

# Moving toward anti-racism

It is likely no coincidence that anti-racism movements are gaining traction during a pandemic. COVID-19 has enabled us to reflect on what matters most to us—what kind of society we want to live in, how to support each other, and how to improve our health care system. The pandemic has also highlighted gaps in our health care system and exposed even more disparities affecting the most underserved.

For example, it is well known that Indigenous\* patients have often experienced racism that has affected their health outcomes, and this might stem from a lack of knowledge among health care providers of their culture, history, and social context or from insufficient health care resources. We have also witnessed horrible events that have shone a light on the Black Lives Matter movement. We are striving for a country and health care system that are free of racism so everyone can attain equitable and culturally safe care. We have a long way to go to achieve equity and racial justice.

As long as there are inequities in health outcomes among different racial groups in our country, racism exists. As long as most leaders in the health care system are white, racism exists. As long as medical teachers and learners experience racism, racism exists.

Microaggressions, bias, and prejudice based on race are forms of racism. Talking about racism is uncomfortable. To advance anti-racism in health care we must first appreciate this discomfort and then act to address and dismantle racism.

When discussing the historical and societal context of racism one must consider white privilege, which might provoke a naturally defensive response. This term is not meant to undermine the hard work people have done to achieve their success. Instead, it recognizes that our structures favour and are grounded in what is valued by the dominant group, namely white people. This is evident in our medical schools but this also affords us the opportunity to eradicate racism at the beginning of medical training. A family physician who has never been racist still operates within a health care system where racism exists.

Many leaders, organizations, and institutions have released statements on diversity and inclusion, some focusing on racism, pledging to support equity and action. The CFPC put out its own statement on racism.<sup>1</sup> But there have been calls for more than just statements. It is not enough to be “not racist”; we must be anti-racist. A racist is one who supports racist policies through their actions or inaction or expresses a racist idea. Anti-racists support policies that

\*We use the word *Indigenous* as an inclusive term to describe First Peoples, or the people whose ancestors lived for millennia on lands now known as Canada before European colonization (First Nations, Inuit, and Metis).

Cet article se trouve aussi en français à la page 618.



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reduce racial inequities. Anti-racists actively express anti-racist ideas and firmly state that all racial groups are equal.<sup>2</sup>

Racism might not be immediately visible to white people. It is hard to examine oneself and recognize that the structures in place benefited certain groups over others. What can family physicians and physician leaders do to advance anti-racism?

- Take note of senior leaders in your organizations, committees, and boards; reflect on and address imbalances in power and privilege.
- Set goals to increase diversity among the leadership and change processes that might favour the dominant group.
- Challenge leaders to create plans to address racism with accountable outcomes. Publish and report on your steps.
- Explore how to be a good ally.<sup>3,4</sup>
- Learn about other cultures, their health status, and how they access the health care system.
- Talk with your clinical team about racism and discuss how to address racism in your setting through your Patient's Medical Home. Consider engaging with patients in your practice or community who might be affected by racism.
- Advocate as needed for patients of different cultures who face racism and other barriers to care.
- Challenge your medical schools to change admission processes to increase the number of students who are Black, Indigenous, or members of other racialized communities.
- Challenge leaders in medical education to examine and modify their curricula to include anti-racism and cultural safety. If you are involved in medical training programs, reflect on your privilege as a teacher and mentor.
- Read the CFPC's fact sheet on systemic racism and its health implications for Indigenous people.<sup>5</sup>

The CFPC's Section of Teachers hosted a webinar on addressing racism in medical education in July, and a recording of the session is available on the CFPC website. We encourage you to participate in similar discussions to advance the important conversation around anti-racism. Together we can create a more equitable health care environment for educators, learners, and patients. 🌱

#### References

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