Decolonising Medicine

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So how do I understand decolonization?
What is decolonization?

• Dismantling power structures inherited from, or strengthened by, the practices of colonisation. (Lugones 2010; Vergés 2021)

• Address and challenge the systemic disadvantages experienced by those who have been racialised and marginalised through historic processes of colonial violence and the contemporary manifestations of ongoing oppression.

• De-centre white, heteronormative, masculine, able-bodied privileges, and work collectively to create socially just futures defined by those subject to colonisation, racialisation and inequality. (Mohanty 2003; Flowers 2015; Boudreau Morris 2016)
How do we decolonize Science/Medicine Curriculum?

• $\neq$ removal of white male perspectives from curriculum.
• Challenge assumptions of the White male lens and broaden our intellectual vision to include a wider range of perspectives.
• Fundamental level: To create spaces at the ‘table’ to ensure all groups/perspectives are represented equally.
• To decolonise our curriculum is to challenge power relations and call for deeper thinking about the content of our courses (curriculum) and how we teach them (pedagogy).
Deeper into the intersections - the more excluded their voices become in a colonized curriculum. \((W,M,C,A,H,)\)

Decolonisation → becoming inclusive to the intersections and enabling all sections to have equal power (equal power as the White male perspective?)

How does it look visually?
An Example in Medicine

• James Marion Sims- father of modern (surgical) gynecology- 19th Century
• Developed pioneering tools and surgical techniques related to women’s reproductive health.
• Invented the vaginal speculum, a tool used for dilation and examination
• Pioneered a surgical technique to repair vesicovaginal fistula: complication of childbirth- tear between the uterus and bladder caused constant pain and urine leakage.

• Using Black women’s bodies as medical test subjects
• Dehumanizing the bodies of enslaved women
• Testing out new surgical techniques on Black women without anesthetics. (racist notion that Black people did not feel pain)
• 30 surgeries on Anarcha to perfect the techniques.
• Operated on White women WITH anesthetics
‘That was in the past, we need to look to the present and future...’

- A substantial number of white laypeople and medical students and residents hold false beliefs about biological differences between blacks and whites → racial bias in pain perception and accuracy of treatment recommendation (*Hoffman et al., 2016*).

- **2016 Guardian Article**: ‘Black patients half as likely to receive pain medication as white patients, study finds’ despite presenting the same pain characteristics.

- **2018 BBC Future**: ‘women in the emergency department who report having acute pain are less likely to be given opioid painfullers (the most effective type) than men’.

- **2014 study from Sweden**, women in A&E waited significantly longer to see a doctor than men and often, classified as less urgent cases.

- ‘Black women are less likely to be diagnosed for endometriosis than white women: when experiencing pelvic pain → misdiagnosed as having pelvic inflammatory disease (STD).

- **Black women are three times more likely to die from a pregnancy-related cause than White women → quality healthcare, underlying chronic conditions, structural racism, and implicit bias.**
Developing the New Module– Decolonising Medicine
The Danger of Tokenizing Decolonization

✓ A module like this is niche and unique.
✓ Tendency to tick a box in the college that they are decolonizing the curriculum since they have a module on it.
✓ Important to onboard all academics on the decolonizing journey- unlearning, learning, applying to what and how they teach.
✓ Authentic engagement from senior leadership as role models.
✓ Take the first step!!
2. Module Syllabus

- **Week 1: Decolonising the curricula**: The relevance of decolonization in Science and Medicine, common misconceptions and the path forward.
- **Week 2: Hidden figures**: Hidden contributions by Black, Asian, Middle Eastern, Indigenous Persons and People of Colour; interrogating the lack of visibility of non-White knowledge creators and knowledge from the Global South.
- **Week 3: Ethics** in medical research: A historical perspective and contemporary progress.
- **Week 4: Perception of pain** through the century; disturbing reasons why Black patients may be undertreated for pain.
- **Week 5**: Who gets **antibiotics** first? Racial and ethnic differences in antibiotic prescription.
- **Week 6: Women of colour and consent in medicine**: The case of Puerto Rican women and the pill in context of colonialism.
- **Week 7: Tuskegee** Syphilis study: Denial of Syphilis treatment to African American men.
- **Week 8: Willowbrook** Hepatitis experiments: Discovery of Hepatitis vaccine by experimenting on mentally disabled children.
- **Week 9: COVID-19** and inequality: The disproportionate impact on racial and ethnic minorities.
- **Week 10: Co-creating solutions** and dismantling systems of discrimination around us.
My Takeaways from the process

✓ Students are curious and want to learn about decolonization and the part they can play.
✓ One of the most effective methods to engage them, is to let them take leadership on their learning-guided.

✓ As tutors, we must keep an open mind, with an objective viewpoint.
✓ Creating safe spaces and building trust was essential from the beginning.
✓ We can bring in our perspectives but need to be comfortable in opposing viewpoints.

✓ Students need to be challenged to think from the opposing viewpoints even if it does not align with their ideas.
✓ Emphasizing on challenging and communicating with one another respectfully is important.
Thanks!

Any questions?
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Credits

Special thanks to all the people who made and released these awesome resources for free:

✓ Fresh Folk illustrations by Leni Kauffman
✓ Presentation template by SlidesCarnival
✓ Photographs by Unsplash