

Out Of The Shadow

A white inner-city doctor wrestles with racial prejudice.

BY NEIL S. CALMAN

Race prejudice...is a shadow over all of us, and the shadow is darkest over those who feel it least...

Pearl S. Buck, 1943

I HAD BEEN IN PRACTICE IN THE BRONX for more than twenty years. Few surprises remained. After I'd been a family doctor for so much time in an area that had become synonymous with urban blight, the unusual had become usual. Treating patients with upper respiratory infections became a welcome reprieve from the challenges of helping single moms with acquired immunodeficiency syndrome (AIDS) to find a home for their children in preparation for their inevitable death, caring for patients with active tuberculosis, and dealing with an astounding number of middle-age men and women with hypertension, diabetes, and heart disease.

Nothing, however, prepared me for the day, three years ago, when James North sat quietly waiting to meet me, his new doctor. As was my custom, I moved from one exam room to the next with a fluidity that comes from years of practice, yet I was stopped in my tracks when Mr. North rose to his feet to greet me. His deep ebony, six-foot-three-inch frame dwarfed my pale, five-foot-three presence. The tremendous hands on his 260-pound body grabbed my own outstretched right hand and shook it, accompanied by a baritone "Good morning, Doc" that reverberated through the room. He reached around and closed the exam room's thick metal door behind us. I glanced at his face, trying to see through my initial discomfort, only to be greeted by my own face staring back at me from the silver, reflective sunglasses he wore beneath a baseball cap that covered his head and any hair that might have been growing on it. His huge chest was tightly wrapped in a black T-shirt that, even in its largest version, couldn't stretch comfortably to encompass his pectoral girth.

At times like this, when some discomfort or distraction keeps me from thinking clearly, I am glad for the well-practiced scripts that

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have become part of my standard doctoring repertoire. “Good morning,” I answered. “I’m Dr. Calman. What can I do for you today, Mr. North?”

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He explained that he had come to see me because the cardiologist at the hospital had recommended that he get his follow-up care from me following his recent hospital discharge. He went on to tell me how he had suffered a severe heart attack that had left him barely able to walk a block without resting,

just one week after being discharged from the prison where he had spent more than a decade for manslaughter.

He recited a list of the medications he was taking, with the precision of a medical student seeking to impress his new attending physician. He also knew the names of all of the doctors who had taken care of him, including those of the physicians who were called in to consult during his hospital stay. My initial admiration for his facility in reciting this information was quickly replaced by my increasing intimidation by this man, whose size was clearly not his only outstanding feature.

It was during Mr. North’s second visit that I became aware of the suffering he had endured in his fifty years of life. Not until I had completed the exam on his right eye did he save me the embarrassment of trying to see into his artistically matched left glass eye. His chest and abdomen were scarred from what I had come to recognize as multiple knife wounds. Now, left crippled by his recent heart attack, he was short of breath even at rest.

Despite his medical problems, Mr. North is taking charge of his health. He is now precisely managing his blood sugars, which in prison had been poorly controlled by oral hypoglycemics, along with two types of insulin he injects twice daily, based on the blood sugar measurements he takes four times a day and writes in his notebook. His meticulous record keeping includes the exact date and time of every glucose test and every insulin injection.

Mr. North controls his congestive heart failure by monitoring his weight daily. His episodes of cardiac decompensation are always preceded by a few pounds of weight gain, and he now adjusts his diuretics accordingly. Although his cardiac function (as determined by his symptoms, physical findings, and cardiac testing) is clearly borderline, he has been hospitalized only once, for three days, for cardiac decompensation.

Breaking Through

MR. NORTH HAS BECOME one of my favorite patients. This has happened not merely because of his almost unnatural compliance with the interventions I have recommended, or because of the success I have had in keeping him functioning optimally despite his cardiac condition. Rather, I think I like him so much because he still intimidates me, and my continuing ability to care for him allows me to feel special. I like him because I realize how hard I have had to work all of my life to overcome the racist feelings that made me fear him when we first met and that never allow me to act completely naturally in his presence. I also love watching him interact with my staff, because his commanding physical presence and intellect force them to deliver a level of service I wish we could provide to all of our patients.

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For those of us who have made our medical lives in the inner city, fear is always just out of sight. As health care workers, we are rarely the victims of violence, yet it is commonplace in the lives of those we care for. Mr. North’s sudden appearance in my exam room a few years ago made me realize how vulnerable I feel at all times. Yet the most important lesson I learned was how essential it is to recognize my fears and racial prejudices. This is a formidable challenge for a middle-class suburban boy, all grown up and practicing medicine in the inner city.

I have often contemplated whether, as a physician, I can rise above the attitudes of the society in which I was born and live and the city in which I practice. Can I learn to see through the faces of the people I treat and deliver to every one of them the highest-quality care I have been trained to provide? Can I assist my patients in negotiating the racial prejudice that lines the road between my office and the rest of the health care system?

I cannot provide Mr. North with all that New York’s great health care institutions have to offer. He knows that. He has often tried to teach me that, and just as often is amazed that I am unable to accept it. It comes up time and time again when I send him for specialty consults, diagnostic tests, or even prescription refills. The same considerations my family or I would receive are rarely given to him. The cardiology specialist who helped so much in planning a treatment

regimen for his heart failure never thought of referring him to a heart transplant center for evaluation. It took three separate suggestions from me before a consultation was arranged. Mr. North has Medicaid. Although reimbursement for cardiac transplantation is possible, the reimbursement rates are so far beneath those of private payers, and organ availability is such a problem, that the likelihood of his receiving such a procedure is minute.

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There is absolutely no doubt that Mr. North is treated differently than my white, middle-class patients are treated. The echocardiography lab where he had a scheduled appointment sent him home because he was ten minutes late, having to stop every block to rest in the walk from his home to the hospital on a particularly windy day. The pharmacy refused to refill his insulin syringes without a written prescription, even though he had been getting them at the same pharmacy for the past two years. I try to help in every way I can. Every time I send him to a new consultant, I call ahead with an introduction. I tell them how smart Mr. North is, how compliant he is with every aspect of his treatment, and how he knows so much about his medical condition and the medications he takes. I hope that my introduction will enable them to see my patient as I see him now, not as I saw him the first time we met. He needs that chance in order to get the medical care he requires and deserves.

Recognizing Our Biases

IN MY INTERACTIONS WITH OTHER HEALTH PROFESSIONALS I have come to believe that most of us have within us two types of prejudice. The first type is one we are aware of but that we have no ability or desire to change. We may recognize that the judgments we make are based on a person’s race, sexual preference, age, disability, or other characteristic, but we do not acknowledge the invalidity of these prejudgments. We treat our biases as truth, perhaps admitting that they do not describe every person of a particular race, religion, or class, but believing that the generalizations these biases are born from are valid.

The second type of prejudice—and the place where I have been stuck most of my life—is recognizing my prejudices, realizing they are unjust, and consciously attempting to overcome them. This requires intentionally suppressing the fear and prejudice that rise up

inside of me and deliberately making extra efforts to treat each person as an individual rather than as a member of a population group.

A hope I harbor, perhaps achievable only in a utopian dream, would be to remove the prejudices from our minds completely and to give people the right to show us who they are without our harboring preconceived notions about them. I know I have not achieved this, because I am still sometimes surprised to meet a new doctor on the hospital staff or a new member of our hospital's law firm and find out that they are black.

In Search Of The Sun

EVEN PERSONAL VICTORY OVER MY OWN BIASES will not be sufficient to help Mr. North get the care he deserves. The New York State Department of Health looked at the use of cardiac specialty services among blacks in the state and found that, although they have the highest rate of hypertension and cardiovascular disease, the rate at which they receive sophisticated diagnostic testing (echocardiography, cardiac stress testing, and cardiac catheterization) is extremely low. Lower yet is the rate at which blacks receive sophisticated treatments such as angioplasty, bypass surgery, or cardiac transplantation. Studies abound showing that minorities receive fewer organ transplants and fewer technological interventions than do their Caucasian peers with identical conditions. Studies also show that for almost every major medical condition, the survival rate for blacks is considerably lower than it is for whites.

Society has a long way to go. Each Mr. North we health care providers let into our lives makes us more able to meet the next such patient without feeling the same prejudices. It has taken me much too long to get to this stage in my recognition of the views I grew up with in my white, middle-class, suburban hometown, and much too much effort to overcome them. Mandatory diversity training for all of our employees, a program that our institute began three years ago, has helped in palpable ways to improve the harmony among our multicultural staff and to increase each person's awareness of biases. The shadow of racial prejudice looms over us all. Training, coupled with constant vigilance, is needed to enable the sun to shine equally on all people.