



### Embrace Diversity in Our Profession

I'll never forget the moment when I walked into Mr. C's hospital room...

I was the "new" cardiology fellow who was taking over the inpatient service from my previous colleague. My predecessor had described Mr. C as a very pleasant and friendly man who self-identified as African-American. Mr. C was described as being knowledgeable and well educated about his medical problems. Yet, he had also declined certain recommended evidence-based, guideline directed therapies, for inexplicable reasons. He was in the hospital with a diagnosis of heart failure with reduced ejection fraction (HFrEF) secondary to an ischemic cardiomyopathy. He was agreeable to oral medications, but he had specifically declined the placement of an implantable cardiac defibrillator (ICD). All medical staff involved in his care were in agreement that this was an appropriate intervention and a class I guideline indicated recommendation. However, Mr. C did not share that viewpoint.

While receiving sign out from my co fellow, I remember continuously probing him to explain why a patient who appeared to be so well informed and of sound judgment, had made such a decision. However, my colleague was unable to provide deeper insight into this dilemma.

Therefore, part of my agenda when I entered Mr. C's room, was to prioritize understanding his decision. This included creating a rapport with him and reviewing his medical records and hospitalization in detail. It was very important for me to also be satisfied that he possessed the insight and the necessary information to make an appropriate decision, whatever that may be. I too needed to be convinced that he had adequate medical decision-making capacity.

However, nothing quite prepared me for the moment when I entered Mr. C's room. I was all prepared to start with my usual introduction with my usual morning salutations followed by my name and title.

Mr. C was lying in his bed reading a book, when he looked up at me as I entered the room, and my words got literally stuck in my throat! I was completely derailed by the expression on his face... one of complete and utter shock! His eyes were wide open staring at me, his mouth had fallen open in shock and amazement, and his nostrils were slightly flared. Yet there was a

slight tilt at the corners of his mouth in acknowledgment of a smile. He had also dropped his book on the bed and his hands were frozen in midair.

Everything seemed to come to a complete standstill.

I too probably had a similar look of surprise on my face. We continued to stare at each other like this for what seemed like an eternity, until he finally exclaimed “so you’re my doctor!” There was both elation and question in his statement, but I immediately knew what he was asking me. I could sense the multiple additional questions underlying that one simple question. All of them related to the fact, that he had never previously met a cardiologist who looked like me, spoke like me and perhaps also looked like someone he knew in his personal life. A family member even?

That was the moment, when I truly experienced the meaning and power of embracing diversity in our profession. This is something which many of us acknowledge, discuss and hopefully promote. However, at that moment I felt it in a way that words could never verbalize. I don’t think that I could ever properly express something like this, but I am eternally grateful for having felt it!

It is not only important for our patients, but it is also important for us as physicians to experience how our diversity in all forms can enhance patients’ experiences and medical care and our personal journeys. Hopefully not just by our mere physical presence, but also in our thought processes, appreciation of nuances, cultural and personal preferences, and the overall provision of different perspectives to any situation.

After that, I spent about an hour talking to him. Luckily, my patient census was light that day, providing me that additional time with him. He shared many personal stories about himself, and other friends and relatives who had experienced undesirable encounters with other physicians. In particular, the theme of patient autonomy was prevalent, where he felt that those loved ones’ opinions had been dismissed and regarded as unimportant. He also disclosed that until now, he had not felt the necessary acknowledgement of himself as a person, by his medical team. He also shared his primary fear of being an “experiment”, as had happened to other African-American patients during the unfortunate and regrettable “Tuskegee experiments”. The medical community is still dealing with the distrust from patient members of the affected community.

To this day, I believe that the turning point in this story was related to his eventual belief that his autonomy was respected. This was important to our medical team, but it seemed easier for him to identify this and accept it, in my presence. I spent the rest of my time with Mr. C acknowledging the past mistakes of my medical profession, and reassuring him that we had learned from them and created measures to prevent these mistakes from being repeated. In that moment, I personally recalled all the mandatory human subjects research courses and clinical care patient privacy courses that I (and other physicians in my institution) were obligated to attend, and regularly update our competency in this area. I reassured him of his importance, understanding his fears and concerns and I addressed them to the best of my ability. I ended our conversation by encouraging him to benefit from the research that we had to utilize this device therapy to potentially reduce his mortality. When I left the room, he had tentatively agreed to reconsider ICD placement and I gave him

some informational pamphlets. I am very pleased to say that Mr. C was eventually discharged home with an ICD in situ.

However, most importantly, I assigned him to an outpatient cardiologist who I knew would continue to provide him with the doctor-patient relationship and communication that he desired. In my mind, this was the most important tool to help him along his new journey! Providing him with the confidence in our profession and building trust with his cardiologist, for him to continue to benefit from the advancements of modern cardiology care.

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