

Overcoming Subtle Racism in Medicine

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Hippocrates, the father of medicine, was a native of Greece. Avicenna, the scientist/physician credited with the preservation of pre-medieval European intellectual currency, hailed from modern day Iran. Victor Hugo, famed author and physician, spoke and wrote in French. Albert Schweitzer left his homeland of Germany for a mission in Africa. All physicians of the highest order - all foreign. Testimony to the fact that neither ability nor achievement discriminate across national or ethnic boundaries.

Though a given fact, it nonetheless continues to go unrecognized by many in our society. And medicine has hardly been alone among professions and organizations suffering from cultural myopia. Only a few decades ago, blacks were banned from professional sporting leagues and clubs, Jewish students were considered alien or suspect in our major universities and Hispanics were excluded from public swimming pools.

To uphold such practices today would mean public ostracism. Fortunately, we live in more tolerant times. But subtle forms of bias - couched in the form of resentment, favoritism or cliquishness - continue to this day in all segments of society.

Discrimination does occur in the field of medicine - subtle or otherwise, among doctors and at the bedside - and it remains the burden of all physicians to remain aware of and sensitive to the issue. More than any other profession, perhaps, it is the physician who is most tangibly aware that the factors that unite us as human beings far outweigh those that separate us. Scientific objectivity tells us that racial and cultural distinctions result from environmental and genetic forces that are both unconscious and largely uncontrollable. But we assert increasing control over geography and communication - leading to a world so intimately linked that the idea of nationalism, chauvinism or racism seems all but anachronistic.

The physician - as both victim and potential perpetrator of these more volatile traits - must stand as an example for society in a steadfast defense of the enlightened perspective. To be certain, cultural pockets exist everywhere - as they have a right to - but in a pluralistic society tolerance is the rule.

And the physician crosses in and out of these pockets with the most ease and the greatest ability to view conditions in uncensored form. Because of this unrivaled insight, the physician's words are received more thoughtfully than, say, the politician's or the police officer's.

Innovation often results from chaos, accidental inquiry and the occasional scientific mishap. One thinks of mutation - positive mutations are retained, negative rejected. Still, the mutation occurred before it could be assessed. In short, mutation, when used pejoratively, tells only half the story. Cultural and social diversity - the mixing and interaction of peoples - might be viewed as a modern-day mutation: never before have so many people interacted so enthusiastically on such a global scale as they do at present. Surely some encounters will result in clashes. But given our overwhelming likeness, the long-term results should have, and indeed, are yielding positive results. In such a milieu, racism should not endure, and we must view its continued presence as nothing more than vestigial flashbacks - the growing pains of an evolving society.

Perhaps optimism has proven blinding. Consider, however, that today medical treatments span the globe, teams of researchers cooperate via a worldwide web and astronauts conduct biological experiments in zero gravity while, literally, circling the planet. There's ample room for idealism in the current climate. It's certainly no place for petty cultural and racial trifles. The future can prove less biased than the past. And doctors should - and I trust, will - lead the way.

Prof. Fathie was President of the United States Section of ICS in 2001 and has served as Chairman of the Board for the American Academy of Neurological and Orthopaedic Surgeons since 1994.