All Doctors Should Be Activists. Sincerely, a Psychiatry Intern

Amanda J. Calhoun¹

Received: 30 March 2020 / Accepted: 28 April 2020 / Published online: 18 May 2020
© Academic Psychiatry 2020

“He’s autistic! He’s autistic! I am trained to handle him. We are fine!” the paraprofessional screamed. Her words could not protect him. The security guard threw the young, Black man on the ground in the Science Center, fastening handcuffs so roughly they would leave bruises for weeks. That man was my brother. When I heard the news, I had a few seconds to compose myself before returning to my patients.

I am an intern learning pediatrics and psychiatry. I am also an activist. Some would advise me to focus on doctoring “for right now,” and then later, challenge the system, but I disagree. I disagree because, right now, people with mental disabilities, especially disabled people of color like my brother, are more likely to be killed by the police compared with their neurotypical counterparts [1]. I disagree because, right now, hospitals are more likely to report Black and Latino families for child abuse, and more likely to avoid reporting comparable situations in White families [2]. I disagree because, right now, African American patients with major depressive disorder are more likely to be misdiagnosed as having schizophrenia, in part due to racial bias [3]. And the list goes on.

These statistics roll through my mind, like movie credits, all the time. These statistics are constant reminders that it is not just about my experience. It is not just about my brother being brutalized by a security guard or my grandmother dying of breast cancer because she received subpar medical treatment due to the color of her skin. It is about the pervasive issue of systemic racism against people who look like me. This is a problem for our patients, right now. And if we call ourselves doctors, if we call ourselves leaders and protectors, then we should call ourselves activists.

I am not just an intern; I am one of less than 3% of doctors who identify as Black or African American women. “Wow! You are my doctor?” my patients have exclaimed countless times, their eyes widening with admiration. The mere

existence of my brown face in a white coat is a statement. It is a statement to young children that doctors can indeed look like me, when, historically, they have not. It is a statement to Spanish-speaking patients that they deserve quality care, equal to that of English speakers, when I ask them if they have questions, in Spanish, only to find that they had a myriad of questions, but the doctors caring for them just didn’t have time to call an interpreter that day. It becomes a movement when my colleagues proclaim how “especially terrible” child abuse is in Native American reservations, and I counter: “Isn’t it true that systemic racism and discriminatory laws can place any population in a position of desperation and at higher risk for child abuse?” It shouldn’t just be me asking these questions. It shouldn’t just be me challenging the way our minority patients are viewed. To me, it is clear; all doctors should be activists, but what is obvious to me, is a source of humor for others.

One day, I was listening to patient report from my senior resident. “My patient’s family asked me if we were experimenting on her. Obviously, no one would do that!” they guffawed, with the implication that the family’s suspicion had no realistic basis. My face appeared calm, but, inside, I was irate. Had they never been educated on Henrietta Lacks, Havasupai, or Tuskegee? Were they unaware that renowned institutions have continued to conduct documented unethical research on minorities as recently as the 1990s? [4]. Do they know that Black college graduates are more likely to die from preventable perinatal complications than White high school dropouts, in part due to racial bias and neglect [5]? Had I ever confided in them that I, as a Black woman, am afraid to have kids for that reason? Here is what I wanted to say to my colleague: Many patients who look like me do not trust the medical system because the medical system has not yet proven itself to be trustworthy. And although I am a proud member of the medical system, to be honest, I don’t always trust it either.

But I said nothing to my fellow resident. After all, the medical system is composed of people. It is not immune from sexism, racism, or any other isms. Sometimes, I speak out, and sometimes, I keep quiet. Knowing when to do what is an art.

✉ Amanda J. Calhoun
Amanda.calhoun@yale.edu

¹ Yale University, New Haven, CT, USA

Making the wrong choice can be damaging. But sometimes, I take that risk. When I hear colleagues say, “this kid doesn’t look like she would do drugs!”, I inquire, “What does a kid look like who does drugs?” When I am constantly called by the names of other Black female interns, as if we all look like, I cannot help but declare, “Wrong one!”, because responding with laughter is less distracting to my work than anger. But sometimes, being upset is unavoidable.

My patient was an adorable little girl who wore her cocoa-colored hair in two neat buns on either side of her head. She leaned toward me and whispered, “Sometimes, I notice things, like, I’m treated differently than other patients, you know, because of how I look.” She lifted up her arm and pointed to her skin, which was a lovely hue of chestnut brown. I sighed. She wasn’t the first patient I’d heard tell me this, and she wouldn’t be the last. I smiled at her, blinking back tears. “I’m working on it,” I promised her.

I am not just a doctor; I am also an activist. But maybe, they should be one and the same. Maybe, being a doctor puts me in a position to slowly start chipping away at an engrained system of unfair treatment. Maybe, social justice shouldn’t be an optional course, but required curriculum. Maybe, one shouldn’t have to be part of a marginalized group to fight for equitable treatment. And maybe, just maybe, all doctors should be activists. Sincerely, a psychiatry intern.

Compliance with ethical standards

Disclosure The corresponding author states that there is no conflict of interest.

References

1. Saleh AZ, Appelbaum PS, Liu X, Scott Stroup T, Wall M. Deaths of people with mental illness during interactions with law enforcement. *Int J Law Psychiatry*. 2018;58:110–6.
2. Lane WG, Rubin DM, Monteith R, Christian CW. Racial differences in the evaluation of pediatric fractures for physical abuse. *JAMA*. 2002;288(13):1603–9.
3. Gara MA, Minsky S, Silverstein SM, et al. A naturalistic study of racial disparities in diagnoses at an outpatient behavioral health clinic. *Psychiatr Serv* 2018. Retrieved from: <https://doi.org/10.1176/appi.ps.201800223>. Accessed on 1 Mar 2020.
4. Scharff DP, Mathews KJ, Jackson P, et al. More than Tuskegee: understanding mistrust about research participation. *J Health Care Poor Underserved*. 2010;21(3):879–97.
5. Roeder A. America is failing its black mothers. *Magazine of the Harvard T.H. Chan School of Public Health*. 2019. Accessed from: https://www.hsph.harvard.edu/magazine/magazine_article/america-is-failing-its-black-mothers/. Retrieved 10 March 2019.

Publisher’s Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.