NORTHERN (HIGH)LIGHTS

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flection on our interactions with Indigenous patients, and longitudinal growth through learning from them. Be attentive to the patient's body language and, if you perceive tension or discomfort, then stop and inquire. Respectfully ask if you have done something to offend the person. Listen intently, apologize if needed and commit to learning from the interaction. This can be where personal discom-

fort arises in the learning process, but is an important step forward to providing better quality rheumatology care to Indigenous patients.

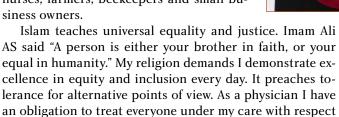
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Leading the Way for Change

By Tooba Ali, MBBS, FRCPC

am a visibly Muslim woman of colour. I have been an immigrant in this country for fewer than 10 years. I am a rheumatologist serving a predominantly rural community east of the Greater Toronto Area (GTA). My practice is not very diverse in terms of racial and ethnic background—fairly typical for rural Canada in my experience. My patients range from retired university professors to firefighters, registered nurses, farmers, beekeepers and small business owners

and dignity and to honour their autonomy.



In this age where differences in race, sexual orientation and religion continue to be focal points of strife in our communities, we can all choose to be agents of change. We can participate in active fashion by contributing to organizations, collective mobilization and demonstrations against injustice. Or we can act in passive yet important ways — learning more about what we don't know regarding an alternative point of view, and being the change that we would like to see in the world.

Often, as I step into an exam room to meet a patient for the first time, I wonder what they think of me when they see me — a visibly Muslim woman of colour. Sometimes I can spot the hastily covered-up expressions of surprise on their faces — I wonder if they were expecting a white male doctor instead. Some patients are bold enough to outright say so. However, invariably, once the conversation begins we are both reminded that despite the differences between what we look like or what we may believe of the world, the human-ness that connects us is deeper. My ability to listen respectfully, to offer sincere advice and demonstrate true



concern can be a more powerful catalyst of changing stereotypes about people who look like me than any public relations (PR) campaigns.

While historically medicine was the work of the privileged few — the demographics of doctors have changed dramatically across Canada. I am avidly aware of my privileges every day. That a little girl born across the world in a society not keen on the education of young girls gets to be a rheumatologist in Canada within 30 years

of life is no small privilege — given to me by God and the hard work of my parents. We each have a life of privilege in some way — we each have a responsibility to create a better, more just society for others. We have heard that diversity is a great strength of our country — let us demonstrate that by welcoming voices different than our own in conversations around us.

While some days I tire of the burden of always being identified as an ambassador of my faith, I remind myself of my duty to God, to be the change I wish to see in the world. I am a member of the Equity, Diversity and Inclusion (EDI) Task Force of the CRA, an organization run by enthusiastic physicians across Canada — working to improve the culture of the CRA and to dismantle systemic racism that may have crept into our organization. I am humbled to see the work and efforts put in by my colleagues on this task force as they each work to be the change they wish to see in the world.

I invite everyone to learn more about EDI and how it can affect those around them, and I invite everyone to participate in the EDI Task Force at the CRA — either by being a member, attending a workshop or just sending us your thoughts on the subject. Let us all work on being agents of change in our own capacity.

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