Women have historically been vastly underrepresented in clinical trials. Black women even more so.

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In *Black-White Health Inequalities in Canada*, the researchers analyzed multiple health outcomes such as diabetes, hypertension, heart disease, and mental health. One of their conclusions was that “race-based discrimination, a lifelong stressor, contributes to the development of hypertension . . . and to insulin resistance.” The On the Margins project undertaken in rural Nova Scotia concluded that, “any future research [on Canadian Black women] be undertaken with the recognition that race interacts with numerous other variables and experiences [that] determine health.” This concept was echoed in a December 2019 publication by Chief Public Health Officer of Canada Dr Theresa Tam, in a report titled, “Addressing stigma: Towards a more inclusive health system.” A highlighted excerpt from the report calls on us all to stop the “slow and insidious practice of dehumanizing others.”

Systemic racism relates to systems, which we can control and change. This can be differentiated from individual racism, which refers to “assumptions, beliefs, and behaviours,” conscious or unconscious that are, arguably, more difficult to change. Recognizing the way our health systems discriminate, and actively working to fix them, will promote change and fairness. The data, scant as they are, indicate that addressing systemic racism will lead to better health outcomes for Black women in Canada.

We all have a role to play in this problem and in its solution.

I am pleased to “turn the pages over” to an invited contribution by Dr Marjorie Dixon.

**References**

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Anti-Black racism in medicine and in our glorious and free nation

Dr Dixon details some of the racism she has experienced as a Black physician in Canada.

Marjorie Dixon, MD, FRCSC, FACOG, REI

Why did you go into medicine? I find it curious that I still get asked this question, 15 years into practice. “Were your parents doctors?” Or “Was your father a businessman?” It’s as if being a young, Black, female doctor and entrepreneur simply doesn’t compute in the minds of the average non-Black individual. I went into medicine as a Black woman of Jamaican Canadian heritage, embracing the ideals of non-maleficence and filled with the requisite zeal and optimism expected of a future medical professional.

And let’s be honest: I knew about the disparities that existed with access to care and in particular for women who looked like me. It was (and remains) a well-known fact in our community that Black women routinely encounter barriers to care. We have learned that in order to receive equal health care opportunities, we must advocate loudly for ourselves. The system simply doesn’t work well for us. I had personally witnessed colleagues dismissing, not validating, minimizing, and exhibiting bias where Black women were concerned as they presented with a host of women’s health and fertility issues. I did my best to “be the voice” and speak up, encouraging my compatriots to not be ignored, that their race-specific health issues mattered.

But when it came to me—looking like me and in my role as physician/practice owner—I learned to be quiet about the discrimination that I experienced throughout my training and career. I didn’t want to make anyone feel uncomfortable. After all, what purpose would this serve? I didn’t quip back when a colleague mused that I likely got into medical school “because I filled a minority quota.” I guess it had nothing to do with my 4.0 GPA. Another colleague in recent years was chatting casually with me between surgical cases. She felt at ease with me and thus a bold statement ensued: “The only reason that you are in the position that you are right now is because you are Black, pretty, and well spoken”. I had no words. And yes folks, this was right here in Canada.

So now that we have identified anti-Black racism in medicine and our glorious and free nation, we must continue to name it, speak out about it, and begin to do the hard work involved in changing the systems that have enabled it. And these must be big changes. I recently read that there was only one Black medical graduate from the University of Toronto’s medical faculty, class of 2020. We can, and must, change the system so that the people treating patients are actually representative of the very population whose lives depend on them. And thus, the specific health issues of our community will be addressed—finally and at long last. May this Black Lives Matter movement be the impetus to that very change.

Dr Dixon is an assistant professor at the University of Toronto. She is a subspecialist in gynecologic reproductive endocrinology and infertility and founder of Anova Fertility & Reproductive Health. Dr Dixon is a member of the Black Physicians Association of Ontario and past recipient of the YWCA Women of Distinction Award and RBC Canadian Women Entrepreneur of the Year Award.