

The Color of Medicine

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ABSTRACT

During my family medicine residency training, I was the junior doctor on the wards team when we encountered a young Black man who was hesitant to begin a new medication. I was also the only Black person on the team. After some initial trepidation about speaking up, I discussed my experiences with the patient and his mother and helped them see that the medication was not something to be feared. Later I faced criticism from a senior team member for bringing up the topic of race. Race is in fact an important consideration when treating patients. Understanding patients' lived experiences, especially when it comes to race, is essential in providing equitable health care.

Ann Fam Med 2024;22:65-66. <https://doi.org/10.1370/afm.3054>

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"You shouldn't talk about race with patients," said the senior team member as he turned his chair in my direction. Silence fell instantly almost with a thud upon the call room where we sat with the other members of the hospital wards team.

I paused to think about the patient encounter we just had. A young Black man lay in a hospital bed surrounded by mostly White men in white coats, with his mother sitting anxiously across the room. "I'm not comfortable with him starting blood pressure medication," she said. I glanced at her and saw the fear in her eyes as she added quietly, "This is all too much." Her son, who had been relatively healthy, found himself in a hospital room with strangers telling him he would need multiple medications moving forward. I said nothing at first. My confidence as an intern was not yet high enough for me to speak up in front of senior residents and attendings, all of whom were far more experienced and none of whom were Black like me.

The team, who prided themselves on providing excellent care, continued to discuss why this medication would be necessary. The patient's glance darted repeatedly from team members to his mother. Perhaps he saw concern or even distrust in her eyes. "No, we won't be starting that medication," she repeated. Only those in white coats knew the long-term ramifications of this decision. Stroke, heart disease, and kidney failure immediately came to my mind.

The other team members and I reluctantly turned to leave the room, but suddenly I mustered the courage to speak my thoughts. "I know this can be scary," I said finally. The door rattled shut as a dozen eyes fixed themselves on me. I urged the family to tell us more about themselves. They explained where they were from and their previous, albeit limited, experiences with health care. As the mother finished speaking, I thought: Maybe a better experience and regular follow up could have prevented this admission.

"The medication would make a big difference in his health," I said. She averted her gaze to the city skyline outside. "I know it can feel strange to have a group of White men walk in and tell you what to do, and then leave," I continued. "As the only Black man on this team, I promise you we have your son's best interest in mind. I'd give this to my father if he needed it." The son looked at me and then at his mother. That unspoken communication was unmistakable. Seconds ticked. "If he's OK trying it, then I'm OK," she said slowly.

The comment from my senior team member happened later, when our team had gathered in the call room. Don't talk about race. It isn't necessary. "The only reason this patient is getting the medication he needs is because he heard it from someone

Conflicts of interest: author reports none.

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who looked like him," I said while placing the medication order. The senior team member responded, "But we treat everyone equally here no matter their race, gender, ethnicity, and so forth." I agreed with him.

"Sometimes that's not enough," I continued. "Do you ever stop to think about the age or background of the people we treat here?" I talked about the fact that it had been only a little more than 60 years since our schools desegregated. "We treat patients who have never been in a classroom with someone who wasn't Black, and many of our patients grew up during the 'separate but equal' era and were 'redlined' into undesirable sections of this city without the opportunity to get a bank loan let alone good medical care." Saying these words gave me strength, and suddenly my hesitation about the possible repercussions of contradicting the more senior members of the team evaporated.

"It's important to talk about lived experiences, and for many of our patients that experience is shaped by the color of their skin," I said. "We may be the first doctors they've ever seen. Many of our patients are actually proud to report that they avoid the medical establishment."

My senior team member pushed back with, "We are treating everyone as equals here, so there is no need to bring race into it." The tension in the room was building as it was clear neither of us intended to end this conversation. "You may refuse to see our differences, but that does not mean our patients choose this too," I replied. "I've had Black patients tell me they don't want Black doctors because they grew up being taught Blacks don't go to school. White patients have shared the same sentiment with me."

"I am not from America, but I notice a difference in how Black people are treated here," a senior resident said softly. "It's important to hear how others are feeling and experiencing their environment because it may not be the same as your own." My senior team member shook his head and "politely disagreed."

I write about this encounter not to belittle anyone, but to continue the conversation that is so desperately needed in residency education. The way people grew up and what was going on in the country during those years can drastically change how someone views health care.^{1,2} The color of one's

skin can also change the care they receive, both consciously and unconsciously.^{3,4} Race and racism are concepts that are completely appropriate in the clinical setting, even when such conversations feel awkward.⁵

As the only Black man in my residency program and someone who has been confused for the cleaning staff on many occasions, I think it's important to continue to shed light on the need for diversity in medicine. This applies not only to Black people, but to a myriad of other under-represented groups. Despite the growing body of research demonstrating that racial concordance results in better trust, better care, and better health outcomes for patients, the profession of medicine continues to lag in recruiting under-represented groups. Given this dilemma, it is important to foster open discussion about race and its impact on the patients we treat.

Growth happens in uncomfortable places. On that day, I invited my team to join me in a space of growth, compassion, and understanding.

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Key words: race and health care; health care inequalities; cultural competency; implicit bias; minority health; medical education

Submitted March 13, 2023; submitted, revised, August 29, 2023; accepted September 19, 2023. Key words: race and health care; health care inequalities; cultural competency; implicit bias; minority health; medical education Submitted March 13, 2023; submitted, revised, August 29, 2023; accepted September 19, 2023.

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