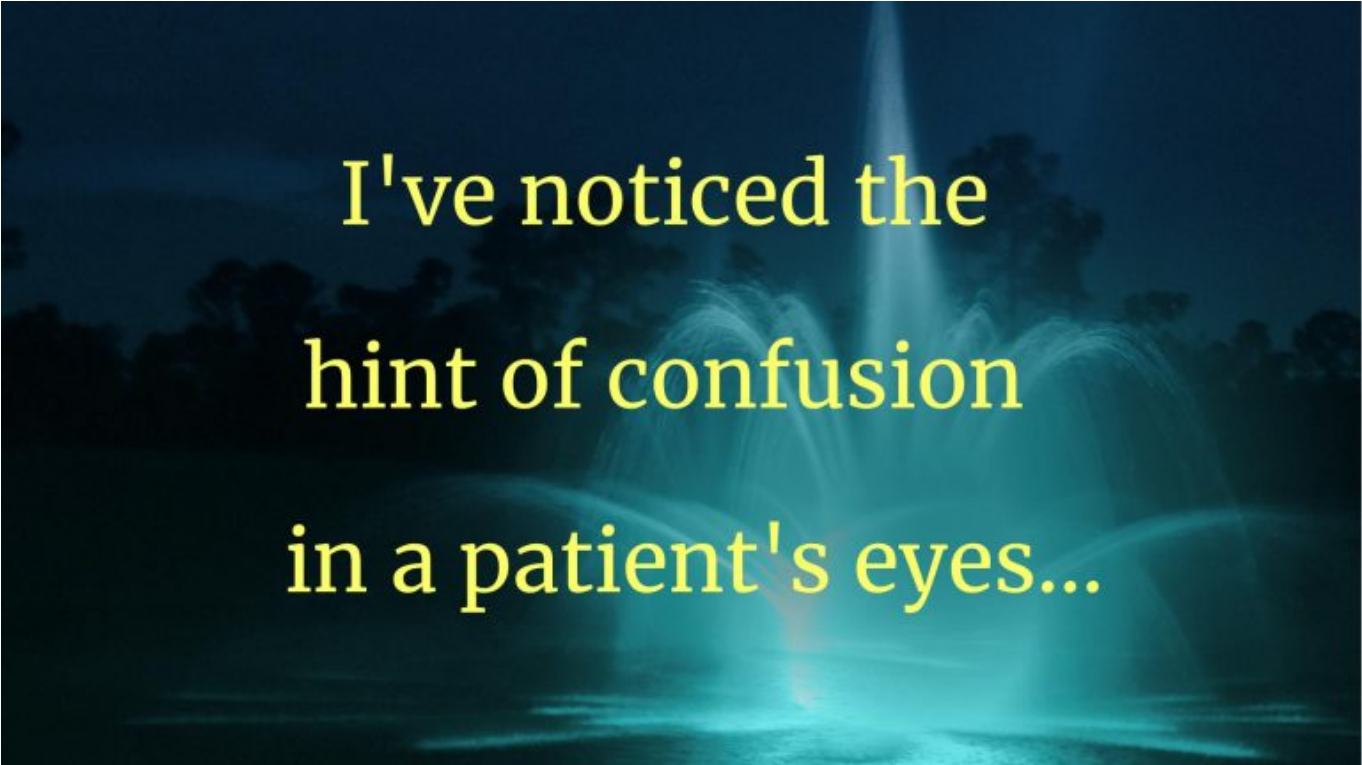


Black in Medicine

Category: New Voices

written by Jade Overton | February 6, 2024



I've noticed the
hint of confusion
in a patient's eyes...

Editor's Note: This piece was a finalist in the Pulse writing contest, "On Being Different."

I was a third-year medical student, anxiously waiting for our morning conference to begin and quickly reviewing the questions that might be asked.

I had stepped into the conference room full of residents a few minutes prior, timidly asking if this was the correct location. An attending physician I'd met only once confirmed that I was in the right place and directed me to the front row of seats. As I sat down, I realized that I was the only medical student present. Fighting the urge to bolt from the room, I pulled out my mini notebook.

At the podium, the attending physician cleared his throat, and the residents grabbed seats and looked at him attentively as he began to present the first case.

The style was similar to other morning conferences I'd attended—a summary of the patient's background, symptoms, vital signs, lab values and relevant social history.

Lowering my head to make a note, I heard: "Are they Black?"

I turned to the intern who'd spoken. Without stopping to think whether medical students were even supposed to speak, I said: "What makes you ask that?"

The silence was deafening.

Looking around tentatively, I noticed members of the mostly white group glancing at each other while avoiding my eyes. The room felt like the air had been sucked out of it.

Feeling awkward, I waited for the intern to clarify why skin color was relevant to the patient's medical treatment.

"Well, uh...", he stammered, "Um...well, African American patients may have different social and cultural practices that affect their health choices."

"The patient is *not* African American," said the attending physician, then continued with the presentation.

I was left with mixed feelings—relief that the patient wasn't a person of color, but also discouragement over the patients who are quickly stereotyped because they happen to be Black.

In my experience, some people of other races are eager to offer their opinions, yet hesitant to identify their biases. A white attending physician once admitted to me in conversation that he didn't understand why a Black female colleague was bothered by another physician's mentioning the variety of hairstyles she had sported recently.

"Couldn't they be complimenting your hairstyle?" he asked, not realizing that the constant focus on the Black colleague's appearance, and efforts to touch her hair, were typical of the many microaggressions that Black people face in the workplace.

In my own experience, being a double minority—both Black and female—means that I enjoy the double "luxury" of being stratified based on my skin color and underestimated because of my gender.

Throughout medical school I've often had peers openly tell me, or make statements clearly implying, that I'm benefiting from affirmative action or other programs that provide pathways into medicine for underrepresented students. Many professors and advisors have recommended that I pursue "lifestyle friendly" specialties such as family medicine or pediatrics, which allow more time to start a family, without considering whether this is my goal as a woman.

Medicine lacks diversity. The reasons for this are complex, with both racism and sexism playing a role. A little more than 5 percent of US physicians are Black. Our convoluted history has been shaped by influences such as the 1910 Flexner report, which reviewed medical education in North America and advocated policies that led, among other things, to the closure of all but two historically Black medical institutions. The report's recommendations also created steep barriers to women's attending medical schools. Although the number of female physicians has increased dramatically in recent decades, the field of medicine remains predominantly white and male.

I often feel sad to find myself questioning the educational and career

choices I made as an ambitious twenty-year-old, without knowing all of the hurdles, seen or unseen, that lay ahead. As much as I'm encouraged by my family and the uplifting quotes I read, I still have moments when imposter syndrome kicks in, and I wonder if I ever should have taken this path in the first place.

I've noticed the hint of confusion in a patient's eyes when I walk into the room and introduce myself as a medical student. My journey becomes more difficult when I feel I have to work harder than my white peers to obtain research positions or secure opportunities to shadow physicians. This comes partly from a sense that my network of connections isn't as vast, and partly from a sense that I need to offer attending physicians extra proof of my value. I delicately balance the art of faking it until I make it, while seeking guidance from mentors who have walked in my shoes, and doing my best to support other students of color who come after me.

Yes, this field can be exciting—learning about breakthroughs on the frontier of advancing medicine. But some days I feel defeated after losing a patient who looks like me, wondering what I could have done to prevent that, or wanting to improve overall medical care for patients of color.

During my obstetrics rotation, I helped to care for a young Black girl, in labor for the first time. She was a minor, and visibly afraid; her sister, not much older, was her only support. The patient was in excruciating pain, but was being denied an epidural.

"It's too late now...the pain will go away once the baby is delivered," said the nurses.

I vividly described her pain to my attending who, along with the anesthesiologist, approved the epidural. My patient had a much more comfortable birthing experience. Once I'd been dismissed for the day and had a moment to reflect, I realized how differently things might have gone if no one had been willing to advocate for her.

I often think about how I would describe the feeling of being "othered" in medicine.

It's feeling like an outsider despite being included in activities with my peers; like I may never break the glass ceiling separating me from those who are truly included. It's venting to my family after a long day as they sympathize, but don't truly understand the ins and outs of my experience. It's the feeling of standing between two worlds—not fitting in at the hospital, but also not truly fitting in at home with family and friends who chose different career paths. It's recognizing that some aspect of myself makes me stand out a little, like a puzzle piece that doesn't completely fit and drives me crazy as I try to figure out why.

Sometimes I hope that this sense of being or feeling othered will go away. But then I wonder, *If it did go away, would I lose the essence of what makes me unique? Would I be less relatable to those joining the field who look like me and need support? Would I end up being othered in a different way?*

I may never know the answers to these questions; meanwhile, I reassure myself that who I am is enough.

Or is it? Is this something I tell myself to lessen the bitterness that rises inside after years of feeling like an outsider? To soften the knowledge that I may always feel like I don't belong?

As long as medicine continues to treat racially diverse students and women as less than, viewing us as affirmative-action cases, I will always be an outlier.