



Features

Chroniques

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Racism can rear its ugly head at medical school, study finds

Nancy Robb

In brief

COMPLAINTS OF RACISM FROM VISIBLE-MINORITY STUDENTS AT DALHOUSIE medical school led to a study of the problem. Nancy Robb reports that the results surprised some people.

En bref

À LA FACULTÉ DE MÉDECINE DE L'UNIVERSITÉ DALHOUSIE, des plaintes de racisme déposées par des étudiants membres de minorités visibles ont entraîné une étude du problème. Nancy Robb rapporte que les résultats en ont étonné certains.

The hallowed halls of medicine are not immune to racism, a Dalhousie University medical student says. In a study of race relations at the university's medical school, third-year student Gaynor Watson uncovered insensitive remarks by faculty, bigotry by patients and racial stereotypes within the curriculum.

"One of the things we've managed to delude ourselves into thinking in the medical profession is that when you walk in the door of a professional institution you shed your biases, and when you walk out the door with that professional badge you're protected from biases," says Watson. "And that's not true."

The medical school asked Watson to investigate the breadth of racial insensitivity and discrimination after receiving complaints from some of its visible-minority students.

"To be perfectly frank, the situations quite floored me," says anatomy professor Dr. Peggy Hansell, then acting associate dean of undergraduate medical education and student affairs. "We had no idea of the magnitude of the problem."

And no idea how to deal with it. As student adviser, Dr. Gita Sinha regularly sees students who are experiencing stress and other problems. However, when students came to her about race-related incidents she had nowhere to turn for advice and nowhere to send students for help.

"They were totally shattered and their confidence was shattered," she says. "They felt they had no one to go to and they felt very lonely in their own group. . . . I felt if this really exists, then we have to do something about it."

Last summer, Watson held group discussions with students, contacted other Canadian medical schools, and pored over curriculum cases and existing literature. Although 85% of American medical schools incorporate cultural sensitivity into courses or case studies, Watson found that only 9% have a course devoted to the subject. None of the Canadian schools that responded to her queries had investigated issues of discrimination.

Watson says students who attended the group meetings expressed concern about the inappropriate portrayal of minorities in undergraduate cases, patient prejudice and thoughtless comments by faculty members.

One faculty member, for example, told clinical students he ordered a blood alcohol test on a teenage girl because she had been in a car "with 4 black guys." Most of the students agreed with the doctor's reasoning, but Watson says the lone minority student "was caught between a rock and a hard place. To my knowledge,



Gaynor Watson: tools needed to deal with racism



the student felt unable to do anything. Not only was the student confronted by the professor who had made this comment, most likely without realizing its significance, but also by the other group members who validated the comment.

“That’s the type of thing we’re looking at here — issues of insensitivity and how to get around them. They’re not only important to how we treat our patients but to how we treat ourselves and our colleagues.”

Watson says such incidents also make students feel insecure. “Students are often unwilling to report these things because they feel they won’t be taken seriously,” she says. “They doubt their own intentions in reporting them.”

She says visible-minority students also worry about raising discrimination issues during case tutorials because they fear they will be perceived as having ulterior motives.

Of the 87 cases studied during the first 2 years of undergraduate medical training at Dalhousie, only 16 identify patients by race, and most of these cases involve non-white patients, says Watson. “In some cases, the stereotypes that went along with the race were just overwhelming.”

Such as a case that examined sickle-cell anemia in a black toddler whose mother is 17 and unmarried, and whose father is a 37-year-old alcoholic. “My argument against using a case like that,” Watson says, “is that students are not getting a balanced representation from ethnic groups and are often left with an unbalanced picture of what that ethnicity means.”

She says racism by patients raises another troubling issue. While doing the study she became convinced that most visible-minority students don’t want to practise in

rural communities because they worry about subjecting their families to discrimination. “It’s something students wrestle with,” she says.

For good reason. Watson tells of patients in a Halifax hospital verbally abusing Muslim students. “Why are you wearing that veil? Get out of here with that thing on your head.” Some patients even refused to be treated by nonwhite students. Patients have told her: “I don’t like that Chink doctor. . . . I trust you a little more.”

“I anticipate the day a patient will take serious objection to me and I’m not sure what I’d do in that situation,” Watson says. “That’s one of the reasons we need education. I need to be armed with the tools to know when I have the right to take myself out of that situation or if I have the right. When do I have the right to say it’s not acceptable?”

Watson’s report contains 25 recommendations, including a call for a campus-wide policy on race relations, support services for visible-minority medical students, faculty training and improvements in medical education.

But she believes the issue isn’t confined to Dalhousie. When she consulted other Canadian medical schools last summer “the almost unanimous response was that nothing

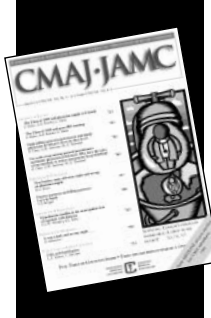
has been done because it’s not a problem here and it’s not coming up. It’s likely not coming up for the same reasons it didn’t come up here.”

Peggy Hansell agrees. “We would have said we didn’t have a problem,” she says, “and some people still say we don’t have a problem.”

But she suggests other medical schools “talk to their students. It takes a lot of courage for someone to come forward, and when they do it’s often very hard to know what to do about it.” ?



Dr. Gita Sinha: racism shatters students’ confidence




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