

# Roots to Steady Us in Many Different Winds:

## An Ethics of critical consciousness for the socially just healthcare professional

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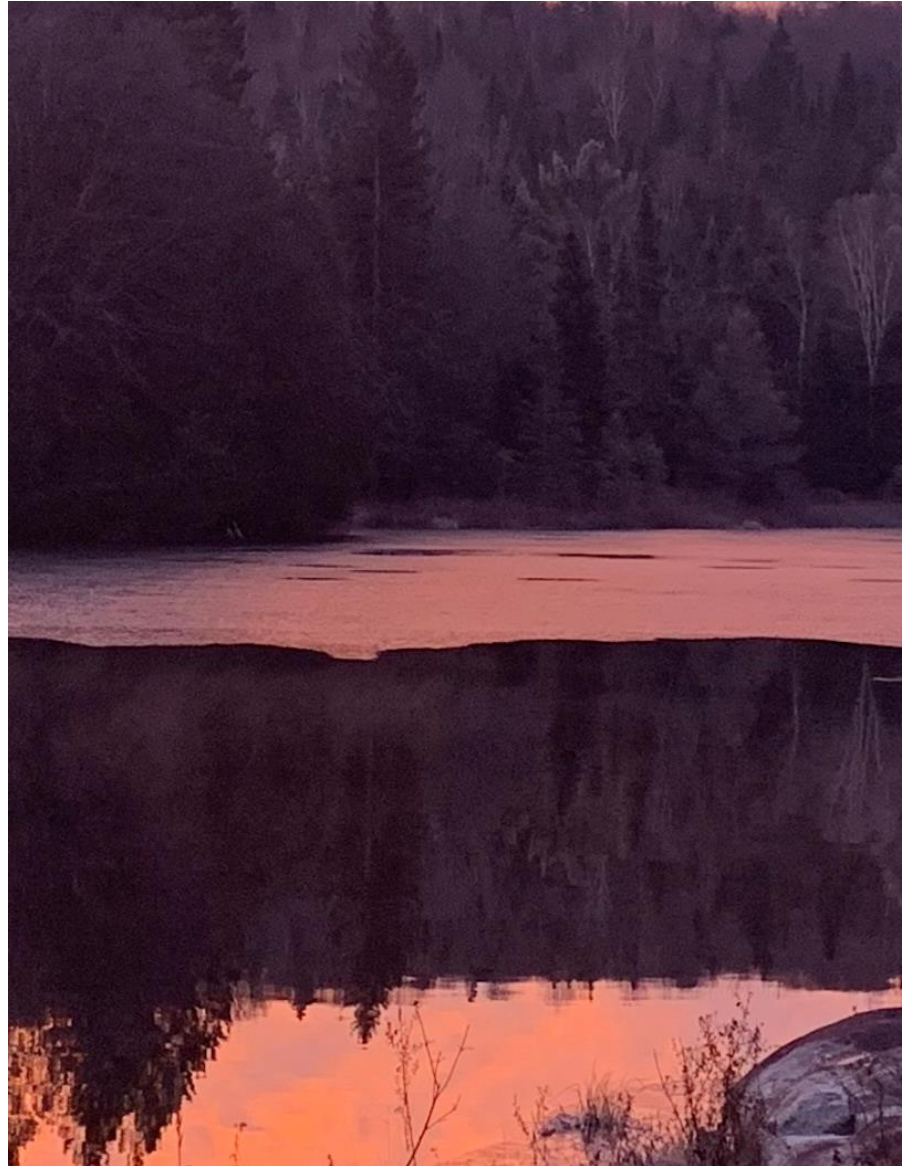
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Recognizing the Unceded  
Lands upon which I  
present today



# No Conflict of Interest to Declare

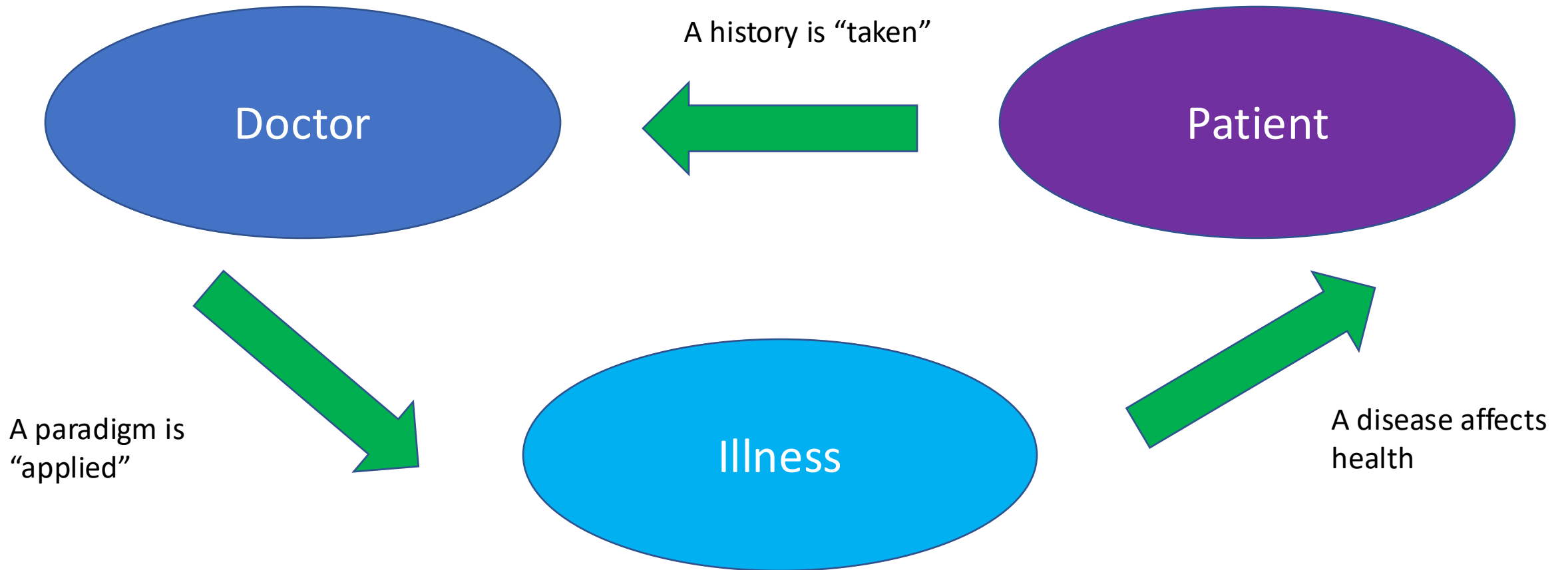


# I Invite You to

Take a deep dive into the moral distress, confusion and beauty of caring for hyperdiverse populations.



# Traditional Clinical Skills



# The Principles of Traditional Western Bioethics



Autonomy

Beneficence

Non-Maleficence

Justice

# Sources of Moral Distress

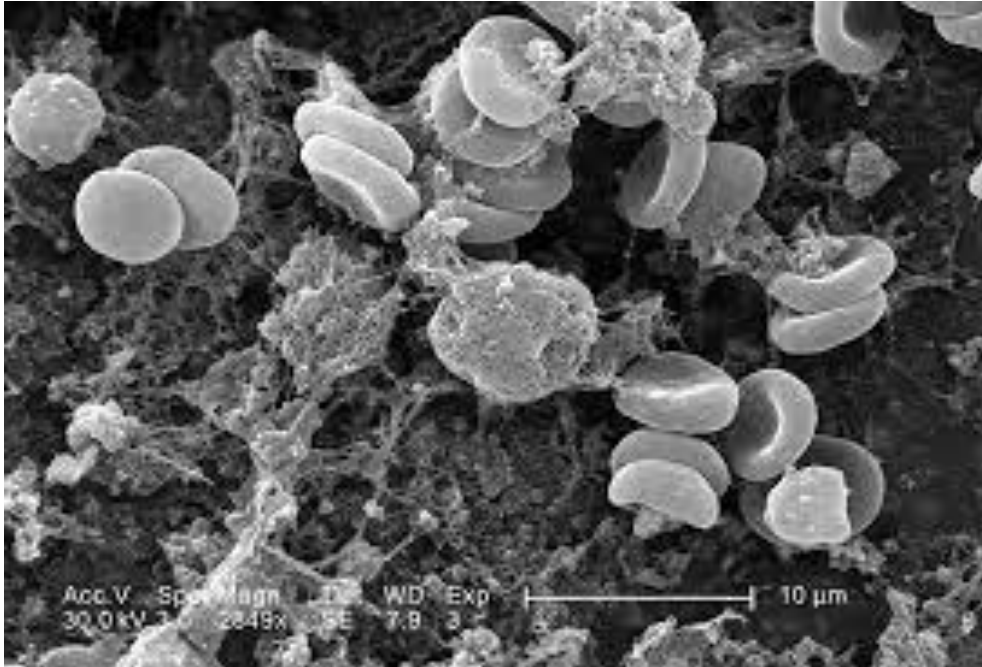
When relativism becomes  
«anything goes»

Finding the backbone in our  
practice. What does that consist  
of?

How do I teach this « phronesis »?



# Autonomy: Case 1 «Reza»



15 yo, hemophiliac

HIV positive (transfusions)

Admitted to PICU with  
*pneumocystis jiroveci*

Iranian origin

Parents do not want the team to  
discuss HIV diagnosis with him.



# «Personhood» and Autonomy

*Personare...?*

What is the goal of autonomy?

Autonomy as capacity to create one's own « life project » (Mill)?

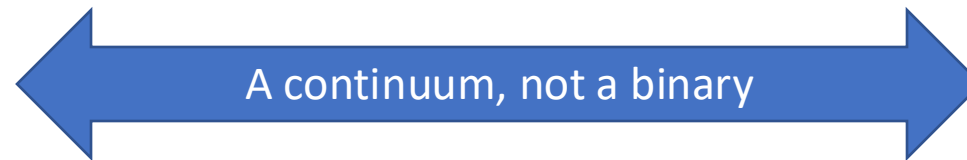


# «What's Wrong with Rights?»

Two broad conceptualizations of « personhood »:

I am a person because I have relationships with others, which creates mutual obligations and expectations.

Problems: burden of obligations



I am a person in and of myself, with rights

Problems: It is lonely to be a person in this way, particularly in life threatening illness...

La question pour moi: cerner comment est-ce que ma phronèse, mes actes médicaux aideront à cette personne à réussir à leur plan de vie

# Thinking about a Person's « Life Project »

- Until the last breath
- Authenticity = creation of meaning
- A project of the individual but profoundly social in nature



# What is my Backbone in the Case of Reza?

Think about the continuum:

Oppression  Émancipation

My medical acts must promote (minimum 51%) emancipation more greatly than oppression for Reza

# Beneficence and Non-Maleficence: Case 2

## «Jordan»



- 5 yo Inuit boy
- Dog mauling
- Extensive plastic surgery
- Question of trust between Mother and team
- Questions in « psychosocial meeting »: Parental capacity?
- Should the case be signaled?

# This Appointment Was Booked 400 years ago



- Cultural Safety: Ramsden 2002
- Medical interaction is seen as occurring within a history and structures of marginalization/oppression
- Why?
- How?



# Trust: Dialogue or Diagnosis?

- Gathering a medical history as extraction
- Goal: adapt the information to a biopsychosocial paradigm
- Dialogue: conversation without end
- Witnessing moments in the creation of a person's « life project »
- Goal: Understanding of a life of hopes, dreams, fear...
- Risk in changing ourselves



# Ethical Praxis in a Structurally Racist System

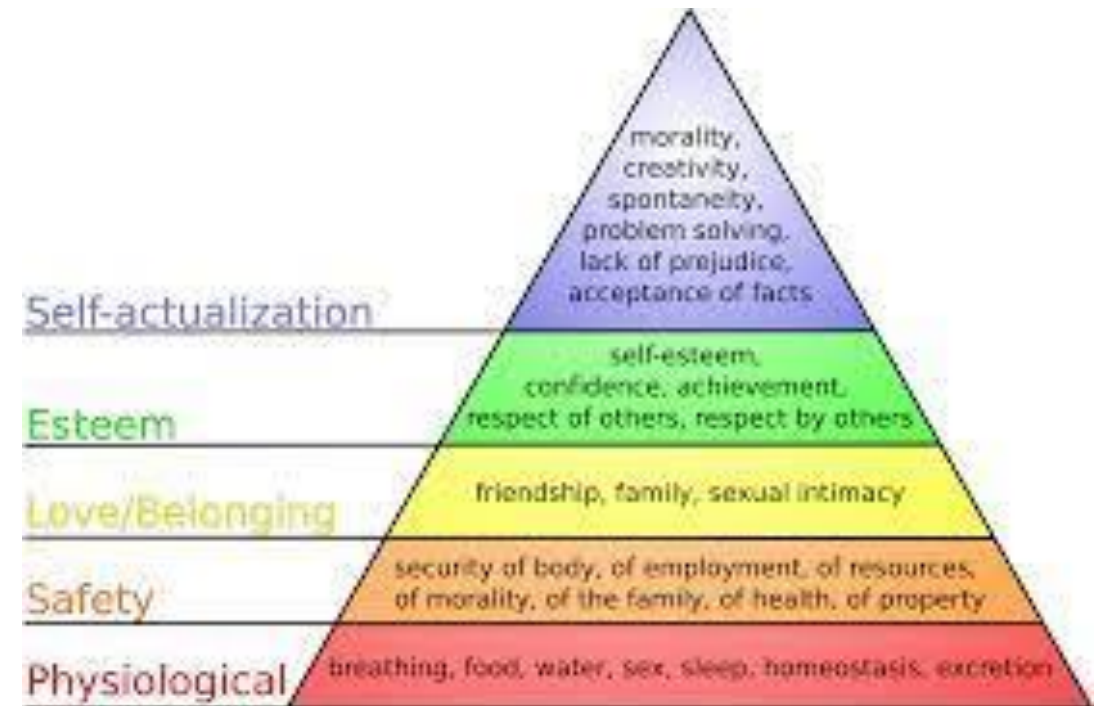


- An ethical praxis that incorporates an understanding that we are key agents in a highly unjust system



# What is my Backbone in this Case

- Hierarchization of risks and benefits
- Community and socio-cultural-political context incorporated into decisionmaking
- Harms reduction



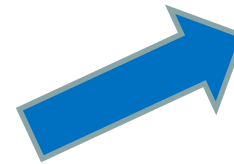
## Case 3: “Jamal”

- 11 year old boy, drowned and succumbed to his injuries
- The “mortality” is being discussed at M & M rounds....



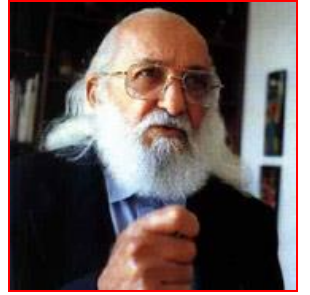
# Structural Competence

- Appreciating the pattern from the noise
- Encouraging metacognition:
  - What knowledge system is being accessed to “see” this pattern? -- REFLECTION
  - What would the pattern be through other knowledge system lenses? -- REFRACTION



# A Key Unifying Concept: Critical Consciousness

(Conscientização)



Paulo Freire



A recognition of individuals as conscious, reflective, social beings, an awareness of social contradictions and injustice, and a commitment to act to overcome injustice and oppression.

- Structural competence (“reading the world”)
- Committing to act (social justice)

# My Backbone in this Case:



- Remembering the AIDS Epidemic
- The courage to recognize and act

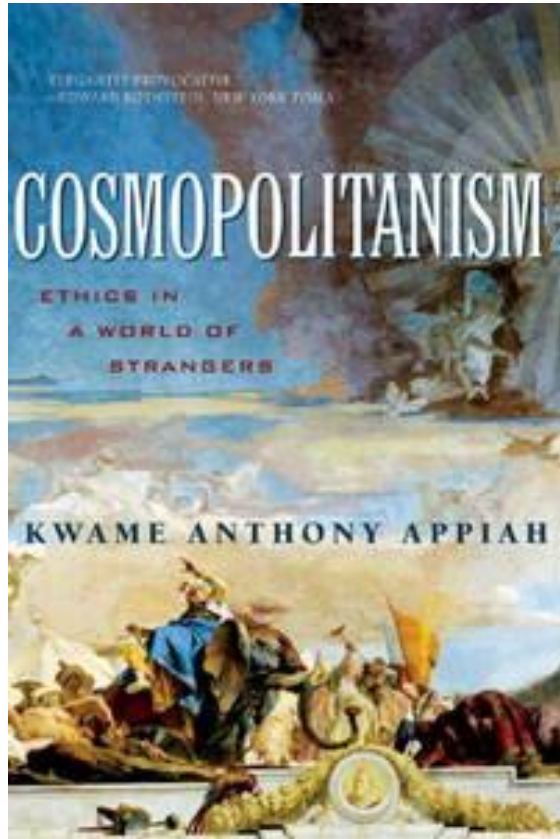
# Traditional Trans-Cultural Ethics

- Tension between relativism and standards of care
- Paradigm which concentrates on the doctor-patient relationship
- Relatively blind to context, which could enrich our ethical phronesis





# Rooted Cosmopolitanism (Appiah)



- Critique of orthodox cosmopolitanism
- « Life project » is of the individual, but only has meaning because of the communities in which that individual participates with shared systems of meaning.
- Values hierarchies
- Understanding the structural constraints to agency in our lives

# Key Skills in the Practice of Rooted Cosmopolitanism:

- Dialogism
- Deep Listening
  - Generous
  - Can live in ambiguities
  - Tolerant
  - Minimizes hierarchies





# Case 4: When the System Harms

- VV ECMO for Meconium Aspiration
- Mother had a uterine rupture
- Black race
- States that she kept telling them that the pain is different this time



# Hippocrates, Social Justice, and Institutional Ethics:

Social Justice, Professionalism, and Hippocrates:

“...Into whatever homes I go, I will enter them for the benefit of the sick, avoiding any voluntary act of impropriety or corruption, including the seduction of women or men, whether they be bond or free.”



The foundational myths of pediatrics.....

# Systemic Discrimination in Health Care

THE NEW ENGLAND JOURNAL of MEDICINE

## MEDICINE AND SOCIETY

Debra Malina, Ph.D., Editor

### Hidden in Plain Sight — Reconsidering the Use of Race Correction in Clinical Algorithms

Darshali A. Vyas, M.D., Leo G. Eisenstein, M.D., and David S. Jones, M.D., Ph.D.

Physicians still lack consensus on the meaning of race. When the *Journal* took up the topic in 2003 with a debate about the role of race in medicine, one side argued that racial and ethnic categories reflected underlying population genetics and could be clinically useful.<sup>1</sup> Others held that any small benefit was outweighed by potential harms that arose from the long, rotten history of racism in medicine.<sup>2</sup> Weighing the two sides, the accompanying Perspective article concluded that though the concept of race was “fraught with sensitivities and fueled by past abuses and the potential for future abuses,” race-based medicine still had potential: “it seems unwise to abandon the practice of recording race when we have barely begun to understand the architecture of the human genome.”<sup>3</sup>

The next year, a randomized trial showed that

subtle insertion of race into medicine involves diagnostic algorithms and practice guidelines that adjust or “correct” their outputs on the basis of a patient’s race or ethnicity. Physicians use these algorithms to individualize risk assessment and guide clinical decisions. By embedding race into the basic data and decisions of health care, these algorithms propagate race-based medicine. Many of these race-adjusted algorithms guide decisions in ways that may direct more attention or resources to white patients than to members of racial and ethnic minorities.

To illustrate the potential dangers of such practices, we have compiled a partial list of race-adjusted algorithms (Table 1). We explore several of them in detail here. Given their potential to perpetuate or even amplify race-based health inequities, they merit thorough scrutiny.

## Race, Postoperative Complications, and Death in Apparently Healthy Children

Olubukola O. Nafiu, MD, FRCA, MS, Christian Mpody, MD, PhD, MPH, MBA, Stephani S. Kim, MPH, PhD, Joshua C. Uffman, MD, MBA, Joseph D. Tobias, MD

PEDIATRICS Volume 146, number 2, August 2020:e20194113

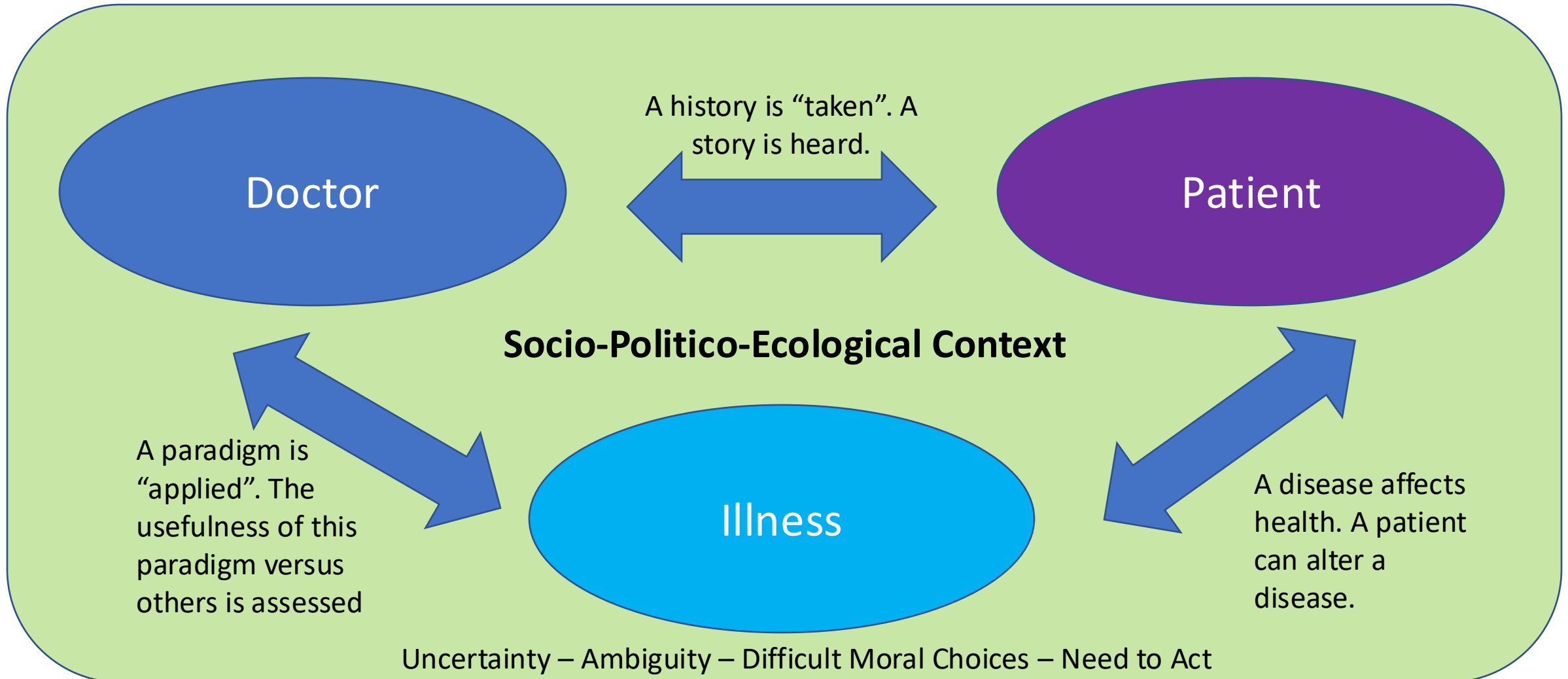
# Understanding the Logic of Systems

Medicine is based upon white supremacist knowledge systems

- Racially hierarchical
  - anti-Indigenous racism
  - Anti-Black racism
  - Antisemitism
  - Multiple anti-Brownnesses inc. Islamophobia
- Patriarchal
- Cis- and hetero-normative
- Ableist



# A New Clinical Skills Paradigm:









Someone will vomit on you.....







Thank you!

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