

Episode: *Author Interview: “How Does Racial Segregation Taint Medical Pedagogy?”*

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[bright theme music]

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 Harriet A. Washington, a lecturer at Columbia University in New York City and the author of *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans From Colonial Times to the Present*, and *Carte Blanche: The Erosion of Medical Consent*. She's here to discuss her article, “*How Does Racial Segregation Taint Medical Pedagogy?*,” in the January 2023 issue of the Journal, [Segregation in Health Care](#). Harriet, thank you so much for being on the podcast. [music fades out]

HARRIET WASHINGTON: Thank you so much for having me.

HOFF: To begin with, what's the main ethics point of your article?

WASHINGTON: I touch upon quite a few, but they're united by my conviction that ethical analysis depends upon the facts and evaluation of the facts as given to us in the history of medicine. But history of medicine has been carefully curated in a manner that tends to elide or even distort the African-American experience. So, to remedy this, teaching must confront not only overt issues that we're well aware of—and there are many of those, which I try to touch upon—but also tacit mythologies, the systemic failures, the algorithms. I talk also about basic contention, basic mythologies about African Americans that have unfortunately seeped into medical practice. All these things have an overarching problem in that they're part of the canon of the history of medicine, which is not factual, but which has been widely absorbed. So, teaching students that kind of ethical discretion or willingness to question, I think, is really important.

HOFF: Excellent. It sounded like you were sort of getting there right at the end, but what do you think is the most important thing for health professions students and trainees to take from this article?

WASHINGTON: I think it's, again, really important to scrutinize what's taught via lectures and what's taught by writings, and those things are easier to identify when they're problematic. But what's hard to identify are the tacit parts of medical education. What students learn in the clinical floor is by observing senior physicians, by observing policies. These things, I think, are harder to pinpoint and identify and quantify. And for

that reason, I'm concerned they may not be sufficiently addressed in medical pedagogy, and maybe we should turn our attention to that.

HOFF: Can you give a few examples of those tacit lessons that students and trainees might pick up when they first start interacting with more senior clinicians?

WASHINGTON: Certainly. During the COVID pandemic, one has been quite salient, and that is the ascribing of African-American health-seeking behavior to fear around the Tuskegee study. Now, that has been a longstanding assumption, and when I look at the early studies trying to document that, they're bereft of quantitative assessments. There is no body of work that shows that African Americans are motivated by the Tuskegee study to abandon all of health care. What we do have is detailed studies by Thomas LaVeist when he was at Johns Hopkins around 2005, several of them, not just one, documenting that Tuskegee is not a factor in African-American health-seeking behavior. And indeed, African Americans who have never heard of Tuskegee are more fearful of medical research. So, these are essentially mythologies, from my perspective, and they're being taught to medical students. They're being taught to the public. They become part of the canon without being sufficiently scrutinized. And even when we have evidence to the contrary, we tend to rely upon them. That's really unfortunate. And there are many other examples.

One interesting example is the consistent studies showing that African Americans are viewed as impervious to pain compared to white people or don't feel pain as whites do. And I pinpoint in *Medical Apartheid* how this belief originates in the 19th century with physicians there postulating this in order to justify, ethically justify, using African Americans in work deemed too dangerous for whites, also in medical experiments. They don't feel pain anyway. So, we have a hangover that we still have as physicians. The 2016 University of Virginia study most recently showed that over half of medical respondents believe that African Americans didn't feel pain as whites do. They also believe that African Americans had thicker bones that needed more radiation, a motley of unsubstantiated beliefs that we can trace directly back to being promulgated by, indeed, slave holders and people who endorsed enslavement. These kind of things, I think, need to be addressed. I know they need to be addressed, and for students to appreciate this and also to appreciate the more general point, which is that the received wisdom about African Americans has often been distorted by political, you know, nefarious political aims.

HOFF: Mmhmm. And if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

WASHINGTON: One I think has been explored really well. I recently read the galleys of a book entitled *Weathering* by Arlene Geronimus. I think it will be published next year. It's excellent. And what she has done very meticulously and very skillfully is made a very broad and detailed case for susceptibility of African Americans to illness and early death. When we explore this, and many people are concerned about this, many medical people are exploring it because to a certain degree, they all have been successful in

pinpointing problems. But what she has done is looked at the overarching effects of racism and racist behavior and how it directly affects the bodies and psyches of African Americans. For example, she talks about we worry about the truncated life span of African Americans, their greatest [audio drops] infectious illness. She offers biological consequences of the stress of racism that explain all of these: the early deaths, the early vulnerability to infection, and things like tying racial stress to changes in the hippocampal, hippocampal damage, these kind of things that we, I think a lot of us suspect are the case, but she has gone a step farther in finding the data to bolster it. [theme music returns] And I wish I had read this book beforehand. I certainly would've included this.

BOTH: [chuckle]

HOFF: Well, Harriet, thank you so much for your time on the podcast today and for your excellent contribution to the Journal this month.

WASHINGTON: Thank you for having me. It's been a great experience.

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*.