Insurgent Multiculturalism: Rethinking How and Why We Teach Culture in Medical Education

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Abstract
The author proposes a theoretical orientation for cultural competency that reorganizes common curricular responses to the study of culture in medical education. What has come to be known in medical education as cultural competency is theoretically truncated and many actually work against what educators hope to achieve. Using Giroux’s concept of insurgent multiculturalism, she suggests that the critical study of culture might be a bridge to certain aspects of professional development. Insurgent multiculturalism moves inquiry away from a focus on nondominant groups to a study of how unequal distributions of power allow some groups but not others to acquire and keep resources, including the rituals, policies, attitudes, and protocols of medical institutions. This approach includes not only the doctor-patient relationship but also the social causes of inequalities and dominance. Linked to professional development efforts, insurgent multiculturalism can provide students with more opportunities to look at their biases, challenge their assumptions, know people beyond labels, confront the effects of power and privilege, and develop a far greater capacity for compassion and respect.

Humility, and not so much the discrete mastery traditionally implied by the static notion of competence, captures most accurately what researchers need to model and hold programs accountable for evaluating in trainees under the broad scope of multicultural training in medical education.

Cultural competency, frequently addressed in many academic medicine publications and conference papers during the past decade, is perceived by medical educators and accrediting bodies as deficient in the curriculum, and by extension, in medical students. In this article, I develop a theoretical orientation for cultural competency that reorganizes common curricular responses to the study of culture in medical education. In fact, I contend that what has come to be known in medical education as cultural competency is theoretically truncated and may actually work against what educators hope to achieve. I explicate Henry Giroux’s idea of insurgent multiculturalism as a more useful orientation to cultural competency in medical education and then propose it as a bridge to critical aspects of professional development. But first, I offer a critique of prevailing concepts of cultural competency in medical education.