

Too scared to watch: Social justice and medicine

To the Editor:

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May 25, 2021 marked one year since the death of George Floyd catapulted the nation into a movement for social justice and change. A video by a passerby captured his death at the hands of law enforcement as he pleaded for his life. The agonizing images of Floyd's last 8 minutes and 46 seconds on this earth have circulated worldwide. Yet, I was too scared to watch. It would trigger grief and pain and I needed to put on my white coat. As a specialist in sickle cell disease (SCD), I see my patients' faces in George Floyd, Tamir Rice, and others whose lives were cut short by racism and police brutality. I see the faces of Black and Brown patients I have treated for various hematologic and oncologic conditions. I see the faces of my two young Black sons who may grow up and encounter the institutional racism and bias that plague health care and society at large.

As a pediatric hematologist oncologist, this may seem unrelated to our scope of practice. However, it is a symptom of a disease that plagues all aspects of medicine including our subspecialty. Implicit bias and racism is well documented in medicine including the Institute of Medicine's report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*.¹ Bias and stigma is particularly relevant for children with diseases like SCD that predominantly affect individuals of African and African American descent.² Research shows up to 96% of surveyed youth with SCD age 13–21 experienced at least one incidence of racial bias and perceived health-related stigma.³ Addressing stigma and bias can optimize health outcomes and quality of life.^{4,5}

One year ago, a social justice movement captured the nation's attention. Today, I am hopeful that the past year's progress will be reflected in medicine. Optimism drives research to discover cures and treatment for chronic and terminal illness in hematology and oncology. That same optimism can drive efforts to combat racism in health care. Fostering a diverse and inclusive environment and combating structural and institutional racism can lead to tangible change.^{6–8} Consistent initiatives by medical professional societies such as increasing diversity in medicine and addressing racism as a public health crisis can help advance the cause.⁹ I am hopeful that I will, one day, put on my white coat with the confidence that all our patients experience health equity, not as the exception, but as the rule.

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