disabilities face widespread vulnerabilities in accessing healthcare, including physical, communicational, organizational, and social barriers. Interdisciplinary teams have proven effective in providing more comprehensive care, promoting the integration of knowledge and coordination of services. Despite progress, structural challenges and a lack of consistent policies hinder large-scale implementation. Managers and professionals should prioritize inclusive services with accessible infrastructure, interdisciplinary protocols, and continuous training. Strengthening these practices is essential to ensure equitable, person-centered care oriented towards relevant functional and social outcomes.

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