



Decolonizing the journey to medical school (and medical school altogether)

LYNA SIAFA [MED 2]

We are at a turning point. We as a society are starting to acknowledge systemic racism and address it at many levels. We still have a long way to go before achieving equity, but the more we educate ourselves on the matter, the more we can hope to achieve it one day. **The aim of this article is two-fold: acknowledge and empower Black, Indigenous, and people of color (BIPOC) applicants, and inform the general population on systemic racism and the public health crisis it has caused.** I want to start by mentioning my personal bias: I am myself a racialized medical student who grew up witnessing and continues to witness to this day the inequities faced by BIPOC.

Awareness is rising about the fact that racism kills BIPOC. Racism constitutes a barrier to adequate education, employment, opportunity, and housing. It results in poor socio-economic conditions, which superimpose on the discrimination faced by BIPOC within the healthcare system to create poor health outcomes. As a result, Black Americans have higher risks of maternal mortality, diabetes, hypertension, asthma, and heart disease, amongst other things (Cornell University, 2020).

Let's talk about systemic racism and how it pertains to medical education. *It is no secret that ethnic background affects admission to medical school.* A recent study by Khan et al. developed an online survey to which 1388 students at 14 English-speaking Canadian medical schools responded (Khan et al., 2020). The study reported that respondents of the survey were more likely to identify as South Asian and Chinese, and less likely to identify as Black, Aboriginal, and White when compared to the 2016 Canadian census population (Khan et al., 2020). The Black Medical Students' Association of Canada (BMSAC) estimated in 2020 that there are 160 Black medical students in the 17 Canadian medical schools, which only represents about 1% of enrollment. We can thus conclude that there is a nationwide underrepresentation of Black students in medical schools. My personal experience has allowed me to witness it firsthand. As far as I know, only one student in my cohort (McGill 2023) self-identifies as Black, and the BMSAC reports that there are only between 1 and 4 Black students enrolled in each of the current McGill Medicine cohorts.



Medical Mentor Community

What accounts for this underrepresentation of people of color in the medical field? Well, there are numerous obstacles to applying to medical school, which may or may not apply to each individual BIPOC or non-BIPOC student (no generalization is intended). One example of a barrier to medical education is the MCAT itself. In 2020, taking the MCAT costs about 320\$, to which we must add the costs of purchasing books and online practice questions. Private courses to prepare for the exam can cost thousands of dollars and can take considerable time away from other important activities such as work. It is easy to imagine how the MCAT can thus constitute an important financial burden on lower-income (BIPOC and non-BIPOC) students and how students can be more or less prepared for the admission exam depending on their respective backgrounds.

If you identify as BIPOC, you might have encountered and continue to encounter some unique barriers created by a system designed to perpetuate and systemize race-based discrimination. Navigating your educational and professional lives as a racialized person can be especially difficult. Your journey might be challenging in its own way, but **I see you, I hear you, and I encourage you to continue to strive for the best.** It will all pay out at the end. It will be beneficial to you, as you will be achieving your dream of becoming a physician. It will be beneficial to your peers, as they will be enriched by their exchange with your culture and their discovery of different viewpoints and value systems. It will be beneficial to society as a whole, as it will form physicians that are more culturally competent and better able to meet the needs of culturally diverse patients, hopefully contributing to diminishing the healthcare gaps that are currently resulting in illness and premature death for the BIPOC patients.

If you do not identify as BIPOC, your journey to medical school is not any less valid. There are many barriers to medical education other than ethnic background, and no one's journey should be undermined. What I am doing here is trying to strive for justice for all ethnicities, and not trying to be divisive. It is a fact that diversity in medical school is important to address the population's needs in terms of healthcare, and this is what this article is emphasizing.

So what needs to be done in order to achieve change? I will address three starting points that I think are important.

1. Increase the number of students of color in medical school.

As an example, the University of Toronto MD Program has started a Black Student Applicant Program (BSAP), which aims to break down some of the systemic barriers preventing Black students from applying to Medicine and nurture an inclusive environment for all students. A lot remains to be done, but we are moving in the right direction one little step at a time!



2. Address systemic racism within institutions and curriculums

Racism continues to be perpetuated to this day through the selection process of medical school applicants as well as through the teachings of medical schools. To address this issue, McGill medical students are leading an effort to decolonize their medical curriculum by conducting an anti-racist curricular review. Students have noticed the lack of training about Black population health and have decided to take action.

For illustration purposes, let's look at one example of what would need to be changed in the medical curriculums. In many of my classes so far, lecturers have referred to "race" as a risk factor for many different diseases and conditions without expanding on how your race can increase your risk of disease. In fact, there is no genetic predisposition that Black people as a group have to a certain condition. On the other hand, structural racism, perpetuated even within our educational systems, creates bad health outcomes for the racialized communities. Racism is a major social determinant of health and needs to be named and addressed in order for change to occur.

3. Support BIPOC students.

Allyship is an important part of the anti-racist fight. Navigating a racially hostile environment can be traumatizing for yourself or some fellow classmates; recognizing this and becoming an ally can go a long way! Here are a few practical tips on how to be ally:

- *Don't be afraid to experience discomfort.* Identify your own stereotypes and work to change the racism that you internalized. Though it can make you feel uncomfortable at the beginning, it is an important first step to take. We are all humans who make mistakes; the important thing is to recognize them and work to correct them. This process applies to everyone - White people and BIPOC included;
- *Learn and educate yourself.* It doesn't have to take up a lot of your time. A resource that I personally like to use to educate myself is the Black Physicians of Canada Instagram page. This page often shares insightful and helpful anti-racist information especially relevant to the Health field.
- *Be mindful of how white supremacy manifests around you* and, consequently, how you can dismantle it.
- *Amplify the voices of BIPOC.* Use your own voice to share their stories and make space for your BIPOC peers.



References:

Black Physicians of Canada. Retrieved September 28, 2020, from <https://www.instagram.com/blackphysiciansofcanada/>

Community Contact Staff. (2020, August 17). Systemic racism contributes to inequities at med schools and in communities. Retrieved September 25, 2020, from <http://montrealcommunitycontact.com/systemic-racism-contributes-to-inequities-at-med-schools-and-in-communities/>

Cornell University. (2020). Racism as a Public Health Crisis. Retrieved September 24, 2020, from <https://health.cornell.edu/initiatives/skorton-center/racism-public-health-crisis>

Khan, R., Apramian, T., Kang, J. H., Gustafson, J., & Sibbald, S. (2020, May 12). Demographic and socioeconomic characteristics of Canadian medical students: A cross-sectional study. Retrieved September 24, 2020, from <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02056-x>

Soke, S. (2018, January 9). MD AIDE breaks down barriers to medical education. Retrieved September 26, 2020, from <https://www.ualberta.ca/medicine/news/2018/january/md-aide-breaks-down-barriers-to-medical-education.html?platform=hootsuite>

University of Toronto. (n.d.). Black Student Application Program. Retrieved September 28, 2020, from <https://www.applymd.utoronto.ca/black-student-application-program>

