IMPERIAL

The Power of Language: Race & Ethnicity in Medical Education

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In this session we will:

- Share our insights and learning about how everyday language may support or undermine equity in clinical and educational settings, including in relation to race and ethnicity

- Invite discussion and shared experiences

Let’s consider this common phrase for a moment

…some students just aren’t motivated these days…

What **theories** **influenced our reflections on** language in medical education?

Language and Society

Language is:

- **subjective** and **drives actions**
  (symbolic interactionism)

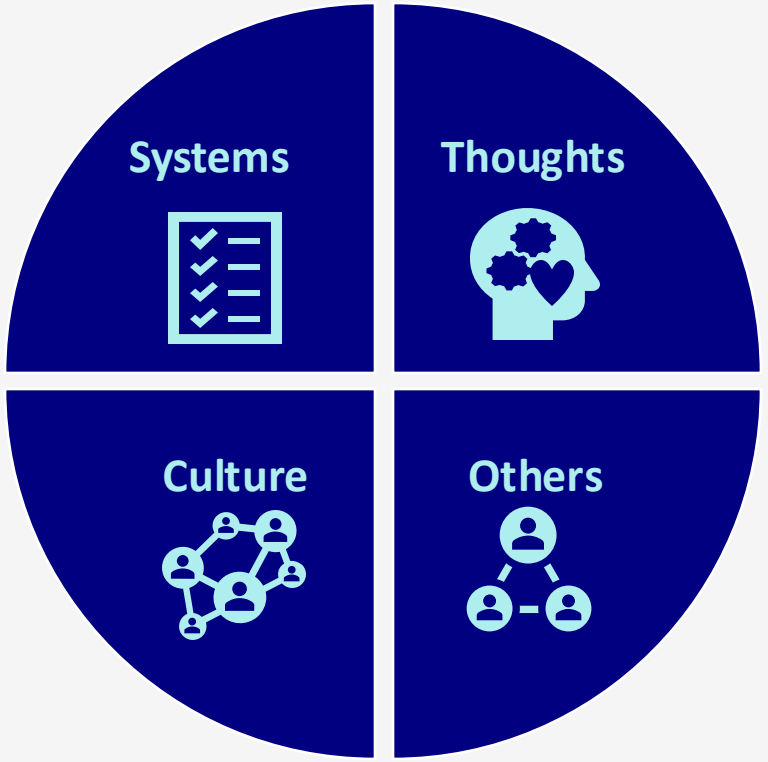
  (Mead, 1934)
- **constitutive** rather than simply descriptive
  (social constructionism)

  (Berger & Luckmann, 1966)
- **a social practice** that challenges/reinforces **inequalities**
  (critical discourse)

  (Foucault, 1972)
- **not neutral**…a place of **struggle**
  (Black feminism)

  (hooks, 1992)
- **mediates racism**
  (decolonial theory)

  (Fanon, 1952)



Words influence how we make sense of society, and how society operates

Why is **language, particularly about race,** important in medical education?

Race and language in medical education literature

- language about race is central to tackling health inequalities

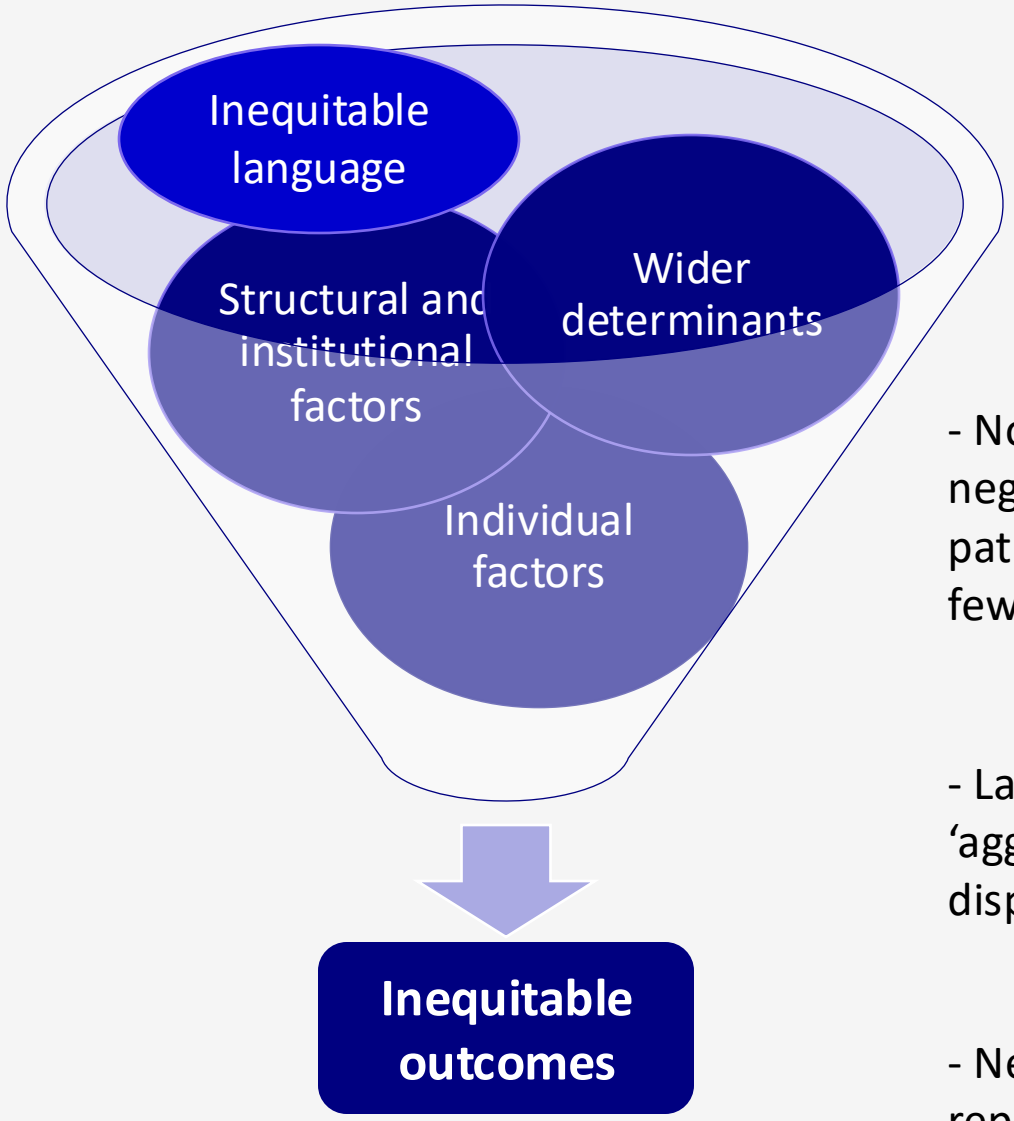
NHS Race Health Observatory, 2021

- inaccurate terms and physicians' implicit bias contributes to students' false beliefs about race

Amutah et al, 2021

- 'flimsiness of the concepts of race and ethnicity in medicine has been described countless times, yet they persevere'

Cho et al, 2023



- Notes for Black patients contained more negative adjectives than those for White patients; for Hispanic & Latinx patients, fewer positive adjectives

Bilotta et al, 2024

- Labelling minoritised staff as 'difficult' or 'aggressive' contributes to disproportionate disciplinary referrals

NHS Workforce Race Equality Standard, 2023

- Negative language bias against under-represented candidates in letters of recommendation

Deshpande et al, 2024

Are the professional bodies in alignment?

Professional bodies – is there synergy?

General Medical Council

Take steps to meet communication needs and be able to apply social sciences to patient care (2024)

RC GP

Think about language that can overtly or covertly lead to exclusion (2022)

Medical Schools Council

Actively address exclusion; use inclusive language; adapt curricula to challenge systemic biases (2021)

BMA

Lack of racial literacy and confidence prohibitive to NHS staff and medical educators (2022)

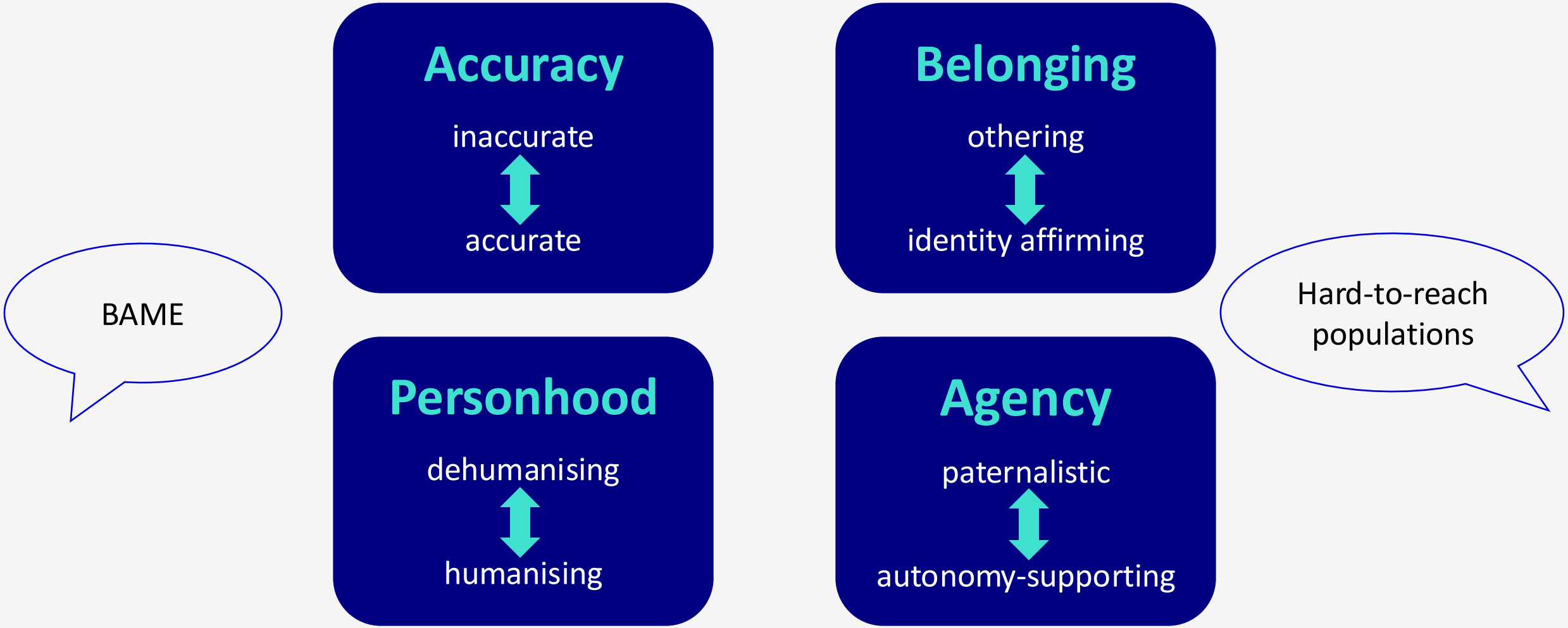
"Dismantling structural racism means that healthcare professionals must recognise, name, understand and talk about racism competently" (Hardeman et al. 2018, pp.271)

Let’s consider this common phrase for a moment

…Black patients have higher asthma rates…

How are we supporting shared reflection in medical education?

The impact of language: questions we're currently exploring



Race in medical education, research and clinical practice

	Race-**based** medicine	Race-**conscious** medicine
Semantics	Race **ill-defined** and inferred as **biological** → contributes to ↑ racial health inequities	Race defined as a **social and power construct** → contributes to ↓ racial health inequities
Prevalence without context	● Studies link race with disease and biology	● Effects of structural racism analysed
Pathologising race/race-based guidelines	● Biology of race reinforced in education	● Health consequences of racism taught
	● Healthcare bias, stereotyping, and racially-tailored clinical practices	● Support directed towards overcoming structural barriers to health

(Adapted from Amutah et al, 2021, and Cerdeña, Plaisime & Tsai, 2020)

Race in medical education, research and clinical practice

Race-**based** medicine

Race-**conscious** medicine

Semantics

Prevalence without context

Pathologising race/race-based guidelines

Patients with sickle cell disease are usually African

Black & Asian women in the UK are more likely to die in childbirth than their white counterparts

(Adapted from Amutah et al, 2021, and Cerdeña, Plaisime & Tsai, 2020)

Exploring additional **considerations**

Considerations

Our **focus** is on everyday language, not literacy, dialect or pronunciation, hate speech, or ‘free speech’ legislation

We acknowledge that:

attention to language

- offers insight into intent
- may be inclusion- rather than justice-focused

professionals

- are not the only accountable party
- have strengths, areas for development, and competing demands

developments continue, with

- collaboration planned
- awareness that language evolves

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Our key insights

- Language influences how we make sense of society **and** how society operates - affecting healthcare and educational outcomes
- **Race-conscious language** is essential in challenging inequities
- Critical curiosity about **accuracy**, **personhood**, **belonging** and **agency** may support approaches that harness the power of language

We would greatly appreciate your feedback

Thank you

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