

# The elephant in the Zoom: recognizing and reconciling my internalized racism

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**T**he coronavirus disease 2019 (COVID-19) pandemic required me to swiftly transfer my developmental pediatric practice to a virtual platform overnight. This meant transforming our spare bedroom into my virtual clinic space. After setting up my desk, I tested my laptop's camera to see what my telemedicine patients would see during their visits with me.

The camera showed a brown-skinned, bearded face and a background that included my son's Pokémon posters, two framed portraits of Sikh religious gurus — serene and majestic in their turbans — and an intricate Rajasthani painting of elephants from a family trip to India. I clucked in disappointment at the lack of professionalism on display. I quickly swept the elephants and Sikh paintings out of the camera's view, choosing to leave the Pokémon poster up for my pediatric patients' pleasure.

I filled the void on the wall with an oil painting of the Venice cityscape we had bought on our honeymoon. I felt relief at this solution, "Something that seems less *brown* and more ... professional."

I stopped. Why was my initial thought that something less brown, less representative of who I am denoted "more professional?" What had I unknowingly internalized about what was inappropriate about my ethnicity? Why had I felt that Pokémon posters were more acceptable to display than South Asian art? Suddenly, I was struck with a feeling of deep remorse and self-awareness. My diagnosis was *internalized racism*.

For many people of colour, this racial socialization happens early and is deeply internalized.<sup>1</sup> I saw this in my own childhood and now in my son. Many children of colour quickly learn to live a double life:



introducing yourself with a name that English mouths can pronounce, using over articulation to squelch out any sign of an accent and making sure no one can smell your mother's cooking on you when you walk into school. But it does not stop there.

Like the colour of our laboratory coats, our medical education system insidiously favours behaviours and attributes that are White in nature. To be successful and respected, you must walk and talk the right way or be the right colour.

As a South Asian man training in pediatrics, I quickly and subconsciously worked at being perceived as nonthreatening as possible — both to my patients and colleagues. This meant softening my body language and greeting everyone with a big smile and a clearly enunciated "good

morning!" — the furthest I could possibly be from the terrorist archetype that the media had peddled post-9/11. I was not terrifying; I was a pediatrician.

This internalized racism carries through in the compensatory need to not be seen as inferior. This is not only for yourself, but also for fear that your supervisors will generalize your shortcomings to other people of your colour — you feel you are a representative and that means getting to rounds early, prerounding on patients, always reading ahead and volunteering for whatever tasks may arise. Just like everyone else, just more.

Having said all this, I recognize my relative privilege as a cis-male South Asian physician. The intersectionality of multiple factors of marginalization further

magnifies this professional burden for physician-colleagues of colour who are female, trans, Black or Indigenous.

The recent global attention to the killing of George Floyd and hundreds of Black men and women by law enforcement officers has catapulted the equity-diversity-inclusion conversation forward. Many of us in health care are reflecting on the structural racism that exists in our own institutions; ones founded in European colonialism and continuing to favour characteristics of whiteness as features of success and professionalism. These are difficult sentiments to acknowledge in a profession that prides itself on centuries of commitment to autonomy, nonmaleficence, justice and beneficence for our patients. Do these principles apply to my racialized colleagues' lived experiences as well?

Evans and colleagues<sup>2</sup> asserted that physicians should not be “colour-blind” to their patients' race, as it is a key determinant of their health. Disregarding patients' race in the name of equality is now recognized as inequitable.

Likewise, in the interest of equity, medicine must foster an environment in which physicians are not encouraged to present themselves as White. My experiences as a South Asian and a Sikh add richness to my perspective as a health care provider and as a human; they are not attributes that risk undermining my professional integrity.

When patients ask about the artwork in my background, it sometimes leads to interesting discussions about the art's origins and symbolism. So yes, the elephant painting is back up on the wall — and, proudly, it is not the only brown thing on my patient's computer screen.

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