



Editor's Notes

Becoming Uncomfortable

by Bruce H. Campbell, MD

As a surgeon, I have made mistakes that have hurt people. I hope that this [fact](#) is not surprising to anyone since, besides being a surgeon, I am also a human being. I have never hurt anyone in the operating room intentionally but, over the years, I am certain that there have been more people harmed than I realized.

What happened? Certainly, I never deliberately waded into cases where I knew I was in over my head, but there have been instances where I was inadequately or improperly prepared. Maybe there was a gap in my training. Perhaps I missed a critical experience along the way that would have led me down a different path. Maybe I overlooked an article. Maybe the science had not yet taught us the proper way to care for a specific problem. Maybe I blundered or slipped or got lost. Maybe I *should* have operated but recommended *against* it. Or vice versa. Over the course of a thirty-year career and thousands of surgical procedures and patient encounters, I have done my best. I know, however, that for some people, my decisions have led to harm.

To reassure myself, I have tried to stay at the top of my game. I attend regular Morbidity and Mortality (“M&M”) Conferences to discuss complications. I participate in “root cause analyses” to find systemic problems that lead to errors. I listen to patients, families, and staff when there are concerns. I have enlisted others to watch and make certain that my skills remain up to the task even as I [age](#). I believe, along with Hippocrates, that all physicians should live by the dictum: *primum non nocere*, or “first, do no harm.”

Nevertheless, I live with the knowledge that there are people out there who will always remember me as the person who hurt them. I always considered this to be part of what I do for a living.

The instances of physical harm I have caused during my surgical career have come to mind recently as I have engaged in conversations about how our implicit racial biases also cause harm. Like many white people, I have never thought of myself as racist. I am an older, white, cis-gendered, straight, abled male recipient of a suburban white-privilege upbringing. I knew (and had spoken to) very few African Americans until I got out of high school, even though my youth was spent in a suburban region actively trying to [integrate](#). On the other hand, my parents were in a club that allowed full membership only to men and, until I was older, included no Blacks, Catholics, or Jews. That seemed normal to me.

As a teenager back in the early 1970s, I worked as an orderly in a hospital emergency room on the border between my white suburb and a Black city neighborhood. Although I rarely noticed, my role models – the physicians, nurses, and police officers – treated Black patients and employees differently than they did white ones. I watched and learned. That seemed normal to me.

I do have a vivid memory of a conversation I had with a white police officer whom I knew well. I must have been uncomfortable with how he approached a Black patient; I don't remember the circumstances, but I do remember what he said. "Y'know," he told me, "you suburban kids love the race but hate the individual. I love the individual and hate the race." *Oh*, I thought. That seemed normal to me.

One day, one of the other emergency room orderlies, a Black man, walked in on the tail end of my comments about a Black patient. I stopped abruptly. I remember the sinking feeling in my stomach. *What had I said?* I wondered. *Did he hear that?* We never talked about it.

As I matured, I had more Black friends, acquaintances, trainees, students, and colleagues. In retrospect, I don't remember ever speaking of race with any of

them. Just as with surgery, I know I made mistakes.

I have committed [microaggressions](#). I have remained silent when hearing others make remarks that should have been called out. I am certain I have made thoughtless – what I considered at the time, innocent – comments. Although there were never any M&M conferences or formal reviews of mistakes I made as I interacted with Black people, I tried to approach the racial divide between us in the same way I approached surgery: I hoped each opportunity would make me better. I saw nothing wrong with what I was doing. It was “about me,” after all.

Then I read [Ijeoma Oluo](#)’s book, [So You Want to Talk About Race](#). She challenged me to look at myself in new ways and set me straight. Here is what she writes:

“To many white people, it appears, there is absolutely nothing worse than being called a racist, or someone insinuating you might be racist, or someone saying something you did was racist, or someone calling someone you identify with a racist. ...

“You may be now insisting that you do not have a racist bone in your body, but that is simply not true. You have been racist, and will be in the future, even if less so. ...

“You cannot tell someone to deny the harm you’ve done to them ... It sucks to know that to some people you will forever be the person who harmed them.”

Ms. Oluo helped me realize in a new, convicted way how my life experiences have shaped me in ways I never before perceived, both as a person who grew up with white privilege and as a physician afforded the upper hand in doctor-patient relationships. I have hurt people and failed to pause and fully recognize the damage I have caused. I have not always taken ownership of the consequences of my actions. Even though I have “felt bad” at times both in medicine and in life, I now realize how easy it has been to forgive myself and move on.

I suspect I am not alone. It is time to check our privilege. It is time to become more comfortable with being uncomfortable. It is time to apologize. It is time to be an ally.

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