What’s Important: Addressing Racism in Patient Encounters

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She spat at me and tried to bite my hand as I held her head steady for placement of the cervical collar. The nurse placed a mask over the patient’s mouth. I tried to calm her down. I told her not to worry and that we were going to take good care of her, which only seemed to upset her more. She screamed, “Get off of me, you dirty black monkey!”

That fleeting comment sent me into a trance, and I stood frozen, looking down at the head I cradled. The nurse looked helplessly at me and told the patient, “That’s not very nice. She’s trying to help you.”

The attending physician moved to where I stood to finish fixing the collar. I tried to resist. I wanted to keep busy. I moved to the back of the trauma bay, behind the commotion, and stole a look around. Yes. I was the only Black person in the room.

As the scene quieted, several nurses came to me. I’ve lived this before: the cocked head, the squinted eyes, the gentle pat on my shoulder, then finally, “Are you okay, sweetie?” Even behind my mask, I managed an awkward smile, careful to squint my eyes as well.

For the rest of that shift, my attending continued to step in. About the intoxicated patient with suicidal ideation: “I’ll take this one alone. I’m not sure how much of a learning opportunity this would be for you.” About the patient with fatigue: “The APP [advanced practice provider] can take that one.” Soon, it became obvious what he was doing. He was trying to protect me, but all I kept thinking was, look what a hassle I am to him. He was babysitting me. I saw only 3 patients that shift and was sent home early.

I was under such close supervision after the incident in the trauma bay that I couldn’t process what had happened until my drive home. I found myself in tears. Was this the future of my education? The future of my practice, unable to work because I required babysitting?

I called a friend for counsel.

“What did the attending say when that happened?” he asked.

“He moved me aside and took over with the patient.”

“What would you rather he have said or done?”

I was silent, as I struggled to find an answer.

“What did you say to the patient?” my friend asked.

“I told her to relax.”

“What would you have rather said?”

More silence from me.

I don’t know what the proper response should have been from either my attending or from me, I just knew that neither of our reactions sat right with me. I did not like that he removed me from patient care, and I also did not like that I was placating a lady who was racially violent to me.

This is my reality. I bear the scars of the racist slurs I’ve been called, including the n-word, of being accused of stealing from the supply room, of being painfully aware of my loneliness in certain spaces. All of which has happened to me inside the hospital walls. I am constantly torn between wanting someone to save me and wanting the strength to do it myself. This is my reality. But it won’t be my future. It can’t be my future.

So, I sobered up and sat down to write this—freely admitting that I am an angry Black woman. Freely feeling all of the emotions that I want to feel. I am a target, but I am not a victim. The victimhood belongs to those who have been brainwashed and destroyed by racism.

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There is a hidden curriculum for those of us who are underrepresented in medicine. We do not have the luxury of just being a medical student or physician. We are medical students dealing with brutality outside the hospital and assault inside the hospital. We have to practice compartmentalization and then live with the guilt of being privileged enough to "check out" of our trauma.

What is important to me is that I share my story. This is my call to action to all who have not been systematically excluded in the history of medical practice and education. We do not need a reminder of our struggles. Instead:

(1) **Make room for us.** Make room for us at the operating table and at the bedside. Deliberately introduce and identify us as a part of the health-care team to force the patient to accept this new reality.

(2) **Advocate, don’t defend.** Speak up. Admit to White supremacy and all that comes from it. Validate my feelings and then give me room. Room to process without the pressure to perform an act of recovery for you. Room to choose to move forward with the next patient, without the shadow of pity and overprotection.

(3) **Be an agent of change in your community.** Educate your circle. This patient is someone’s aunt, sister, mother, and daughter. Her circle has allowed her to stew in racism such that, even when her life depends on her restraint, she can’t help but strike.

To my fellow colleagues who have faced this, and worse: I see you. I feel with you. I cry with you, and I fight with you. We are not only learning and competing with our classmates, but we are doing this while shouldering the burdens of a sinful nation. And some nights, it gets too heavy to hold our heads up high. We need to allow ourselves the grace—and the space—to feel our emotions because we are not responsible for our broken nation.

We are targets, but we are not victims. I am here with you, and we are here to stay.

Medical institutions have spent years patting themselves on the back for recruiting diverse talent. Well, we’re here. Now the work truly begins.

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