Combating Effects of Racism Through a Cultural Immersion Medical Education Program

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Abstract

The purpose of this paper is to provide a perspective from New Zealand on the role of medical education in addressing racism in medicine. There is increasing recognition of racism in health care and its adverse effects on the health status of minority populations in many western countries. New Zealand nursing curricula have introduced the concept of cultural safety as a means of conveying the idea that cultural factors critically influence the relationship between carer and patient. Cultural safety aims to minimize any assault on the patient’s cultural identity. However, despite the work of various researchers and educators, there is little to suggest that undergraduate medical curricula pay much attention yet to the impact of racism on medical education and medical practice. The authors describe a cultural immersion program for third-year medical students in New Zealand and discuss some of the strengths and weaknesses of such an approach. The program is believed to have great potential as a method of consciousness raising among medical students to counter the insidious effects of non-conscious inherited racism. Apart from the educational benefits, the program has fostered a strong working relationship between an indigenous health care organization and the medical school. In general, it is hoped that such programs will help medical educators to engage more actively with the issue of racism and be prepared to experiment with novel approaches to teaching and learning. More specifically, the principles of cultural immersion, informed by the concept of cultural safety, could be adapted to indigenous and minority groups in urban settings to provide medical students with the foundations for a lifelong commitment to practicing medicine in a culturally safe manner.

This paper provides a perspective from New Zealand on the role of medical education in addressing racism in medicine. Coker states ‘Racism and oppression are about the abuse of power that denies people dignity and choice’. Racism may take the form of ideological conviction that certain races are superior to others. However, racism may be more insidious if the abuse of power and the denial of dignity and choice do not flow from ideological conviction, but are mediated non-consciously through inherited mores and institutional structures. The consequences for the oppressed group may be similar regardless of the form of racism, but the attitudes, beliefs, and conscious motivations lying beneath the two forms may differ markedly and in ways that are relevant to medical educational goals and strategies. For example, although it is unlikely that many medical students are ideologically racist, all the same it is probable that their attitudes, beliefs, and prejudices regarding minority groups broadly reflect those of the societies in which they have been raised or are located (inherited mores and institutional structures).