Encountering Islamophobia in the medical profession

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After a recent lecture I delivered at a national conference of Canadian physicians, I reviewed the evaluations received from the attendees. While many commented on what they had learned from my talk on metabolic bone disease, one comment stood out, which had no bearing on the content of my presentation. One of the doctors had written, "Go back to Saudi Arabia" — a country to which I have no connection. This comment could be understood only in context of the fact that I wear a hijab (head scarf) and in this person's mind, that meant I was not Canadian. Hidden under the cover of anonymity, this physician shared their true feelings and deep-seated hatred for people who look like me.

I wonder if this physician would have had the courage to reveal their views publicly if the evaluations had not been anonymous. Even more concerning, it made me shudder to consider the type of treatment I would receive if I were a patient under their care. Their comments indicated they could not see past the scarf on my head. They could not reconcile their negative impression of Muslim women with my presence at the conference as an international expert on parathyroid disease. Nor could they even view me as a fellow human being worthy of basic respect. Through their ignorant comment, they aimed to dehumanize me, implying that I did not belong here — yet I was raised in Canada, I was trained in Canada, and I represent Canada internationally in scientific forums and global research initiatives. Unfortunately, throughout my career as a Canadian Muslim physician, I have observed that sometimes the perpetrators of Islamophobic sentiments are other health care professionals.

A career in health care should necessitate a commitment to the values of compassion, social justice and cultural humility as we strive to care for patients of diverse cultural and religious backgrounds. Yet, somehow, many doctors continue to harbour deep-seated prejudice toward Muslim people, manifested in derogatory remarks about Muslim colleagues or patients, propagating ill-informed stereotypes and misconceptions about the Islamic faith. Often, they express resentment toward the visible presence and inclusion of hijab-wearing colleagues. Muslim physicians make up a substantial segment of our health care teams; one would be hard pressed to find a hospital without a Muslim doctor on staff. Yet, in a national survey of American Muslim physicians, 63% said that they have experienced religious discrimination in their career, 32% have left their jobs because of it, and 33% have had patients outright refuse their care.[1] Although Canadians may presume that they are kinder and more polite than their neighbours to the south, the reality is that Islamophobia has had its most brutal manifestations right here at home.

It is horrifying to recall that it was only last summer, in 2021, that the Afzaal family was killed in London, Ontario, just because they were visibly Muslim. This was a Canadian family of three generations simply going for a walk in their neighbourhood. Although politicians readily condemned the violence, few stopped to ask, "What are we doing to actually stop the misinformation that is fuelling the demonization of Islam and Muslim people in this country?" Such hate crimes are not isolated incidents but are connected to false narratives that continue to malign and dehumanize people who are Muslim. Scholar Tahir Abbas writes, "The accepted awareness of Islam by the West is one that is manipulated and spoon-fed by the media to unassuming audiences … . When interacting with Muslims, Westerners will automatically perceive them as the stereotypes formulated by the media regardless of the way Muslim people actually are."[2] The perpetual false narratives of "the dangerous Muslim man," "the oppressed Muslim woman" and "the violent faith of Islam" are directly responsible for the distrust and hostility toward Muslim individuals. Violence toward people who are Muslim is perceived as justified in the name of vanquishing this threat. Before he walked into a Quebec City mosque and started shooting peaceful worshippers, 27-year-old Alexandre Bissonnette used to regularly visit Islamophobic websites. Unfortunately, the narrative of the "oppressed Muslim woman" was perpetuated by *CMAJ* in a letter that was subsequently retracted after substantial uproar by many, including Muslim women physicians.[3] Islamophobic rhetoric is deeply misogynistic; it stigmatizes how Muslim women choose to express their faith or denies their agency altogether. It is no surprise that Muslim women are disproportionately targeted in hate crimes.[4] Yet, despite these encounters with anti-Muslim sentiment, Muslim women continue to play an integral role in our health care system, serving the population at large.

My entire career in health care has and continues to be inspired by my Islamic faith, which emphasizes the virtue of caring for all people, as well as justice, equality and compassion. Saving one life is like saving all of humanity, the Qur'an states (Qur'an 5:32) — a teaching that resonates with health care professionals who find

Figure 1: The University of al-Qarawiyyin, the first university in the world, was founded by a Muslim woman named Fatima al-Fihri in Fez, Morocco, in 859 CE.

fulfillment in caring for the sick. In a famous Islamic tradition, we are informed that those who visit the sick to bring them comfort will find the presence of God. The virtue of treating the sick is thus even more profound, and it is no surprise that the history of medicine is rich with contributions and discoveries of Muslim physicians, including Ibn al-Nafis (d. 1288 CE), who discovered pulmonary circulation; Ibn al-Haytham (d. 1040 CE), who laid the foundations of optics; and Al-Zahrawi (d. 1013 CE), who made landmark contributions in surgery.[5]

Muslim women have a long legacy of serving as medical practitioners and teachers, beginning as early as the dawn of Islam in the seventh century. These include Al-Shifa' bint Abdullah;[6] Bint Shihab al-Deen, the chief of physicians at the al-Mansuri Hospital in Cairo;[7] and the Persian physician Sati-un-Nissa (d. 1647 CE) in Mughal India.[8] The illustrious Fatima al-Fihri (d. 880 CE), a Muslim woman, founded the oldest university in the world in 859 CE in Fez (Figure 1), which historically included a medical school, and today remains an educational institute where both men and women continue to study.[9] A shared tradition and common inspiration unites these contributions, from lands as distant as North Africa, Arabia and India, to the work of Muslim women in health care in Canada today.

My choice to wear a hijab symbolizes my connection to this beautiful legacy of faith and knowledge, as well as my commitment to love God by caring for His creation. It is a symbol of belonging to a community and a shared tradition. Its meaning is best articulated by the women who choose to wear it. For me, this choice came when I was a university student in Ottawa. I was the only student wearing a hijab in some of my classes, and wearing it exposed me to bigotry and prejudice. It was a struggle, confronting hate every day, and the decision was difficult. Yet, it is precisely because of the positive inspiration and connectedness I find in the expression of my faith that I ultimately chose to endure the Islamophobia of being visibly Muslim. Hijab reminds me of an important Islamic teaching: God judges us not by our exterior appearances but by our hearts and deeds. In an era of cultural, ethnic and religious diversity, this is precisely the lesson that we need to take to heart in the continued struggle against racism and Islamophobia. It is in the hopes of restoring a culture that welcomes and embraces diversity among physicians that I share this reflection.

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