

EDITOR'S MESSAGE

Racism in healthcare

On the quiet evening of March 13th 2020, Mr. Kenneth Walker and his partner, Ms. Breonna Taylor, laid sleeping in their bed in a residential neighborhood in Louisville, Kentucky. Just minutes past midnight, without announcement or warning, three men dressed in street clothes pounded down their door using a battering ram. Awakened by the startling sound of wood cracking, Ms. Taylor yelled out numerous times, “Who is it?,” to no answer. In desperate hopes to protect his partner and himself from the home intruders, Mr. Walker armed himself with his legally licensed firearm, prepared to act wholly in self-defense. As the door gave way, Mr. Walker shot one of the intruders in the leg. In retaliation, over 20 rounds were blindly unloaded, which carved their way through nearly the entire household; eight bullets hit Ms. Taylor, killing her in her home. The three assailants, as it turned out, were plainclothes police officers who falsely believed that the residence was connected to two men they thought were selling drugs, which prompted them to execute a no-knock warrant. Later investigation following the murder revealed that no drugs were found at the residence. On the quiet evening of March 13th 2020, Breonna Taylor, a 26 year old Black woman, was murdered in her home by three white police officers. As of writing this editorial, Breonna Taylor’s killers walk free.

Just over two months later on May 25th, George Floyd, a Black man from Minneapolis, Minnesota, was murdered in the street by Derek Chauvin, a white police officer. Mr. Floyd was arrested at gunpoint, despite being completely unarmed; Chauvin then knelt on Mr. Floyd’s neck with his knee for eight minutes and forty-six seconds, causing mechanical asphyxia and cerebral hypoperfusion, ultimately leading to his death. Throughout those eight minutes, Mr. Floyd cried out “I can’t breathe” numerous times and even pleaded for his mother just before going unconscious. The pleas were ignored by Chauvin.

The murders of Breonna Taylor and George Floyd are only a small sampling of the horrors that have been inflicted on Black individuals, both in America and Canada. Eric Garner, Michael Brown, Trayvon Martin, Elijah McClain—the names of those lost could fill up this page—and it continues to grow daily (for a more comprehensive list, and to pay respect to all those lives lost to police brutality, please follow the #SayTheirNames campaign). These murders have sparked a global uprising calling for racial justice. Police brutality is one glaringly violent function of society, and these killings underpin something much more sinister

and malignant: that is, our institutions continually uphold systemic racism and racial injustice.

Systemic racism permeates through every facet of society, including our workplaces, schools, communities, and neighborhoods. While many have advocated this fact for years, others still deny it, even in Canada. Politicians and citizens alike ignorantly wield the Canadian patriotic values of justice, equality, and truth as if they alone somehow shield those without white privilege from white hegemony. Rather, those values are simply ideals, and there is no evidence that we have ever achieved them, especially within the lens of racial justice. For those unaware, a fact: Black Canadians continue to suffer from systemic racism. Another fact: this racism still pervades our healthcare institution in many ways.

First, I would like to bring attention to how Black patients experience healthcare. A recent systematic review examining implicit bias—which helps define systemic racism—found that regardless of specialty, most physicians demonstrated an implicit preference for treating white patients^{1,2}. Strikingly, one study revealed that emergency medicine and internal medicine physicians who held implicit biases against Black individuals were less likely to administer thrombolysis for acute myocardial infarction, which can be a life-saving intervention. Similarly, Black patients treated by surgeons whose caseload is mostly white individuals in fact have poorer outcomes and face greater complications³. Another recent study from Ontario revealed that compared to white patients, Black patients requiring home dialysis were at significantly higher risk of developing technique failure, which predisposes poor outcomes⁴. While I don’t intend for this editorial to be a comprehensive review of the literature, it is clear that implicit anti-Black racism is deeply embedded in our medical practice, even in Canada.

So, how can healthcare experiences and outcomes be improved for Black patients? It is well-described that race-concordance in patient-physician relationships can be immensely beneficial to the patient: visits tend to be longer, and patients tend to leave feeling more satisfied⁵. As an example, Black patients who are paired with Black healthcare workers are over twice as likely to have their breast cancer screening abnormalities addressed within a timely fashion⁶. Thus, the key lies in increasing Black representation within the healthcare team; however, Black individuals are significantly marginalized in nearly every medical specialty^{7,8}. In Canadian medical schools, Black students have

historically been and are still vastly underrepresented, with classes comprised mostly of urban-living, high household income-earning, white students⁹. And even within Canadian medical school curriculums, discussions of race are commonly left out¹⁰. In the name of racial justice, it is the responsibility of faculties, universities, high schools, and even grade schools (and their respective policymakers to explore where these systemic injustices exist. In response, they should address their internal processes and resources that disadvantage Black students. Most of all, they should understand that what Black students require is not more support within an inherently racist system, but more equitable pathways to succeed like their white counterparts.

Yet, even once Black medical students become physicians, they still face profound systemic injustice. On average, American Black male physicians make nearly \$100,000 less than their white colleagues¹¹ (Canadian data is not currently available). In their everyday lives, Black physicians face racism regularly. Like in 2019, when a female Black physician, Dr. Tamika Cross, was met with doubt and was initially prevented from providing medical care to an airplane passenger who needed a physician immediately¹²). The flight attendants demanded for proof of her medical credentials and repeatedly questioned their legitimacy, before finally allowing Dr. Cross to help. To make matters worse, the airlines' largely unempathetic response was merely to say that all doctors are routinely questioned to produce their credentials when needed, thus dismissing the microaggressions that Dr. Cross faced. Ultimately, it goes to show that these kinds of microaggressions serve to uphold the institutional racism that all Black individuals face, regardless of their personal story, personal circumstances, and socioeconomic background.

Over the years, racism in Canada has become more covert, allowing many of those with privilege to become complacent, believing that racism is no longer an issue and the civil rights movement is no longer necessary. Thus, it is simply not enough to believe you as an individual are not racist. This is far too

passive for any change to be made and is merely the bare minimum. Addressing systemic injustice requires active anti-racism. At the individual level, this means utilizing our social privilege for the advancement of racial justice. This means one must accept the racist roots our society has been built upon and understand where ones' privilege comes from. It means identifying and naming covert racism and implicit biases when they happen. And it means continuing to educate yourself and others on how underprivileged groups face injustice daily, as well as taking actionable steps to counteract that. At the systems level, politicians, teachers, and policymakers need to institutionalize changes against systemic injustices. For example, non-elective anti-racism courses throughout school curricula, better social support systems for those impacted by systemic racism, revision of white skin-focused curriculums (as a singular example, dermatology in medical schools), fee-deferral programs to combat hefty application fees to professional programs like medicine; to name a few. These are all just a few examples of the immense work that needs to be done to address systemic racism in our medical education.

As this editorial comes to a close, I still feel as though not nearly enough has been said on this topic. However, something I would like to touch on is that as physicians (and community leaders), we have an immense societal privilege that is awarded to us which can be utilized for anti-racist activism. In medical education, healthcare systems, and personal practice, physicians can be advocates in the fight against systemic racism. I hope that by pointing out just a small selection of ways in which systemic racism hinders Black patients, students, and doctors from living equitable lives, readers are able to reflect on what can be done within medicine to institute justice for Black individuals who live with systemic racism every day. The time to take action is now. Because Black patients matter, Black students matter, Black doctors matter, and Black lives matter.

Dan Vidovic
Editor-in-Chief

For those who feel they do not currently have the voice to advocate for our Black friends, please still take the time to further educate yourself about how our institutions, including healthcare, continue to uphold systemic racism. Teach your children, nieces, nephews, and the next generation this someday, as they are the ones to continue to institute change. Please, advocate wherever you can. And if you still feel you aren't able to contribute to change, please consider donating to organizations whose mandate is to combat anti-Black systemic racism and racial injustice. I have attached a short list of such organizations below; many more can be found online.

*The Africville Heritage Trust
 Association of Black Social Workers
 Black Lives Matter (Canada chapters)
 Birchtown Black Loyalist Society
 Black Solidarity Fund
 Black Health Alliance
 Association of Black Social Workers
 Black Youth Helpline
 Roots Community Services
 Black Cultural Society of Nova Scotia
 Federation of Black Canadians
 Black Mental Health Supports Fund
 The Delmore Buddy Daye Institute
 Federation of Black Canadians
 Black Women In Motion
 Black Legal Action Centre
 DESTA Black Youth Network
 Canadian Civil Liberties Association
 Canadian Race Relations Foundation
 Keep6ix
 BLXCK HOUSE
 LOVE Nova Scotia
 GameChangers902
 Hope Blooms
 902 Man Up
 Justice for Regis GoFundMe*

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