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# The anxiety of underrepresentation

There were very few African American men in medical school at the University of Minnesota when I was a student. In one way, I felt extremely fortunate to have the opportunity to be in training as a physician; in other ways, this conveyed a large sense of responsibility to advocate for patients like myself. But in the context of the immense power differential between faculty physicians and students, knowing when and how to speak up is difficult.

One of the most challenging instances during my time as a medical student occurred when an attending was describing to a group of students a heartfelt interaction with a patient's family, saying that the patient's daughters had come from the South to visit, and that they were always beautifully dressed when they came to see their father, wearing formal attire and large, colorful hats. I was shocked when she said, "You could call them 'Southern belles,' but they weren't the right color." I still regret not explaining to her how that statement was not only a poor misrepresentation of reality (there are Southern belles of all colors), but also, more importantly, conveyed a large degree of cultural assumptions to students in a way that could impact their ability to interact with such families in the future.

Not saying anything might have been the correct action at the time; I received negative feedback soon after when other students complained to faculty about my "preaching" because I had talked to them (without any faculty present) about the privilege of being educated (and primarily white) medical students when they expressed frustrations at patients not taking their medications appropriately or not wanting to quit smoking.

I continue to experience this same cognitive dissonance of action versus inaction; I want to move these conversations with fellow physicians forward, but at the same

time, I don't want to jeopardize my own role as a colleague. Patients of color and other underrepresented populations have shared similar anxiety about advocating for themselves and at the same time fearing they might upset the treating physician and their care. If these kinds of conversations are difficult for me, someone who himself works in health care, can we expect to rely on patients to speak up when the barriers to these discussions may be much greater?

There is plenty we can do regularly, starting with making sure we are asking patients, particularly those who may be underrepresented amongst clinicians, whether they feel all their concerns have been met, and giving time and space for such a conversation to happen. If we see a patient (or student) as "difficult," we can ask ourselves whether there may be a cultural or privilege gap that affects our understanding of their experience—and whether even describing them in this way to the health care team is advancing what we are trying to achieve.

We cannot forget that everyone is an individual and that we physicians are generally in a position of power. We must do our best to make space, especially for those who have been underserved, for our patients to teach us how to do better. It's just another part of our lifelong learning as a physician. **MM**

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