It's time to end racism in our profession: an open letter to the New Zealand medical community

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ABSTRACT

This is an open letter to all medical professionals in Aotearoa/New Zealand in response to a recently publicised incident at a medical conference held in late 2020, where racist and offensive remarks were made about Māori to an audience of medical professionals and an invited Māori delegate. The incident brings to light cultural flaws in our profession that implicitly allow this type of behaviour to exist and negatively impact Māori patients. The challenge to our profession is to be honest, reflect on what we can learn from this incident, and bring about cultural change through personal reflection and collective action.

Tēnā koutou katoa,

I am writing this open letter to all medical professionals in Aotearoa/New Zealand in response to an incident at a meeting of the Urological Society of Australia and New Zealand (USANZ) held in Queenstown in November 2020 during a debate on why Māori men were reluctant to undergo rectal examination for prostate cancer screening. What was said is publicly known.[1] Like many others, I found out about this event through the media. I feel compelled to say something, both from the perspective of a Māori doctor and a Māori man.

This incident brings to light cultural flaws in our profession that, despite years of advocacy, education, and health policy development, still allow biased and racist behaviour to occur in our ranks. A few things stand out:

- A colleague failed to recognise their remarks were offensive, ignorant, and racist, followed by showing of an inappropriate image.
- A colleague felt comfortable enough to make those remarks in a medical forum and in front of an invited Māori delegate.
- An audience of colleagues apparently responded with laughter.
- Society leadership recognised the indiscretion but did not inform the relevant board of this serious event in a timely manner.[1]

It is foolish to think this was merely an individual error of judgement. Neither should this error be attributed to one subgroup of clinicians. The collegial environment permitted this speaker to make those comments without thought or fear of immediate consequence. Some might trivialise such incidents as a joke, not meant to be taken seriously. The audience response might even appear to endorse what was said. The real concern is that these are colleagues who deliver medical care to Māori, and it is disingenuous to believe that clinicians can harbour this duality of perspective without it negatively impacting on Māori patients.

Māori understand this behaviour. Māori have been subjected to racism since this country was colonised. Māori doctors see this kind of behaviour routinely during training and clinical practice, across many different disciplines in medicine. Māori patients easily detect these behaviours in clinicians. For Māori, receiving healthcare is not just a transaction, it is a sharing of trust and mana with a system that maintains a large power imbalance over them.

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When Māori patients see these behaviours going on, trust is severely eroded, and the response is disengagement.

The question posed during the debate was in fact answered through the conduct of both speaker and audience. The effect was to diminish the mana of Māori patients and Māori men.

Our profession needs to rapidly come to terms with this incident. We need to look beyond the details to the underlying causes. It is hypocritical of us to claim we are addressing systemic inequity and racism when we perpetuate a medical culture that implicitly allows behaviour like this to occur. Policies alone do not change hearts and minds, and it is pointless performing culturally enlightening tasks without meaningful self-reflection into our own biases and world views that are often closely tied to our values, culture, and identity. This is our collective problem, but the collective response begins with a personal challenge to us all.

We need to be honest. We must acknowledge that bias and racism exist in our house. Whether we like it or not, they are truths we all must accept. We need to talk to one another about these uncomfortable issues. We have to accept that our patients may have different world views to us, and that it is our job as clinicians to bridge the gap. We need to understand how our individual biases can negatively affect the care we provide. We have to accept the need for change. We must unite to foster a medical culture that demands equity and respect towards patients and colleagues. We need to develop systems, policies, and leadership practices that allow no room for racism to be expressed. We must hold one another accountable. We must learn from our mistakes.

We all need to own this. We all need to be better than this. Our Māori patients should not be made to wait for the individual catharsis of doctors[2] to receive fair and equitable treatment.

Competing interests:
Nil.

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