

## Racism in Healthcare: A Systematic Problem

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### Abstract

Background: Racism, discrimination, and inequalities are embedded within society and continue to permeate, reaching our healthcare systems. Awareness, education, and action are three necessary measures to empower individual physicians in addressing racism in the workplace. Regional and national medical regulatory authorities must provide direction through the establishment of clear guidelines on how both physicians and healthcare institutions alike respond to racism.

**Keywords:** Darwin's theory of natural selections, Toxicology, Lamarckism theory of inheritance of acquired characteristics,

Function graph, Environmental science

### Introduction

"I don't like brown doctors" was not the way I imagined beginning my clinic day. Accompanied by a medical student, himself hailing from an ethnic Jewish minority, de-escalation and addressing this racist remark became my immediate focus, so to not distract from providing quality patient centered care. What should I say in response? How do I respond while also effecting positivity? Is there a way to respond without being defensive or offensive at the same time? How do I not allow this negativity to permeate into the patient-physician therapeutic relationship?

Taking this as an opportunity to educate my learner and patient, I responded by explaining how our words have power, and the choice of these words is equally important, alluding to the poor choice of words by the patient given that I hail from an ethnic "brown" minority. The sad reality is that this was not the first instance, nor will it be the final instance where I have experienced racism serving on the front-lines. Racism, discrimination, and inequalities are embedded within society and continue to permeate, reaching our healthcare systems. Driven by recent world events encouraging hate ideology towards ethnic minorities, these negative behaviors need to be addressed through awareness, targeted education, and prudent action [1-4].

### Methods

Racism in healthcare is more common than we would like to believe. Studies from the US and UK estimate that anywhere from 1 in 3 doctors from ethnic minorities reported that a patient refused care due to their race. Racism against Canadian Indigenous and Black Physicians has been well documented in the literature. Systemic racism is present in all areas of society and recognizing this fact is the first step towards future solutions. The development of carefully organized awareness campaigns, counseling services, and establishment of student groups addressing the need to recognize racism early on in medical training is paramount to achieving awareness. Recent studies have shown that increased mentorship from mentors with similar ethno-racial backgrounds is necessary for medical trainees from ethnic minorities. From an individual standpoint, it is a valuable lesson to evaluate one's own biases and prejudices through learning of the struggles Indigenous and Ethnic minorities face as they navigate through the Canadian Healthcare system. Listening and reflecting on these experiences is essential in creating the racism [5-7].

### Results

Education remains the cornerstone for addressing racism. At the macro level, introducing the discussion from a curriculum perspective is paramount. Curriculum reform at the undergraduate and post graduate levels is essential as we move to find a way forward. Interdisciplinary group sessions highlighting the racial disparities in health and healthcare can serve as a starting point to these discussions and has been implemented and studied in many American public health and medical schools. Formal didactic sessions have also been used in American residency programs, with educational objectives revolving around the concepts of racial bias and racial determinants of health. Knowledge about racism and its downstream effects on our patients as well as physicians should be viewed as a core curriculum element and key competency.

### Discussions

Collaborative provincial and national leadership is key to addressing racism faced by physicians. Here, regional and national medical regulatory authorities must provide direction through the establishment of clear guidelines on how both physicians and healthcare institutions alike respond to racism. Incorporating racial awareness and education in a multi-tiered approach through various levels in society and government, including legislative reform will result in creative new ways to challenge racism. While guidelines exist protecting physicians from providing care to patients where the threat of harm is present, racist behaviors are not addressed. The development of these guidelines should involve both local and national leaders and is needed now more than ever.

### Conclusion

Physicians from ethnic minorities continue to experience racism regularly. Through awareness, education, and ultimately action, physicians are empowered to stand up to racism. Further research

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analyzing the experiences of physicians from Indigenous and other ethnic minorities is necessary to guide future solutions to prevent racism.

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Data and material not applicable here as any other data other citations is not been shared and analyzed in the research study.

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### Authors' contributions

The first correspondence author has individually researched the elements of the study and sincerely shows gratitude for the anonymous constructive references studied before. The authors read and approved the final manuscript."

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