

Episode: *Author Interview: “What Might It Mean to Embrace Emancipatory Pedagogy in Medical Education?”*

Guest: Whitney V. Cabey, MD, MSHP, MA

Host: Tim Hoff

Transcript by: Cheryl Green

[Access the podcast.](#)

[bright theme music]

[00:00:04] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Whitney Cabey, an assistant professor in the Center for Urban Bioethics, the co-director of *Doctoring: The Art and Science of Medicine*, and a practicing emergency physician in the Department of Emergency Medicine at Temple University's Lewis Katz School of Medicine in Philadelphia. She's here to discuss her article, coauthored with Nicolle Strand and Erin Marshall, “*What Might It Mean to Embrace Emancipatory Pedagogy in Medical Education?*,” in the January 2024 issue of the Journal, [Critical Pedagogies in Health Professions Education](#). Dr Cabey, thank you so much for being on the podcast. [music fades]

DR WHITNEY CABEY: Thank you so much for having me.

[00:00:57] HOFF: So, what is the main ethics point that you and your coauthors are making in your article?

CABEY: I think the best way to summarize it would be to say that we're advocating for an active ethics. I think sometimes people think of ethics as primarily a cognitive exercise or the old pedagogical approach. Whereas emancipatory pedagogy, I think, is really about taking the active process of self-reflection, of incorporating other viewpoints, and of thinking very seriously about our own positionality in the world, our relative privilege, dis-privilege, and translating that into the way that we teach, the way that we think, and the way that we interact with the world. So, possibly one of the best things that we, particularly as medical educators, people who are engaged in the health humanities and who are tasked with offering humanism, perspectives on humanism, to students and trainees, one of the best things that we can offer them is an approach that we embody as best we can to be both humble learners and active participants in a struggle for solidarity with the patients that are most marginalized. And emancipatory pedagogy gives us an approach to that.

[00:02:34] HOFF: And so, what do you see as the most important thing for health professions students and trainees in particular to take from your article?

CABEY: I think that's a really great question because the article, in many ways, is kind of pitched to the professional and the educator. But if you're following what we're outlining, the student is just as much a participant and just as much of a stakeholder in the emancipatory pedagogical approach, right? So, I think if I had to say one thing to them, it's like, take ownership of your class. We have a long history, particularly in this country, I guess I would say internationally, of students leading resistance efforts. We're seeing that to a great degree as people respond to the ongoing struggles for multiple forms, against multiple forms of oppression here in the United States and abroad, George Floyd, what's happening with climate change as a matter of environmental justice. There's so many different ways—what's happening in the Middle East—there's so many different ways that students identify and use their position to both intake information and also kind of do that solidarity work. But so often, academic spaces request of them silence, complicity, a relative lack of power in order to maintain their status just as like a actively matriculating student. But emancipatory pedagogy throws that out. And so, I would encourage students to continue to question, to continue to resist. It's students that led the argument against the race-based medicine argument to throw out GFR.

HOFF: Mmhmm.

CABEY: And so, I think students have just as much of a stake in this process, if not more. So, that would probably be my key take-home to them is like, do this work and continue to do the work that they're doing.

[00:04:56] HOFF: And finally, if you could add a point to your article that you didn't have the time or the space to fully explore, what would that be?

CABEY: I think that one of the areas that we didn't have time or space to get into is kind of the structural. It's simultaneously true that we do this work in spaces that are impacted by and impact marginalized people, people with marginalized identities. And particularly in urban environments, many med schools are sitting in the backyard of a neighborhood that has experienced long-standing divestment, residential segregation, and forces such as those that make the health of the neighbors in the backyard quite a bit different than maybe people even further down the street. Very much of the, your zip code mattering more than your genetic code. And the same forces that are at play in the community that impact the community also have a potential to impact the way that the health systems and schools of medicine interact with wider society, with students, and with patients. And so, another way to think about that is to say that the health system and the school of medicine is not immune. As much as it's there to be a player, potentially an honest broker and a promoter of health, it also has a vested interest in maintaining a bottom line. And those kinds of capitalist forces impact the ability to do really radical and revolutionary work. And those tensions become problematic, I think, in the way that we think about how to be more emancipatory in our individual approaches and kind of as a collective.

[00:07:21] And so, the article, we don't have as much space as we would like to really kind of name and explicate the ways that we have to think about praxis, not only in the classroom, but in the way that we continue to name structural oppression as something that impacts your ability to even do the work inside the classroom, right? And so, that becomes, I think, a source of potential tension because this is also your employer. And what's the appropriate way for you to strike back at authority while maintaining a presence that allows you to continue to do the work and teach future generations of students? That's a complicated conversation that's beyond the scope of what we have the space to talk about. But I think that it's super relevant because so often what happens, I think, is that we either get to a point where the individual is not enough, or the individual effort can sometimes be co-opted in a way that is more serving and more beneficial to the organization than it is to your original aims. So, it's a really, I think, complicated thing to kind of sit in a place of privilege and I guess play with that positionality in a way that both kind of tries to break down barriers, but also recognizes that merely by being present at the table, you have a level of kind of participation and maybe, mm... collaboration with structures that you may otherwise be working against. [theme music returns]

[00:09:14] HOFF: Dr Cabey, thank you so much for your time on the podcast today, and thanks to you and your coauthors for your contribution to the Journal this month.

CABEY: Thank you so much. We hope that people really take from the article what they need.

HOFF: To read the full article as well as the rest of this month's issue for free, visit our site, [journalofethics.org](http://journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.