



# North Coast Physician

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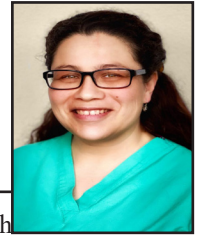
**"GREAT BLUE HERON 2"**

*Stephen Kamelgarn, M.D.*

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## “The Problem With Inclusion” Stephanie Dittmer, M.D.



Professional identity formation is the developmental process each one of us as physicians experiences from our premedical undergraduate days clear through to our medical school, residency training, and years as a practicing physician.

Akin to embryology as a premedical student, future aspirations are gestating when we desire to help our fellow humans through a lens of science and empathy. Much as anatomy and histology are the precursors to pathophysiology, medical students are the precursors to skilled physicians differentiating normal from abnormal.

Residency is an entirely different phenomena altogether. Whereas an athlete training for their upcoming championship feels the pressure of performance, the newly developed physician resident is imbued with the weight with the responsibility of contributing to human life, illness and death.

The final rendition of the attending physician's attempts to balance their personal and professional needs is marred with maladaptive strategies developed over these years combined with the sociocultural influences in which they evolved.

One particular area of physician development continues to lag behind expectations and fits more with the sociocultural normatives experienced by all professionals of color. The marginalization of certain subsets of physicians is an outgrowth of our society's mistreatment of marginalized people.

Regardless of whether it is of gender expression, ethnic identity, disability, or

some intersectionality of these or any other groups, physicians directly contribute, if not directly create the outcome discrepancies seen in medicine.

And here's where the true professional identity formation pathway gets started... how do we as physicians evaluate our implicit & explicit responsibilities for clinical outcomes?

I am suggesting that an inward gaze is the required first step towards understanding how we each contribute to these discrepancies. How are each one of us complicit with the creation of health disparities?

This painful approach is necessary to equalize our experiences and bring the marginalized physician's experience to the forefront. Oftentimes, our experiences are not seen, not heard, not recognized and simply invalidated.

While listening to one of my favorite podcasts review the horrific outcomes of South Asian representation in media through the long running Simpson's cartoon character, Apu, I was struck how similar Hari Kondabolu's experience as a professional entertainment writer was to that of my experience as a physician trying to call attention to the discrepancies in medicine.

Hari produced a TV documentary “The Problem with Apu” in which he lambasted the equivalent of South Asian Black Face caricature in Apu with evidence and national figures with excellent reputations. It came at great cost to him personally and professionally. He required security details, received death threats, and was professionally marginalized amongst his network peers.

And yet, it came with no public cost to Hank Azaria, the actor who voiced the character. In fact, Hank's biggest initial dilemma was literally focused on the validity of Hari's experiences and the consequences of his “just a joke” caricature.

*“All of that's in Hari's documentary and what he - and in his routine and what he talks about. And other things he talks about, to - I was like, ‘Is that real?’ ...I wasn't sure” Hank Azaria (The Fallout of a Callout, Code Switch NPR, April 26, 2023)*

Much like Emmanuel Acho's series “Uncomfortable Conversations With a Black Man,” the dialogue between Hari and Hank highlighted the important work of self reflection.

*“I - through my role in Apu and what I created in the Hollywood messaging right? - which is a big deal in this country and around the world, I helped to create a pretty marginalizing, dehumanizing stereotype that makes it much easier - in fact, some moment during all this, I read a little news blurb where a guy was attacked. It was actually a Middle Eastern guy who was attacked in his store and was called Apu while he was being attacked. I think if I had any doubts at that point - there was also - there were certain key moments in that whole Is-This-Real Question Journey I was on where I got the answer.” Hank Azaria (The Fallout of a Callout, Code Switch NPR, April 26, 2023)*

***“Inclusion”, Continued on Pg.16***

*The Editorial and Publications Committee encourages our member's comments for publication in **Open Forum**. Please submit electronically prior to the 15th of the month preceding publication. [hncms@gmail.com](mailto:hncms@gmail.com)*

## **“Inclusion”, Continued From Pg 4**

The reality of representation mattering is more than simple presence. The type of presence and participation matters. It starts with being heard. It starts with listening to the ordeals and tribulations of your colleagues. It starts with not being negated as you start to share your lived experiences. Just like Hank, so many of my colleagues express shock and disbelief at my historical and ongoing experiences. Those statements of disbelief are by their very nature, invalidating my lived experiences.

*And until I watched the doc and then also looked into the whole thing - 'cause the character of Apu is just - not to - I mean, it's real, it's an actual thing, but it's also - it's the - sort of the tip of the iceberg. It's symbolic of a much larger dynamic. If nothing else, watching the doc, I was like, oh, I admire all these performers. A character I did - I, like, hindered them? I caused them pain? I actually actively made their path harder? That sucks. That was one of the first things that really came home to me and made me go, OK, that's real. That would be real. Hank Azaria (The Fallout of a Callout, Code Switch NPR, April 26, 2023)*

The problem with inclusion is incredulity. Our physician of color narrative is halted as surprise takes root in the listeners and the cognitive dissonance fosters disbelief and then complacency.

Removing the roadblock of complacency requires introspection. Especially on the part of all of my non-marginalized colleagues. The inward gaze is full of scrutiny and discomfort. More importantly, it is never ending.

*“The story that’s more interesting is the after - Hank, like you know his journey to here, you know? What is the difference between a person of color calling something out versus a white person calling something out? ... You know, its this discussion of white fragility, of the internet, of communica-*

*tion, of conversation - that ....” Hari Kondabolu (The Fallout of a Callout, Code Switch NPR, April 26, 2023)*

The journey described by Hari and Hank parallels our ongoing expectations for continuing medical education. We expect our knowledge to grow, shift, adapt in medicine to new scientific breakthroughs. Why do we not expect this similar change of framework in all aspects of medicine, including health care disparities?

If paradigm shifts are to be made, then the level of self scrutiny needs to be fully engaged with all aspects of how our physician created identities creates hierarchy of knowledge. It needs to dissect the power structures of which experiences are accepted as valid. It requires the space in order to admit to erroneous hypotheses and biased foundations.

*Hank, for his part, knew that at some point, he was going to have to give some answer about Apu - whether he or anyone else should continue to voice this character. And so he has had a bit of a journey. He got put on to this organization called the Soul Focused Group, and they hold these seminars about race and power and privilege, and they have these very intense conversations. He said it was a space where he could go and ask questions and say the wrong or underconsidered thing. And he told me it felt like a safe space for him to be a beginner on race stuff and to get better. And he said he wouldn't have gotten there were it not for Hari and his documentary. Gene Demby (Host The Fallout of a Callout, Code Switch NPR, April 26, 2023)*

Inclusivity starts with listening, believing, and apologies for our collective willful ignorance. It starts with acknowledging how the profession of medicine created us in its likeness. §

## **“DEA”, Continued from Pg. 11**

ment.” Notably, SAMHSA recommends, as an overarching concept, that content be related to the prevention, recognition and care of people with substance use disorders including those with concurrent pain and/or psychiatric and medical co-morbidities. These recommendations can help physicians assess the applicability of the CME offerings.

The American Medical Association (AMA) also offers a number of continuing medical education (CME) courses on the [AMA Ed Hub™](#) related to substance use disorders and addiction that qualify as meeting the new DEA requirement.

Physicians who are board certified in addiction medicine or addiction psychiatry are exempt from the DEA requirements, as are those who completed X-Waiver training. Prescribers who received similar training in medical school in the five years prior to June 27, 2023, are also exempt. For more information, see [CMA's fact sheet](#). §

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## **CMA Publishes 2022 Annual Report**

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**W**ith the pandemic entering its third year, the California Medical Association (CMA) in 2022 continued working tirelessly to improve health care for all Californians and ensure high-quality care for patients throughout the state.

As the world took steps toward a return to normal, CMA rose to the challenges and opportunities of the past year – proving again that when physicians work together, we can move mountains.

To learn more about how we are working to create a health care system that puts the needs of physicians and patients first, and truly serves those it was designed to help, download [CMA's 2022 Annual Report](#). §

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## MISCELLANEOUS

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**Photos available, upon request.**

Contact Niki Moore, Soper Family Psychiatry,  
(707) 445-4705 x30

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sign up today to host Friday PM Rounds (Welcoming New Physicians, Retirement Parties, etc), Women in Medicine Social, Spouse Social, etc.

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## KNOW OF HOUSING OPTION?

The Medical Society frequently receives calls for help in finding housing for our new physicians, Residents and other healthcare professionals. We also are trying to keep a list of “rooms” available for medical students that are rotating through. If you or know of someone who has rental or temp housing options, please let us know.

Send email to: [hdncms@gmail.com](mailto:hdncms@gmail.com)

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