



## “Real Talk”: How Physicians Can Have Healthier Conversations about Race and Racism

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“If you know whence you came, there are absolutely no limitations to where you can go.”

— James Baldwin

As the American Medical Association and the American Public Health Association declared racism as a public health issue, there was a question on many physicians' minds, myself included: how do we talk to each other and our patients about race and racism in a meaningful way when we may strongly disagree? (O'Reilly, 2020) Also, the traditional medical education and clinical training paradigm often skirted the topic of race, racism, and White supremacy. The history of medicine is also mired with racially biased discriminations of Black, Indigenous, and people of color (BIPOC) physicians and maltreatments of BIPOC communities (e.g., Tuskegee Study, Henrietta Lacks). How do we, as physicians, move progressively forward with the painful shackles of racism in medicine's past?

Race continues to be a difficult topic for most people, and the contemporary rhetoric seems to be increasingly divisive — It's “us” versus “them,” whatever characteristics we ascribe to the “them”-ness. More than ever, people on both sides seem to use epithets like “brainwashed” and “anti-American” to mark those whose beliefs oppose their own. In addition, we may feel particularly frustrated engaging in conversations on race and racism when it seems that “they” don't want to listen.

“Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that.”

— Dr. Martin Luther King Jr.

For our colleagues and patients who may be a “them,” how do we have these difficult conversations with light and love? As a member of the BIPOC community, I started this journey of equity work more than a decade ago, and I still often struggle with the intensity and discomfort of



race-based conversations with people, even loved ones, who share different identities or political views. Using the psychological framework of mindfulness, physicians can learn to navigate the intensely emotional waters of race and racism discourse.

### Start with Yourself

1. **Be prepared to experience strong thoughts and emotions:** I have a colleague, John, who went to a liberal arts college, volunteered at homeless shelters, and regularly listens to National Public Radio (NPR). John confided in me one day that he was “tired of feeling guilty for being a White man.” Some immediate unhelpful thoughts that crossed my mind were “How privileged it must be to not have to deal with race!” and “The daily suffering of minorities is more important than the inconvenience of your guilt!” My immediate thoughts were stemming from the visceral reactions of interpreting his statements as dismissive to the challenges of BIPOCs or invalidating to our lived experiences.
2. **Acknowledge that the other person is probably having strong thoughts and emotions too:** Throughout my clinical and academic work, I have heard numerous instances of people feeling enraged and even fearful to be perceived as “racist.” I could imagine that John may regularly hear that “White

people destroyed this... White people ruined that." As a member of that race, he may want to separate himself as someone who did not own slaves or commit any atrocities — one of the good guys.

3. **Recognize that those immediate visceral thoughts might not be helpful:** When we are offended or hurt, it is very easy to leap to an equally hurtful conclusion, such as "If you cared about me, you wouldn't say or think that" or "That person is racist." To further clarify, these immediate thoughts were important to acknowledge but ultimately unhelpful because they wouldn't necessarily progress our conversations on race. At this moment, it's less about being right versus wrong, and more about whether our approaches are *constructive* versus *destructive*.

### Build a Bridge with "Them"

1. **Get curious about the other side's perspective:** In high emotional contexts, it is tempting for us to listen to *respond* rather than to listen to *hear*. In John's case, it took a long time for me to hear that John was genuinely afraid that if he speaks up, he would be perceived as racist, which is a characteristic antithetical to how he views himself.
2. **Encourage the other person to express his or her curiosity too:** As John became more comfortable talking about race, he asked me one day why the discourse of equity still centers around race.



"Doesn't [being colorblind] mean that we're treating people exactly the same? Isn't that a good thing?" he asked. I have occasionally heard this same question posed in a potentially unhelpful way: "I thought you people wanted to be treated the same as everyone else."

3. **Lean into the positive intentions on both sides and assume they have the best intentions in "them":** Again, my instinctive thoughts were annoyance about the ignorance of the question and the disbelief that John didn't educate himself. However, I had to learn to trust that there was no malintent behind John's curiosity. Rather, his question reveals an underlying confusion, even in academic medicine, between two terms: equality versus equity. Well-intentioned people often have a hard time understanding why it would be a bad thing for BIPOCs to be treated the same as their non-minority counterparts. If we start from a place of "they have good intentions" (understanding this may not always be the case), we may be able to talk to one another about race without provoking an immediate (and possibly defensive) response.

### Cross the Bridge Together

1. **Challenge yourself to genuinely hear the uncomfortable other side:** I realized that others, like my friend, may not necessarily like the idea that some races are getting preferential treatment: we (and they) didn't get to choose our (and their) races. The tantalizing red herring about colorblindness, however, is the assumption that everyone is the same. If I had responded in the heat of those unhelpful thoughts, it may feel good for me to get those feelings off my chest, but I would have also announced to my friend that his thinking was unacceptable to me. I may have inadvertently conditioned him not to share with me any confusion or curiosity about race he may have in the future. My actions would have ended our discussions about race permanently.
2. **Have the actual difficult conversation by sharing your knowledge and your goals:** [Merriam-Webster](#) eloquently describes the difference between *equality* and *equity*: "Equal treatment does not always produce an equitable result." (Merriam-Webster, n.d.) Let's also imagine for a moment that everyone gets exactly the same treatment from the beginning — as an

infant. We would theoretically see a generally even distribution of health outcomes — that is to say, the same proportion of babies in each race would get sick from a particular disease or die. However, in reality, we see widespread **health inequities** based on race: BIPOC babies have a much **higher rate of mortality**, especially non-Hispanic Black babies. (Agency for Healthcare Research and Quality, 2020; Centers for Disease Control and Prevention [CDC], 2020)

John then told me, “Well, it’s not fair to compare the babies because the starting line actually starts with their parents.” And John was correct; it may be erroneous for us to believe that the effects of the previous generation don’t affect the current ones. Given the numerous historical tragedies the United States faced, what happened to our parents, grandparents, great-grandparents, and onward can still impact us in meaningful ways, such as accumulated wealth, social capital, race-based preferences in institutional structures, policies, and practices. If we truly want an equitable society, we cannot be colorblind.

3. **Radically accept that not all conversations will resolve the way you want:** It takes a lot of patience, courage, and love to ask “why”: Why do you believe all White people are bad? Why do you think being colorblind is a good thing? Or even, why should I care? We may not necessarily have any answers or resolutions, but we now have the opportunity to open the gate for mutual understanding. We may not necessarily agree with each other’s viewpoints, but we now have a deeper comprehension of why “they” developed those viewpoints.

**Remember to take care of yourself:** For BIPOC physicians, it can be very draining to take on the responsibilities of educating others about race. As BIPOCs, we carry the heavy responsibility of having more knowledge about race, and by virtue of our lived experiences with racism; we have an opportunity to share with others from a space of mutual understanding. It is concurrently valid to take a break from carrying that responsibility. The responsibility of educating others can be exhausting and endless, especially when you are one of the few BIPOCs in your workplace, health system, or organization.

## Final Thoughts

“A journey of a thousand miles begins with a single step.”

— Lao Tsu

As a prominent public health concern, racism powerfully affects the well-being and health outcomes of our BIPOC colleagues and patients. As physicians, we are often wary of making mistakes, and the discourse on race and racism can be nebulous and likely peppered with possible missteps. However, a concrete step on the health equity journey is to start the conversation about race and racism in the spirit of best intentions: be curious about our beliefs, ask questions about others’ ideologies, and bridge the gaps of understanding and commiseration.

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