

LETTERS

On self-whitening ...

Thank you to Dr. Minhas for raising the important topic of “self-whitening,” whereby racialized individuals seek to remove evidence of nonwhite attributes, activities or connections in an effort to become more acceptable to employers or colleagues.¹ He suggests that his actions were due to his own internalized racism. I suggest that these were instead self-preservation skills. His actions of removing pictures of his beloved Sikh Gurus from his wall in full view of patients, in an attempt to correct a particular image of himself, are actions ingrained in him by the society in which we live. They are actions that he has needed to survive as a racialized doctor in a racist society. The racism that systemically erodes our identities as racialized individuals was responsible. That he became aware of his reflex to “self-whiten” was a product of his own personal attention to this area, and of the recent media focus on racism.

Truth be told, as a racialized individual myself, I have had to try to make myself “white-passable” — and not by using skin-lightening cream! This has involved purposefully not using my full South Asian

first name, as beautiful and meaningful as it is, to become more accepted in the workplace and among colleagues who cannot pronounce it. It has also involved removing traces of South Asian heritage from my curriculum vitae (CV), known as “resumé-whitening” or “white-washing a CV.”² I have been advised to remove my ability to speak a South Asian language, extracurricular talents in South Asian music and academic credits gained in religious studies that were non-Eurocentric to render myself more attractive to the academic medical job market.

This type of self-censoring is repeated on a daily basis for racialized individuals as part of our struggle to succeed in our medical careers and be viewed as equal to our nonracialized counterparts. Keeping up appearances is also crucial with patients. I have to be careful about lingering odours on my clothes. I never eat food with my hands, as is traditional, in case turmeric should stain my fingers. I never wear ethnic jewellery, and am careful to wear the smallest nose piercing so as not to attract attention to it being an ethnic decoration.

At some point, though, the process becomes almost a reflex, as Dr. Minhas has noted. And it is somewhat soul-destroying.

My cultural experience adds richness to my perspective as a doctor; providing knowledge of my patients’ cultural backgrounds, an understanding of shared struggles in a postcolonial landscape and of the challenges of immigration, of leading double lives. Above all, I make an effort to pronounce their names. The profession needs doctors like Dr. Minhas and me to care for the multicultural population that calls Canada home. It is time that the medical hierarchy recognized, valued and celebrated us!

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