Vaccine advice

I was sitting in our back clinic office with a few other doctors when a colleague entered and said, "I'm so tired of talking about the COVID-19 vaccine." We all laughed because I had said the same thing just a few minutes earlier.

Why are we so tired? In family practice we spend a fair bit of time and effort with minimal success on educating patients about diet, exercise, smoking cessation, and safe levels of alcohol consumption. We advise about lifestyle changes, often until we are blue in the face. So what is the difference in talking to patients about the benefits of the COVID-19 vaccine? I think it's because when we advise on lifestyle, we're not met with contrary views, and patients do not come back at us with comments like:

- I don't think eating healthy is safe.
- There's a lot of controversy about stopping smoking and whether it's good for you.
- I've heard the studies suggesting weight loss were rushed.
- I read that quitting drinking can lead to infertility.
- They put microchips in running shoes, you know.

In general, patients are aware that being overweight and sedentary are not good lifestyle choices. They also agree that excessive alcohol consumption and cigarette smoking can lead to adverse health outcomes. Social media is devoid of influencers discouraging individuals from giving up smoking, reducing alcohol consumption, exercising, or eating healthy. So why the deluge of content from antivaxxers and conspiracy theorists?

Around 30% of individuals are unlikely to voluntarily receive a COVID-19 vaccine.

Lately, I have become curious about the single-minded focus these individuals have against the COVID-19 vaccine. What is there to gain by disseminating unsubstantiated information that leads to fear and distrust in the population? Surveys consistently identify that around 30% of individuals are unlikely to voluntarily receive a COVID-19 vaccine, which boggles my scientific mind. This vaccine refusal likely has many factors at play, such as distrust of the medical system, a fear of science, religious beliefs, conspiracy theories, and faith in a natural ability to fight infection, just to mention a few.

Regardless, how can a rational individual believe a vaccine that has been around only since late 2020 can cause infertility when the average human gestational age is longer than this length of time? This is a common reason younger woman of childbearing age have been giving me lately for vaccine refusal. A quick online search revealed that a German epidemiologist had theorized that since a protein found in placental tissue had minor similarities to the COVID-19 spike protein, cross-reacting antibodies were possible. However, as expected, the unlikely development of these placental antibodies has not occurred.

Even more unbelievable are social media videos of individuals sticking fridge magnets to their upper arms postvaccine as proof of embedded microchips. I was able to stick a fridge magnet to my forehead after licking it (same as the spoon trick).

Stuff like this is making us in primary care all a little frustrated. However, we are unlikely to give up as a few changed minds could save a life. The challenge is how to change those minds without exploding ours. ■ —DRR

Say my name

I was given the name Sukhjiwan; it is pronounced "Sook-Jee-Vun." It is a Sikh name that, in Punjabi, translates to "happy life." So, why do I go by the name Jeevyn?

When I entered elementary school, no one (not even my teachers) could pronounce my name. As a young student, I always felt anxious when a teacher read through a roll call. I became more anxious as the teacher worked down the list. It was always the same. The awkward silence before the teacher attempted to say my name, followed by the teacher's epic failure to pronounce it, accompanied by giggles and guffaws from my peers. Sometimes, rather than obliterating my name, teachers would skip over me altogether. One classmate gave me the name Sooj or Soojiwan. This name stuck with me until grade 12. Rarely would someone take the time to ask me how my name was actually pronounced. I felt embarrassed and ashamed of my name. I blamed myself for having such a difficult name. Because of this, I felt less important than my peers.

I do realize that Sukhjiwan is not the easiest of names to pronounce. For those not familiar with the Punjabi language, I think it can be intimidating to look at. So, when I started college, I took matters into my own hands. I decided to call myself Jeevyn. This was not to far off from what I was called at home (Jiwan), so I did not perceive it as being a stretch. Jeevyn was a shorter and easier-to-pronounce version of my name. In Punjabi, Jeevyn means "life."

My father's name is Avtar, which means "incarnation of God" in Punjabi. Shortly after immigrating to Canada in 1969, my father started working. It was decided by his peers that he would be called Andy. Avtar was deemed too difficult to say or not reminiscent of a Canadian name. Andy is not a bad name, but it wasn't his name. When I asked my dad about this experience, he said that he didn't have a choice in the matter. He was renamed without his approval.

Many people have names that could be considered difficult to pronounce. Surely my story is not unique. So, why do I mention it? Because despite us living in a multicultural world, there are many people of different races and ethnicities who shorten or change their name to fit in. However, by transforming their name, these people essentially lose their identity.

I recently listened to my sister talk about the need to craft a safe BIPOC (Black, Indigenous, People of Color) group in health. As she talked about racialization and microaggression, I realized that the mispronunciation of my name, or lack of effort to even try, was, in fact, a microaggression. By definition, a microaggression is a "verbal, behavioral, and/or environmental insult minority group members experience from the dominant culture." Microaggressions occur on a daily basis. These insults and slights may be intentional or not on the part of the dominant-culture member. Because the minority member does not know the motive behind the act, they may feel hurt, angry, or confused.[1]

Although racism has always existed in Canada, recent events have shown us how racial discrimination continues to oppress many members of our society.

Although racism has always existed in Canada, recent events have shown us how racial discrimination continues to oppress many members of our society. On 10 May 2021, the Day of Action Against Anti-Asian Racism was recognized. Despite this celebration, the intrusion of COVID-19 has been met with a 700% increase in anti-Asian sentiments in cities such as Burnaby. Furthermore, the continued aggression and violence toward Black people in the United States and Canada has necessitated the need for movements such as Black Lives Matter. Finally, the *In Plain Sight* report released in BC highlighted the continued racism Indigenous people face by the health care system.

Although most people would say that they are not racist, it is important to recognize the racism and colonialism that are engrained in our societal structures, cultures, and policies. As people may engage in microaggressions without recognizing it, we are all obligated to recognize the role we may play in perpetuating racism. For a start, we should recognize that the ignorant mispronunciation of someone's name is, in itself, a form of microaggression. A person's name can have strong affiliation with a person's culture, language, and sense of belonging. By failing to take the time to learn how someone's name is pronounced, we show disrespect to the person. This not only results in othering the person, it can also lower that person's self-worth.

What do I hope to leave imprinted in the mind of the reader? It is my sincere hope that we, as physicians, take the time to understand each patient's culture, worldview, values, and identity. This can start by learning a patient's name, asking about a patient's name, and learning how to pronounce a patient's name properly. ■

—Jeevyn K. Chahal, MD

Acknowledgment

I'd like to thank Raj Chahal, MSW, RT, for contributing to this editorial.

Reference

1. Hays P. Addressing cultural complexities in practice: Assessment, diagnosis, and therapy. 3rd ed. American Psychological Association; 2016.