Uncomposed, edited manuscript published online ahead of print.

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Title: Eracism

DOI: 10.1097/ACM.0000000000004408
Eracism

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Every brown-skinned physician can tell countless tales of being asked, “Where are you really from?” or “Where did you learn how to speak English?” Regardless of being American or an immigrant, regardless of having a Boston or Tennessee accent—we have all heard it.

At one point in my training, I was on rotation in a wealthy suburb of a metropolitan area, working with an attending in his clinic. I went to see a follow-up patient with a chief complaint of intermittent shortness of breath. I was unable to get through even a few questions without the patient interrupting with effusive praise of my attending. “He is the best doctor I have ever known…. When will he be coming in?... I trust him with my life.” I obtained a history and performed a physical, and then prepped the patient’s nose for a laryngoscopy. I told the patient that I would return with the attending to perform the procedure and exited the clinic room.

As I stood outside of the room waiting to present the patient’s case to my attending, I discovered that the clinic door was not soundproof. The patient and his wife (both White) were discussing whether or not they could trust me, and whether I should be involved in the laryngoscopy. “She seemed nice. But I don’t know if I want a foreign doctor doing my scope. Her English was pretty decent, and at least I could understand her accent.” I quietly chuckled to myself, as I was born in the United States and have lived here my whole life. My English is more than pretty decent. And my accent is American. Despite the fact that I had performed hundreds of laryngoscopies, I understood their concern—I was unfamiliar to them and was fully willing to concede performing the procedure. Though I may have been exactly what they thought they wanted on paper, they made a snap judgement based on the color of my skin.

The attending with whom I was working was a phenomenal physician, not only in terms of diagnostic and surgical skills, but also in the compassionate way he cared for patients. He was born in the Middle East. English was his second language. He had an accent.

The irony was not lost on me. The patient doubted my ability solely based on the color of my skin, incorrectly believed me to be a foreigner, and discriminatingly judged me as inferior and incapable. Yet he also had full faith and confidence in his doctor, who just so happened to be from another country and had an accent.
I choose to view this not as a story of bias against me, but instead of my attending’s patience and perseverance. His uncompromising kindness and patience made the patient blind to his own preconceived notions. I have marveled at this encounter time and again, and keep my attending’s behavior in mind whenever I find myself in similar situations. I try to be a role model for my own residents the way that he was for me.

There is no doubt that racism is a pervasive disease in medicine. When that racism is on the part of a patient, providers are forced to work harder to prove themselves worthy and capable of their jobs. Patients are often under intense stress from illness and uncertainty, which amplifies any conscious or subconscious bias they may have. And sometimes, it can be unbearable for the recipient. Sometimes we have to walk out of the room and transfer the patient to another provider. Other times we persist, refocus the conversation, and show compassion by caring for the sick, regardless of their misjudgments.