# Systemic bias: Breaking down barriers and improving our health care processes

"Remember, upon the conduct of each depends the fate of all." – Alexander the Great

Over the past several months, the unrest across the globe has pushed us to look deep within ourselves and acknowledge that we all carry certain opinions and prejudices about others that influence our behavior. Unconscious biases are what we think or believe based on color, race, gender, culture, age, physical appearance, and much more. Discrimination is when we act on those biases. No one is immune, because in many ways we define ourselves by our differences, our individual history, and our lived experiences.

Nowhere is bias more apparent than in the historical experiences of our First Nations, Inuit, and Indigenous peoples, alongside other racial minorities. I can trace my ancestry in Canada to White settlers who came north with the Loyalists in the War of 1812. My relatives were involved in homesteading, farming, fishing, logging, providing medical care, and engineering our cities across Canada. This is a very brief parallel history compared to those who inhabited the land for centuries before us. While there are many examples of my family's shared work on food security, watershed protection, fisheries protection, and respectful cultural engagements, we were far from truly integrated. I acknowledge this disparity—and my own privilege—up front, as it colors my own perspectives and biases.

When reports of systemic racism were first brought to light this year regarding the allegations of discriminatory games played in some emergency rooms in BC, the majority of us recoiled in shock, disbelief, and dismay. Many could not believe this practice existed in today's world. My response was clear: there is no place for racism in our communities, profession, or health care system. We can do better, and we need to be better for our patients. Basic respect and dignity should be a given, and should not have to be earned by anyone when seeking health care.

We are fortunate in Canada that our modern medical profession is composed of a diverse group of physicians from a multitude of cultures, each with characteristics and human fallibilities reflective of our population. We are ready to make that tremendous leap forward, openly acknowledging that prejudice and biases exist in our professional culture and training. We are prepared to begin the hard road toward improvement.

Recently, it was my very great pleasure to participate in the BC Physician Integration Program orientation for practice-ready international medical graduates organized by UBC CPD for both specialists and family physicians. The agenda introduced many aspects of health care delivery here in BC, including an introduction to Indigenous health, cultural considerations in communication, and physician health and wellness. While cultural considerations in communicating effectively with patients are not unique to BC, or global health care delivery, emphasizing this important aspect of care at the outset of our medical careers is critical to our success.

Early introduction to resources such as the San'yas Indigenous Cultural Safety Training (www.sanyas.ca) and Trauma-Informed Practice Guide (https://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf) has the potential to significantly increase awareness of our own internal biases and help us to make conscious decisions to address these biases.

As well, in 2018 Doctors of BC signed the Declaration of Commitment on Cultural Safety and Humility in Health Services (www.doctorsofbc.ca/news/supporting-cultural-safety-first-nations). This declaration is our commitment to partner with the First Nations Health Authority to advance cultural safety and humility, which in turn is based on mutual respect, understanding, and reciprocal accountability during every encounter with our First Nations patients.

It is incumbent on us to understand the traumatic past that Indigenous peoples survived, including residential schools, the sixties scoop, malnutrition studies, and so much more. In many cases, this trauma manifests itself as mistrust of the health care system. These resources should assist in ensuring practitioners can approach patients from a place of appreciative enquiry. It is important to remember the multitudes of experiences that exist in BC, and how these experiences and cultures may affect how health care is accessed and delivered. While I completely respect that breaking down long-held, often unconscious, prejudice is difficult, naming and owning the disconnection is an important step toward respect, inclusion, and optimal patient care. We begin at the beginning.

For our part, Doctors of BC's Board of Directors accepted all 57 recommendations of the Diversity and Inclusion Barrier Assessment Report (www.doctorsofbc.ca/advocacy-and-policy/advocacy/hot-topics/diversity-and-inclusion) and is currently establishing the best approaches to implement them. But some of this important work has already begun. The Diversity and Inclusion Working Group has been formed; its role is to provide input into implementing recommendations from the Barrier Assessment report and to develop a high-level diversity vision statement for Doctors

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experiences.[1] Recent research[2] highlights the enormous benefits of patient-physician concordance on health care outcomes for minority populations and shows that it can reduce widely held biases, boost effective communication, and increase trust. More importantly, this research found that when Black physicians cared for Black newborns, the newborn mortality rate can be reduced by half.[2]

While creating greater support for Black students to enter medical school is just a small part of our collective battle against racism, it is a clear step in the right direction. Thus, medical schools in Canada have a responsibility to ensure that Black students have the best opportunity to matriculate and be successful in medicine. It is important to recognize that the lack of equitable representation among medical trainees is a huge barrier to building an efficient and inclusive health care system in Canada.

We must acknowledge and reflect on previous barriers that have been set up by Canadian medical schools against Black students. An example of a direct barrier in Canadian history is Queen's University's official ban preventing the admission of Black students that was enforced from 1918 to 1965.[3] However, it was not until very recently, in autumn 2018, that this ban was officially revoked.[3] This example provides a sense of the discrimination that Black students have faced and continue to face when entering medical school. Additionally, some of the barriers described in the literature for Black applicants entering medicine include enormous financial difficulties, the complex nature of admissions, and unsupportive advisors.[4] Hence, we can understand that there are plenty of challenges that Black applicants face when applying to medical school. Moreover, evidence[5] from examining the bias of medical school admissions committees shows statistically significant ($p < 0.05$) race bias among admissions committee members favoring White applicants. Long-standing racism, significant barriers, and the bias of admissions committees underscore the need for alternative pathways that minimize negative biases to successfully admit Black students into medical school.

Of the 17 medical schools in Canada, only four have optional entry paths that separate Black medical students from the general stream **[Table]**: the University of Toronto, the University of Western Ontario, the University of Calgary, and the University of Alberta. These separate entry pathways are important to ensure that Black students are evaluated in a holistic manner free from negative biases,[5] as evaluators are composed of Black community members and faculty. It is important for these pathways to be expanded to all 17 Canadian medical schools. Canadian medical schools should take a collaborative approach, developing programs among each other and in consultation with Black applicants, community members, and faculty, so that we can truly listen and support Black applicants in the best way possible. It should be a responsibility of all medical schools in Canada to ensure that they create and consistently evaluate programs that allow Black applicants to become successful in entering medicine.

Alternative entry pathways are important to support Black students matriculate into medical schools. However, we must remind ourselves that these pathways constitute only a small part of our overall approach in dismantling the systemic racism that is present in Canada; it is necessary to bring innovative and forward-thinking solutions to this long-neglected health care disparity. Much larger systems-level changes tackling racism are needed as well.[1]

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**TABLE. List of Canadian medical schools and whether or not they have separate entry pathways for Black students.**

| Canadian medical school | Separate entry path for Black applicants (Yes or No) |
|---|---|
| University of Alberta | Yes |
| University of Calgary | Yes |
| University of British Columbia | No |
| University of Manitoba | No |
| University of Newfoundland | No |
| Dalhousie University | No |
| McMaster University | No |
| Northern Ontario | No |
| Queen's University | No |
| Western University | Yes |
| University of Ottawa | No |
| University of Toronto | Yes |
| Université Laval | No |
| McGill University | No |
| Université de Montréal | No |
| Université de Sherbrooke | No |
| University of Saskatchewan | No |


**References**

1. Dixon M. Anti-Black racism in medicine and in our glorious and free nation. BCMJ 2020;62:205.
2. Greenwood BN, Hardeman RR, Huang L, Sojourner A. Physician-patient racial concordance and disparities in birthing mortality for newborns. Proc Natl Acad Sci USA 2020;117:21194-21200.
3. Vogel L. Queen's to redress harms of historic ban on black medical students. CMAJ 2019;191:E746.
4. Hadinger MA. Underrepresented minorities in medical school admissions: A qualitative study. Teach Learn Med 2017;29:31-41.
5. Capers Q, Clinchot D, McDougle L, Greenwald A. Implicit racial bias in medical school admissions. Aca Med 2017;92:365-369.


## PRESIDENT'S COMMENT

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of BC. As well, unconscious bias training for members of our governance structures, including the Board, statutory and standing committees, the Joint Collaborative Committees, and the Representative Assembly, will take place over the next year. It is part of our commitment to support greater cultural diversity and inclusion, and our efforts to combat racism and support cultural safety within our membership.

Doctors of BC is collaborating with all of our partners, government, and health authorities, including the First Nations Health Authority, to break down barriers and improve our health care processes. This cannot be done in a vacuum. Only together can we reach our full potential. We will collectively strive to find our similarities, that common ground of humanity and respect that links us together. Only then will we be at our best as a society, and as a profession, best equipped to meet the needs of all our patients. ■

**—Kathleen Ross, MD**
**Doctors of BC President**