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Commentary and Opinions

Centring equity in medicine: pushback to challenging power

Centrer l'équité en médecine : le refus de remettre en cause le pouvoir

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The March 2023 special issue of the CMEJ outlined several emerging themes for consideration in the 2025 CanMEDS framework, including equity, social justice, and anti-racism.[1] In the decade since CanMEDS 2015, social justice movements have called upon society to reckon with the profound structural inequities in our world. CanMEDS 2025 is an opportunity for us to critically re-examine the medical and medical education status quo and our role in addressing unjust systems.

As calls for action have grown louder, "equity, diversity and inclusion" (EDI) initiatives and statements have become commonplace in medical institutions. What is frequently left out is a discussion about how medicine itself is an institution steeped in power and privilege. Like all powerful social institutions, medicine perpetuates its own power, independent of the motivations of any individual and requires a deep self-critique.

Moving towards a model of care which better serves patients and communities that have been marginalized by the medical system requires acknowledging this prevailing institutional power. However, this leads to the central tension in medical education, in which equity initiatives are strongly supported in principle, yet frequently undermined when power is challenged. We observed this phenomenon in action in the response to a call to centre concepts such as social justice, anti-racism, and anti-oppression in the CanMEDS framework.

False dichotomies: pitting social justice, anti-racism and anti-oppression against medical expertise

As a creation of physicians, CanMEDS has reproduced the traditionally held values of our 'expert' status as core to our professional identity. Physicians' sole access to certain expert knowledge has remained a key source of our professional power.[2] While biomedical knowledge is critical to the daily work of physicians, clinical information without patient context is only a series of facts. Understanding the social factors and structural power dynamics at play are key parts to effective medical practice.

The CanMEDS 2025 interim report put out for open public feedback, included a suggestion to centre social justice, anti-racism, and anti-oppression rather than medical expertise.[3] This open call signaled a fundamental re-orientation of medical education and practice, integrating critical reflection and equity as core components of our work. In response, a disingenuous but widely circulated narrative emerged, shared by several individuals in the leadership of medical institutions in North America, suggesting that centring equity meant replacing biomedical content in medical training and practice. It appeared that even discussing the possibility of de-centering biomedical expertise was perceived as a challenge to physician power and resulted in substantial pushback.

Delegitimizing individuals rather than debating issues

A common tactic[4] of those seeking to maintain power is to attack individuals rather than address the issue at hand, as reflected in the reaction to the CanMEDS open call. As physicians have engaged in the risky but necessary work of resistance, prioritizing justice over obedience,[5] such

attacks have become increasingly common. Watson-Creed[2] describes naming individual complainants as difficult or unprofessional to silence those who bring forward issues. She points to this as a specific form of anti-Black racism. Individuals from marginalized communities are simultaneously most likely to hold equity roles, while also least likely to have social capital in medical institutions, compounding their vulnerable positions.

Physicians raising equity issues may also be painted as having 'radical' concerns[6] and attacks have even gone so far in some cases as to lodge formal complaints about unprofessional behavior[6] without basis. A National Post opinion piece about the CanMEDS 2025 open call referred to a 'social and political agenda' and attempted to villainize those centering equity as 'charlatans.'[7] The National Rifle Association exhorted physicians who declared gun violence a public health crisis to "stay in your lane," a sentiment echoed in Canada in response to shooting deaths in 2018.[6] Rendering medicine 'apolitical' serves to delegitimize physician activity in social justice movements, even though purposeful and principled action[5] may be required to advance the health of patients.

Conclusion

CanMEDS 2025 presents an important opportunity to integrate social justice, anti-racism and anti-oppression principles into our teaching and practice. Medicine is grappling with how to shift the status quo to address structural inequities. Challenges to institutional power are still met with pushback including false dichotomies and attempts to delegitimize individuals. If medicine is truly committed to structural change, we must do better.

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