The patient called me ‘colored girl.’ The senior doctor training me said nothing

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Medicine struggles with a chronic disease: racism.

Medical schools try to combat this disease with diversity initiatives\(^1\) and training in unconscious bias and cultural sensitivity. I’m about to graduate from the University of Virginia School of Medicine, so I’ve been through such programs.

They’re not enough.

Every one of us needs to own the principles that protect us and our patients from racism and bias. That means learning to see prejudice\(^2\) and speaking up against it. But that is far, far easier said than done.

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Again and again during my four years of training, I encountered racism and ignorance, directed either at patients or at me and other students of color. Yet it was very hard for me to speak up, even politely, because as a student, I felt I had no authority — and didn’t want to seem confrontational to senior physicians who would be writing my evaluations.

These situations made me worry for our future: How can medical professionals address the needs of a rapidly diversifying population, when we cannot address prejudice within our own community?

I did try, once, to speak up, but it didn’t end well. My first clinical rotation was in the ear, nose, and throat clinic. On my first day, I overheard the attending physician grumbling about accommodating an elderly Haitian man with limited English who had misunderstood his appointment time. “We’ll stick the med student on him,” he said. I was excited to test my skills, but I couldn’t help but feel that my seeing this patient was intended as a punishment for him — and that made me uncomfortable.

A few hours later, when it was finally time to see this patient, the attending physician told me I had the pleasure of conducting my very first patient interview on “Amadou Diallo.”

That was not his name. The only similarity between Amadou Diallo, the young man who was shot and killed by four New York City police officers in 1999, and this elderly Haitian gentleman was their skin color. My skin color.

“That’s not his name,” I said, instinctively but respectfully.

I was pointed in the direction of the patient and clinic, and proceeded as usual.

A few weeks later when I received my clinical evaluations, I perceived some of the feedback as unkind. I couldn’t tell if the comments actually reflected my performance or if I, too, was being punished for speaking out, or maybe even for being black. It was terrifying not knowing the difference.

As my clinical training progressed, I had several opportunities to point out intolerance and injustice. I always chose amicability over advocacy. I didn’t want to jeopardize my grades and evaluations by calling attention to intolerance, so I stayed silent instead of voicing the values I believed in.

During my internal medicine rotation a few months later, a patient called me a “colored girl” three times in front of the attending physician. The doctor did not correct the patient, nor did she address the incident with me privately.

Despite all the other positive interactions I had with this teacher, her silence in this circumstance diminished my presence. I wondered if she thought of me as a “colored girl” too.
Looking back, I don’t regret my timidity. It’s what I felt I needed to do to survive. But I feel angry and frustrated that my mentors in the medical profession didn’t raise these issues themselves. Diversity and inclusion initiatives challenge bias in the abstract. Checking bias in real-time, with real people, is much more challenging.

Maybe they didn’t notice the bias. Maybe they didn’t feel it was important enough to talk about. Maybe they didn’t know how to talk about it.

They should have.

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To be truly inclusive, communities must be places where everyone feels they have equal worth and where people can have honest conversations without judgement. There’s not enough of that spirit in medical school, or in the medical profession.

One more example among many: During my obstetrics and gynecology rotation, I helped perform a prenatal ultrasound on a woman wearing a Confederate flag shirt. Her husband and son watched. Both were wearing Confederate flag hats and belts.

The optics of the encounter were jarring. I wondered if my patients hated me. Again, the attending physician did not address the racially charged awkwardness of the encounter.

Although this physician was otherwise kind to me, his silence left me with a lasting impression. And too many toxic questions.

As the Brazilian educator Paulo Freire writes, “Sometimes a simple, almost insignificant gesture on the part of a teacher can have a profound formative effect on the life of a student.” All these years later, I still wonder if these physicians — my teachers — respected me. It was difficult to reconcile the compassion they showed their patients with their apathy towards me.

I needed to know if my experiences were anomalies, so I checked in with two well-respected black physicians who focus on diversity in academia. Dr. Marcus Martin, a vice president at the University of Virginia, and Dr. Eve Higginbotham, a vice dean at the University of Pennsylvania, both assured me that I wasn’t alone. In fact, they said such experiences were all too common.

“It really is over the lifetime of one’s career that you ultimately understand how to actually deal with these very difficult situations,” Higginbotham said.

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Medical school often erodes aspiring doctors’ empathy, compassion, and idealism. As Harvard Medical
School professor Dr. Richard Schwartzstein writes: “Typically, students enter medical school idealistic, eager to improve the human condition, and excited about becoming doctors. And then we do various things to change them.”

This is most often the byproduct of the intense pressures of academic and clinical work. As a medical student, however, I fear my heart was hardened by an extra burden, of my educators being blind to my worth as a woman of color.

As I advance in the training hierarchy and acquire students of my own, I will certainly do my best to foster inclusion. While my experience as a black medical student has made me hyperaware of racism in medicine, I know because I am human, that I have blind spots of my own.

I will work to stay aware of tense moments. And I will always stand up for my students. I also hope I can cultivate a community where my students feel comfortable calling me out.

Until we all commit to taking action every day to foster a true spirit of inclusion, we’ll risk perpetuating racial harms and undermining the true spirit of medical professionalism. I know race relations in medicine will not change overnight, but learning to see what is hidden in plain sight will be a crucial first step.

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