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Summary report:
Uncovering Racism in Medicine: A Pathway Forward

Background

The Saskatchewan Medical Association's Equity, Diversity, and Inclusion Committee organized the conference: *Racism in Medicine: A Pathway Forward*. It was held on Sept. 22, 2023, in Saskatoon, with guest speakers sharing their experiences and insights. This report provides a summary of sessions and workshops.

What we heard: Key highlights

Race in healthcare

Dr. Modupe Tunde-Byass - Associate Professor, Obstetrics and Gynecology, University of Toronto, and President, Black Physicians of Canada.

- Racism is the belief that a certain race is inherently superior. It is prejudice or discrimination based on race, but if we leave it there, we only deal with overt racism. The real issue is the systemic racism that most of the world practices every day. Racism should be defined as any prejudice against someone because of their race when those views are reinforced by the systems of power.

- **Anti-Black racism and systemic discrimination are key drivers in the health disparities faced by the Black Canadians**. It is normalized in Canadian institutions and is invisible to those who do not feel its effects. It manifests at all levels: individual/ interpersonal, institutional, and societal. The inequities are seen in education, income, employment, housing, the criminal justice system, and health.

- A study in the U.K. found Black women are four times more likely than white women to die in pregnancy or six weeks after childbirth, even though they account for only four per cent of women giving birth. A California study found that the rate of death of babies born to the richest and most educated Black women are worse than the poorest white family. Black Maternal Health Week is a yearly call to action and brings attention to alarming disparities around Black pregnant people's health and their birth outcomes.

- Physicians can become better allies to members of historically marginalized communities through **sponsorship**, which is not the same as mentorship. Mentorship focuses on coaching, guidance, and advice, while sponsorship goes further by supporting promotions, amplifying an individual's visibility and accomplishments, and providing connections to people who are in decision-making positions.

Be the Change: The Essential Transformation of Becoming an Anti-Racist Leader

Dr. Kannin Osei-Tutu - Senior Associate Dean, Health Equity and Systems Transformation, Cumming School of Medicine, University of Calgary.

- Why are physicians talking about racism? Because it exists in health care, leads to poorer patient outcomes, and affects physicians and other care providers. It leads to unsafe work environments, contributes to burnout and unwellness, and affects trainee and practitioner performance. The medical profession and health authorities have largely stayed quiet in the face of racism, racial violence, and racial inequities. There is no coordinated national strategy to root out systemic disparities in health outcomes attributable to race.

- Questions physicians can ask themselves include: What are you going to do about racism in medicine? Are you an agent of change or are you a passive "neutral" observer? Do you as a leader have a responsibility to confront racism or is it someone else's problem? Are you a leader or are you simply a person who happens to be in a leadership position?

- Anti-racism is a process, an approach, a systematic method of analysis, and a proactive course of action. The approach recognizes the existence of racism, including systemic racism, and actively seeks to identify, prevent, and reduce it. It removes the racially inequitable outcomes and power imbalances between groups and the structures that sustain these inequities.

- There is no neutrality in racism. **The opposite of "racist" is not "non-racist," it is "anti-racist."** A person endorses either the idea of a racial hierarchy as a racist, or the idea of racial equality as an anti-racist. A person either believes problems are rooted in groups of people as a racist or locates the roots of problems in power and policies as an anti-racist.

- A call to action includes making anti-racism a standing item on agendas (Immediately), reading one book about anti-racism (in the next 30 days), committing to one structural or policy change (in the next 60 days), committing to hiring at least one woman of colour to the senior leadership team (in the next 90 days), and incorporating anti-racism into the strategic plan (in the next 120 days).

Intent, Harm and Action. Understanding Bias, Discrimination and Racism in Healthcare

Dr. Saroo Sharda - Associate Dean of Equity and Inclusion, Faculty of Health Sciences, McMaster University; and Medical Advisor and Equity, Diversity and Inclusion Lead, College of Physicians and Surgeons of Ontario.

- Biases are preconceived notions based on beliefs, attitudes, and/or stereotypes. They can be implicit, explicit, or structural. Research shows that we react emotionally

(sometimes without awareness) to the identities of people and tend to have greater empathy for people most like ourselves – in other words we have affinity bias. Unconscious bias is enacted through discrimination, where it is projected onto others based on their race, gender, age, socioeconomic class, etc.

- Various "isms" exist not because we are bad or good people, but because of structures of inequality in society, institutions, medicine, and medical education – structures that give some groups dominance over others. The **most influential racial in-group** in Canada and the U.S. is white/European, and the **most dominant gender in-group** is heterosexual men. In-group bias (or affinity bias) plus social power leads to "isms" such as racism, sexism, heterosexism, and ableism. Anyone can experience discrimination based on the biases of others, but only minority communities experience racism, sexism, etc. as these are systemic forms of discrimination.

- To address health disparities, there have been calls for **race-based data collection** from patients. Also, research supports the race concordance hypothesis, which asserts that racially minoritized patients who share the same race and ethnicity as their provider have improved communication, better perceptions of care, and better health outcomes. **Research also suggests organizations with more diverse, inclusive leadership, in which power is shared, have better outcomes, productivity and retention.**

- Microaggressions are everyday comments or actions that subtly express a stereotype of, or prejudice toward, a marginalized group. Microaggressions are one way that systems of oppression (such as racism, transphobia, homophobia, or sexism) are enacted at an interpersonal level. They reflect and reinforce harmful dominant impressions about which communities are superior/inferior, normal/abnormal, and desirable/undesirable. Cumulatively, microaggressions contribute to larger systemic inequities that create, foster, and enforce marginalization.

- Systemic racism requires systemic action to address it, including the need to address deficiencies in governance, leadership, education, policy, transparency, regulation, complaints processes and accountability. There is some urgency – as there should be – but we also need to move forward thoughtfully and with appropriate reflection, learning and if needed, calling upon experts to help. Change is generational and we have a responsibility to see and shape things differently.

Indigenous Health Matters

Dr. Janet Tootoosis - Vice-Dean Indigenous Health and Wellness, College of Medicine, University of Saskatchewan.

- Personal perspectives shared on Indigenous health as a physician of Cree ancestry, a member of Poundmaker First Nation located in Treaty 6, with a large extended Indigenous family across Turtle Island. Indigenous nations in what is now called Canada are incredibly diverse, but they all share a common, earth-centred worldview. They also share a sense of deep interconnection and relationship with the land that differs from the

dominant Eurocentric understanding.

- The Truth and Reconciliation Commission of Canada's mandate was to focus on truth determination to begin the work toward reconciliation. **Of note, Call to Action 22 called on "those who can effect change" in health care "to recognize the value of aboriginal healing practices** and use them in the treatment of aboriginal patients in collaboration with aboriginal healers and elders were requested by aboriginal patients."

- Discussions began on a new department in the College of Medicine with the potential to address issues affecting Indigenous health. The Department of Indigenous Health and Wellness is the first of its kind in Canada and is a tangible step toward fulfilling the aspiration articulated in University Plan 2025: Transformative Decolonization Leading to Reconciliation. **The department goals are to meaningfully address existing health inequities, the scarcity of strength-based Indigenous health research, knowledge translation in the community, and systemic racism in the health system and health education system**.

- The department, located in E-Wing of the Health Sciences Building, will serve as a welcoming safe space for Indigenous faculty, staff, learners, and community. Support offices and cultural coordinators will be integrated into the department, contributing to a wellness environment to support Indigenous learners, residents, physicians, faculty, and staff. Attention will be paid to establishing and maintaining relationships with non-Indigenous partners to create and maintain truly safe, ethical, and relational spaces.

Story telling as advocacy: listen, write, reflect (breakout session)

Dr. Saroo Sharda

Dr. Sharda led a hands-on session for attendees to reflect and write about their experiences.

Creating Safe Workplaces: Recognizing and Challenging Microaggressions and Unconscious Bias: A Look at the experiences of minorities

Halima Mela - a diversity and inclusion advocate from Saskatoon.

- Microaggressions are everyday subtle, intentional or unintentional interactions or behaviours that communicate some sort of bias toward historically marginalized groups. Unconscious bias are attitudes and stereotypes that affect understanding, actions, and decisions without a person's awareness or intentional control.

- Microaggression and unconscious bias affects mental and physical health. Research shows that racism and discrimination contribute to poor health among minorities and people of colour, resulting in increased rates of depression, prolonged stress and trauma, anxiety, heart disease and type 2 diabetes.

- Microaggression and unconscious bias have a negative impact on team performance, engagement, and morale; undermine trust, collaboration, and communication among team members; and create a sense of isolation, frustration, and resentment for those who experience them. **Microaggression and unconscious bias can also affect the quality of decision-making, problem-solving, and innovation, as they can limit the diversity of perspectives, ideas, and feedback that are considered and valued**.

- **Suggestions on how to respond include: for everyone - check your biases; for perpetrators - reflect on your actions and consciously work toward changing your behaviour and your mindset; for victims - take care of yourself, know when to respond or walk away; for bystanders – be an ally, not be a bystander when you see biased behaviours**. Leaders need to document incidents and take action when needed.

Racial Gaslighting: What Does It Really Mean? – Dr. Nnamdi Ndubuka

Dr. Nnamdi Ndubuka - Associate Professor, College of Medicine, University of Saskatchewan, and Physician Lead, EDI, Saskatchewan Medical Association.

- Gaslighting is a form of emotional abuse or psychological manipulation involving distorting the truth in order to confuse or instill doubt in another person to the point where they question their own judgment, perception, or memory. **Racial gaslighting is a tactics used to derail accusations of racism and shift the scrutiny onto the accuser, forcing the accuser to question and reassess their own response to the racism, rather than the racism itself.**

- Researchers use the term "racial gaslighting" to describe a way of maintaining a pro-white/anti-Black balance in society by labelling those who challenge acts of racism as psychologically abnormal. Racial gaslighting invalidates and dismisses the experiences of BIPOC and shifts the blame of BIPOC's oppression onto them instead of the oppressor. It deflects important conversations about race and silences BIPOC voices that need to be heard. It leads to self-doubt and eroded self-trust, self-worth and confidence, and low psychological well-being and self-esteem.

- Organizations can respond by being an ally to the victim, affirming the victim's feelings and experience, recognizing that the organization has an internal defensive response to racism, and uplifting the voices of equity-deserving groups. Examples of gaslighting at the organizational level include: Removing transparency from the process of adjudication while insisting that the process must be trusted and respected; expressing unsubstantiated concerns related to the claimant's professionalism, ethics, clinical competence or patient safety; and picking and choosing when and when not to apply certain policies.

- **To tackle gaslighting at the institutional level, organizations should acknowledge the existence of racism**, acknowledge the real and devastating consequences of racial gaslighting, create opportunities for staff education and awareness, take joint

responsibility with a claimant during investigations, and assist employees through health programs.

The Canadian Medical Association, MD Financial Management Inc. and Scotiabank together proudly support the ***Uncovering Racism in Medicine: A Pathway Forward*** *conference, one of several initiatives that comprise our 10-year, $115 million commitment to supporting the medical profession and advancing health in Canada.*