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Good English

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It was the last week of my internal medicine rotation as an MS3. Myself, my attending physician, and three residents were just about to start rounding and we were waiting outside the elevator. A resident mentioned the name of an intern who was not present, and the attending's input baffled me tremendously. "Oh, Ella? She speaks very good English." Ella has resided in Huntington, West Virginia, since she was very young. She was raised in rural Appalachia, the same place where an overwhelming majority of her coworkers and patients were raised. Why wouldn't she speak English very well? It seemed that in the mind of our attending, Ella was foreign. Whether it was because of where she was born or simply because of her hijab was unclear. The irony of the situation is that Ella is extremely articulate and the Caucasian-American male who described her speech did not even use correct grammar to do so.

My jaw dropped. I briefly made eye contact with a resident and realized that my sentiment of "did he seriously just say that?" was shared. Where on earth did that come from? I was horrified and I believe I was not the only one. However, to my immense discredit, I said nothing. Earlier in the week, the same attending had spent considerable time lecturing me about politics and asking me why my generation wasn't more religious. I was tired of listening to him and I knew that if I kept my mouth shut, he would eventually stop talking. To reply was to start a discourse and I wanted no part of it.

Not that this has any bearing on her right to not be viewed through a distorted and xenophobic lens, but Ella is among the kindest and most patient individuals I have ever met. She is compassionate and takes time to counsel her patients and build rapport with them. During one patient encounter, she sat and discussed religion for an extra ten minutes with a Christian patient who wanted to learn more about her beliefs.

The hierarchy of medical education is well established. It serves a purpose and lends structure to the transition from medical student to resident to attending physician. However, it can create toxic power dynamics where people get away with offensive statements because of their position on the totem pole. It is even possible that this attending did not realize his statement was offensive, but the hierarchy structure precluded anyone from starting a dialogue about what he had said and why it was problematic. I didn't speak up for Ella because I was afraid I would be labeled argumentative and receive a negative evaluation as a result.

Feedback in medicine is extraordinarily unidirectional. Attendings correct residents and residents correct medical students but opening the line of communication to go both ways would drastically improve the camaraderie between individuals who spend a large portion of their time working together. The medical community would be stronger to counteract microaggressions if the hierarchy weren't so rigid, and if other routes of communication existed to relay these messages without directly confronting an attending. If I felt more comfortable and if my MSPE did not hang in the balance, I could have honestly discussed

religion and politics with him earlier in the week, but I perceived the stakes as being too high. Changing the culture would allow for more honest communication.

I did not handle that particular encounter well. In hindsight, I still have no idea what the most appropriate approach would have been to address that situation with poise and without confrontation. As a white American woman, I will never truly understand what Ella goes through on a daily basis, but I can help create an environment that is less hostile. I should have said something; my silence was complicity and Ella deserved better than that. I understand now that I need to be an active participant if I want the culture to change.

*Names have been changed to protect the identity of the individuals in this story

References

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