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To cite this article: Kayhan Parsi & Denise M. Dudzinski (2022) The Need for Praxis in Combating the Race Idea in Bioethics: Theory, Reflection, and Action, The American Journal of Bioethics, 22:3, 4-5, DOI: [10.1080/15265161.2022.2035158](https://doi.org/10.1080/15265161.2022.2035158)

To link to this article: <https://doi.org/10.1080/15265161.2022.2035158>



Published online: 08 Mar 2022.



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The Need for Praxis in Combating the Race Idea in Bioethics: Theory, Reflection, and Action

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The target article by Camisha Russell (2022) continues the important discussion about race, racism and bioethics that has appeared in AJOB for the past few years. Russell critically examines how understanding race and racism is integral to the field of bioethics. Although many scholars have contributed to our understanding of the centrality of race and racism in bioethics, Russell pushes the discourse further by adding the notion of the “race idea.” As she states: “The race idea more accurately describes the thinking involved in the historical emergence of the race concept than does the theory of race as biological.” Although Russell concedes that race is a social construction, it’s really the “race idea” that has provided the foundation for a cultural racism that continues to exist. She states, for example, that “the race idea will continue to influence science and medicine, often in ways that are hard to detect.”

One clear example occurred in early 2021 where a deputy editor of JAMA stated during a podcast that “Structural racism is an unfortunate term... Personally, I think taking racism out of the conversation will help. Many people like myself are offended by the implication that we are somehow racist.” This comment was then followed by a JAMA tweet that said: “No physician is racist, so how can there be structural racism in health care?” (Mandavilli 2021). There was a strong and immediate response, with many identifying these comments as reflecting the very cultural racism that Russell is discussing in her article. Both the deputy editor Ed Livingston and JAMA Editor-in-Chief Howard Bauchner eventually resigned. The editorial leadership of JAMA published an editorial where they stated: “Structural racism requires active dismantling, not only to reverse the status quo but also to counteract ongoing efforts to worsen structural racism through active steps, such as

legislation targeted at impeding voting rights” (Rivara et al. 2021).

Purging organizations of bad actors isn’t enough, as Russell states: “Even if bad actors *are* present in an institution, structural injustice reminds us that getting rid of those bad actors will not necessarily solve all or even most problems.” Rather, combating structural injustice requires not only dismantling racist structures (as the editorial leadership of JAMA stated) but that individuals can and should make a difference. Rather than an either/or approach, Russell argues for a both/and approach.

In our many years of teaching at institutions that attract students who are committed to a social justice mission, one of the serious challenges is translating our academic calls for greater justice into real-world action. The greatest contribution that Russell makes is providing the steps in facilitating this translation. Citing the work of the educational theorist Paulo Friere, Russell invokes the need for praxis (“theory, reflection and action”) in order to facilitate greater racial justice. For example, eschewing race-based medicine in favor of race-conscious medicine allows clinicians to acknowledge “the structural sources of racial disparities in health and leads to a clinical practice that aims to reduce disparities and the structural barriers that cause them.”

This anti-racist work isn’t only the work of clinicians. Authors of this month’s OPCs join Russell in urging bioethics and bioethicists to become anti-racist. Holtzman calls attention to the ‘racial data gap’ where inaccurate and incomplete data obscure health disparities by misattributing race (Holtzman 2022). Holtzman recommends changes to public health data collection to ensure the methods do not further diminish the value of the lives of underrepresented minorities. Brunig & Salloch highlight intersectionality, calling on bioethics to “make structural

discrimination visible” (Brunig and Salloch 2022, 43). Incorvaia and Wolf invite bioethicists to include whiteness and white normativity in their engagement with racism in the classroom: “Just as we ask students to examine and question their moral intuitions and vantage points, we should encourage them to investigate how the predominance of whiteness in bioethics and other fields has shaped it” (Incorvaia and Wolf 2022, 37). And historian Robert Baker cautions us not to erase blackness from bioethics, as the discipline has historically been prone to do (Baker 2022, 33).

James brings us to the heart of the issue: “My concern is that this moment of racial reckoning will indeed pass us by. I worry that we will continue along at a middling pace, hand wringing about diversity in bioethics without truly contending with racism” (James 2022, 22). James encourages bioethicists to linger in the Black Lives Matter moment, to finally stop asking Black scholars to justify *why* their research on racism is truly bioethics scholarship. Surely this is another manifestation of systemic racism. Valentine’s notion of ‘racialized disablement’ describes the intersection of racism and ableism, “[a]ssuming a health gap [e.g. susceptibility to heart failure in Black patients] by virtue of an implicit value gap neglects to comprehend how both disability and disablement interact with race to manifest racism” (Valentine 2022, 25). Vinarcik and Wilson invite inspection of programs designed to address health disparities. “At worst, student run free clinics mistreat disadvantaged patients by enabling substandard care, and at best they help a handful of people get by, ultimately bolstering the illusion of a robust philanthropic safety net sufficient for bridging the class gap in healthcare” (Vinarcik and Wilson 2022, 28). Finally, Riaz et al. provide specific, actionable guidance on how to meet Russell’s challenge in classroom and clinical settings (Riaz 2022). Taken together, the authors of OPCs both specify what needs to be done for bioethics to become anti-racist and insist on further scrutiny to move from gestures of engagement to true reform.

As bioethicists, it’s easier for us to ask our medical colleagues to take the speck out of their eyes and ignore the beam in our own. Yet, it’s clear that Russell along with many of the authors of the accompanying commentaries are exhorting us in the field of bioethics to do more in combating structural injustice and racism. We have the intellectual tools. We have the social capital. And we have the opportunity. It’s up to us to take it.

FUNDING

The author(s) reported there is no funding associated with the work featured in this article.

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