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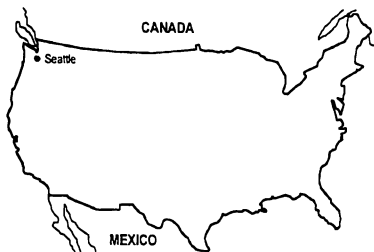
## Section A: International

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### American Indians fitting into Medical School

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This paper describes a qualitative study of how indigenous people experience medical school in the United States. Nine American Indians and Alaska Natives participated in the study: five women and four men. They came from eight different tribes, but they have asked me to protect their confidentiality, so I will not identify their tribes. Their ages ranged from 27 to 39. Five of them had children. Two of them were unmarried.

In the United States, the need for indigenous physicians is great. Twice as many American Indians die from homicide and suicide as non-Indians in the United States (Wallace, Kirk, Houston, Amnest, and Emrich, 1993); three times as many die from accidents and more than four times as many die from alcoholism (Indian Health Service, 1996). Diabetes is rampant among American Indians and Alaska Natives. Women are the hardest hit (Gilliland, Gilliland, and Carter; 1997). More than five times as many American Indian and Alaska Native women die from diabetes than non-Latina white women.

If American Indian physicians choose to serve their own communities, they have an advantage in caring for Indian patients. Meeting the health care needs of Indian people requires cultural sensitivity (Strickland, Chrisman, Yallup, Powell, and Squeoch; 1996).

Indian patients may be reluctant to approach non-Indian physicians until a disease has progressed too far for treatment to be effective (Sanchez, Plawecki, and Plawecki; 1996). Even after a patient seeks care, poor communication between the provider and the patient may hamper diagnosis and treatment (Lieberman, Stoller, and Burg; 1997). Physicians who are sensitive to American Indian culture, community, and history, are better able to serve Indian patients than physicians who are not familiar with Indian culture and Indian communities.

American Indian physicians fill a need, but there are too few of them. Only .3% of physicians in the United States are Indian (Randolph, 1997). Since American Indian and Alaska Native people comprise .8% of the total United States Population (Bureau of the Census, 1997), there would have to be more than twice as many indigenous physicians for the indigenous population to be proportionately represented.

Few indigenous people graduate from college in the United States, so the numbers of students who are qualified to apply for medical school are small. In the United States, only 9.3% of American Indians and Alaska Natives complete a bachelor's degree, compared to 21.5% of white people and 36.6% of Asian Americans (Bureau of the Census, 1993). Because their numbers are small, ensuring their success is important. To date, no research has been published in the United States on indigenous medical students. This study was designed to characterize their experiences for two reasons: 1) to give policy makers information about how to ensure indigenous success in medical school and 2) give future indigenous students information about how to succeed.

The medical program began with two years of course work and finished with two years of clerkships in which students were trained in hospitals and clinics. The study participants told me about their lives as medical students: the hard work of medical school and how study and clinical work affected their relationships with their families. I analyzed their experiences to find commonality among them using grounded theory as described in Strauss & Corbin (1998).

The participants talked about how they had struggled to maintain their indigenous traditions in a setting that was, in some ways, antithetic to their beliefs. For the participants who spoke with me, medical school was more than learning what a physician needed to know. It was learning how to think as a physician thought and behave as a physician behaved. The participants' perceptions were validated by researchers who have long realized that medical school also serves the purpose of initiating students into the medical profession (Becker, Geer, Hughes, and Strauss, 1961/1997). They call that process "professional socialization."

### **Response to Academic and Clinical Pressure: Medical School Is Tough**

Indigenous medical students responded to the pressure to learn a lot of material quickly as non-indigenous students have (Becker et al, 1961/1997; Broadhead, 1983). They lamented the rigors of the academic program. Wesley, a third year medical student said, "In medical school, you're dumped on with information. It's like trying to drink from a fire hydrant."

Students in their clerkship years also spoke about their responses to the stress they encountered. Blue Jay was a medical student who enjoyed patient contact during her clinical rotations. Nonetheless, she found more work than there was time to do. She described the experience, "Clinical training is long, rigorous hours."

In general, the students found that both the academic program and the clerkships were extremely

challenging. They found a variety of ways to cope with those challenges. Sievert, who was nearing the completion of his program, said simply, "I try to blow off steam." Then he added:

*"I like to go out with my friends and try to act like I'm not a medical student once in awhile. I think med students are hedonistic in a lot of ways. They go out and do all these crazy types of sporting activities, whether it's rock-climbing or mountain climbing. They want that extra adrenaline to kind of make up for all the time that they are not doing something really fun."*

Medicine Wolf had worked in another profession before entering medical school. He found strength he had gained from early life experiences for coping with the pressures of his hospital clerkships. He said, "I've been through so much in my life, that I really honestly have that idea that nothing can beat me." Medicine Wolf reminisced about a time that built his steely determination:

*"It was the summer and fall of-how old was I? Thirteen? Thirteen. We lived in a camper trailer for about a month and then we moved into this shell of a house -we had to pound a piece of plywood up for the door and had that paperboard sheeting, no insulation, holes in the floor, wood stove. In the winter on the high plains, it was damned cold. We lived like that for a couple years. That's one of the reasons I can say that there's no spoiled, smart-assed, silver-spooned, arrogant attending physician that will ever beat me down, because they don't have the tools."*

While the participants described the academic and clinical programs much as non-Indians had in the past, they responded to professional socialization differently. Before medical school, some participants had feared that because of their gender or their ethnicity, they might not fit into the medical profession. Once in medical school, some felt pressure to relinquish their identities as Indian in order to become physicians.

## Responding to Socialization Pressures

Medicine Wolf said that medical students were being, "indoctrinated into a way of thinking about the world." He said they were being, "molded and shaped and formed." Wesley, who had felt so deluged with information in medical school that he compared studying with trying to drink from a fire hydrant, found that medical school sometimes conflicted with his culture. He was concerned about the disrespect some people showed the dead in the anatomy lab, but he found a way to cope. He explained:

*"My spirituality gives me strength to move in and out of medical scenarios that I would otherwise not have felt comfortable in, like dealing with those that have passed away and their bodies are still here. In anatomy lab, those rooms filled with what the medical community calls "cadavers"-these are the individuals who have donated their bodies to science and the medical students are given the honor and the rights to learn from these people's bodies and we literally open up their bodies and take their hearts out and cut their heart open and see what's inside to learn from what they have given us-the gift of their body.*

*"I had to say a lot of prayers before I went into anatomy lab to make sure I was strong enough to appreciate the gift that these individuals had given us as medical students and that helped me to better understand the gift and better deal with it and make the best of it and get the best out of it. It's a sad thing when a medical student goes into an anatomy lab without a second thought of the person who had given them the gift of their body to learn from.*

*"I prayed and I smudged and I prayed.<sup>1</sup> I actually went into the cadaver lab with all the cadavers and I brought some sweet-grass in there and I smudged all those cadavers when nobody was there and I said a prayer and sang a song for them-just me. I didn't tell anybody. I didn't know if I was going to*

*get in trouble, but I had the right to go in there and learn and study at night if I wanted to, so I went in there and I said a prayer for them. It was my right to be in there. So, I went in there."*

In this way, Wesley reconciled medical school with his traditions. Blue Jay also found that medical school culture was at odds with her own. As she did her rotations in hospitals and clinics, the residents and attending physicians who supervised her work had expectations based not only on professional standards, but on their own cultures. She had to demonstrate her knowledge to them in a way that they understood. She explained the challenge of meeting cultural differences:

*"This type of training...is not in our nature. Culturally, we are taught to listen and not ask too many questions. For some of us, direct eye contact is disrespectful. We are a quiet, yet thoughtful people. This has been the hardest part for me. I often don't have questions because I listen intently and generally understand the information or may need time to digest and can come up with questions later. This often comes across as a lack of interest or lack of intelligence."*

Blue Jay found that the way she had behaved at home conveyed a different meaning among medical professionals. She not only had to learn professional standards, but she had to practice them in a way physicians from the dominant culture accepted. Despite her compliance, the experience of medical school strengthened her identity. She explained:

*"My Indian identity is important to me, even more so as I further my education and get a better understanding of the Native community and the obstacles it faces. As a young person, like most, I was oblivious to the suffering, the oppression and the racism towards Natives, probably because although we didn't have much in material things, my family was strong and rich with love. It wasn't until I moved from the reservation*

*and became exposed to a very non-Native culture, did I begin to understand what it meant to be Native, and what it means to me. I can recall times when I was ashamed to be recognized as Indian; trying to fit into the mainstream culture. I began to realize in college that people were genuinely interested in my culture....I am proud of my heritage and have great respect for my elders and ancestors. It's amazing what my people have endured and I only hope that I have the strength and courage to endure the challenges before me."*

Both Wesley and Blue Jay found that medical school culture was very different from the cultures they had learned at home. They coped in different ways. Wesley brought his own cultural context into the anatomy lab when he smudged the cadavers. Blue Jay accommodated the medical school by modifying her behavior. Medical school changed students both by training them in medical knowledge and by training them to think and act like physicians. Some participants resisted changing the way they thought and acted, and like Wesley, insisted on their own cultural practices. The students were not victims of the process of professional socialization. They understood how and why the process worked.

### **Benefits of Professional Socialization**

Medicine Wolf reflected at length on what he called "indoctrination." He said he first became aware of professionalization when an instructor told his class:

*"Most people don't look at the world the way you're going to look at it after you're done with medical school. And if you think that you're not being shaped and even warped, in some ways, then you're very naïve."*

After a few years of medical school, Medicine Wolf agreed, "Medical school is-not mind-warping, but certainly a perspective-altering experience." He added, "We're really being indoctrinated into a way of thinking about the world-a way of approaching problems; approaching people; people's bodies;

people's minds-that's not necessarily well-accepted throughout society." As an example, he told the following story in which his ability to help a friend was enhanced by the way he saw her:

*"I had a friend who was just talking to me about exercise and how she had been getting tired and I said, "I think you're anemic and I think you need to take some iron." It was just a random thing....I didn't just see my friend, I saw her pale lips and her pale nails and, you know, that her tongue wasn't very red. You just look at people differently. The next time I saw her, she was more ruddy than I have ever seen her. A month later and she was totally ecstatic because now she can run twice as far. She's just so happy, and she said, 'You know, you guys are really good'-she's friends with a lot of medical students - 'And you guys just think differently from other people'."*

Medicine Wolf had helped his friend by noticing details about her physical health that might have escaped other people. In the following passage, Medicine Wolf seemed almost surprised by the power of the allopathic worldview:

*"The way we look at the world is unique. And it's **powerful**, too, because we've been able to make such strides and cure people's needs and help people live through crises. I've had three or four patients in just the last six weeks that I swore were dead when I walked in the door-that we were just going to help them die. They walked out of the hospital three weeks later. It's incredible: we can-basically, what we can do is help people's bodies get through a crisis of infection or trauma-accident or induced trauma-drugs, or something like that-we can help their bodies survive a crisis situation, then the body can heal itself. I think that the really impressive thing about being a physician is having the knowledge to get them through that crisis."*

Medicine Wolf demonstrated that learning to see other

people as physicians saw them made him into a more powerful healer, but that knowledge was purchased at a cost.

### Costs of Professional Socialization

Professional socialization had social and personal consequences. Medicine Wolf explained that becoming a physician distanced him from society in some ways. He said:

*“A lot of things we do aren’t really intuitive, and they’re not really meant to be. Some of them are quite draconian, even, as far as when we take fluids out of people’s stomach and out of their chest and the sack around their heart. People don’t like, obviously, having needles poked and prodded into them and people aren’t necessarily sedated for that sort of thing-sort of minor procedures. But, the information it gives us helps us make decisions about what to do for them. Two weeks later they’re kissing your feet almost, because you helped them survive.*

*So, I think we’re useful to society that way. But I don’t think that society necessarily relates to having us a part of-if you go to a party and say you’re a doctor, you get really mixed reactions. Some people are sort of worshipful. Other people are stand-offish. I don’t really feel comfortable being in either role. So, any rate, that’s a round-about way of saying that we’re really indoctrinated into a way of thinking about the world-a way of approaching problems; approaching people; people’s bodies; people’s minds; people’s problems, and that’s not necessarily well-accepted throughout society. And also of being, in a sense, kind of fearful, but also really needed.”*

Medicine Wolf thought that healers throughout history had faced a similar tension. To effectively treat their patients, they needed to think about them in unaccustomed ways. However, in adopting a perspective that was different from other people’s,

they risked not fitting into society. Medicine Wolf said:

*“I think it’s that way for medicine men in almost all cultures. Shamans are something you respect and value and need because of your spiritual health or physical health, but it’s something you’re afraid of, too. People respect the shaman because of his magic powers, not necessarily because they love him. I just think that doctors in our society are very high-tech compared to other doctors in other cultures, but still basically have the same place. That place hasn’t changed for historical time.”*

Medicine Wolf saw modern physicians as relegated to the social fringe as shamans of the past had been. He said, “Physicians are notorious science nerds. Quite honestly, a lot of them can’t get along with other people and actually, I sort of fit into that a little bit, too.” In Medicine Wolf’s view, doctors were both “science nerds” and “high-tech” shamans, who, freed of the usual social frame, were empowered to gain rich perceptions with which they might better serve their societies.

Accepting the role of physician may have distanced medical students from the rest of society as Medicine Wolf illustrated by saying, “Medical school parties are weird. They really truly are. They’re just a little weird. And all of our spouses would say that.”

In addition to that social distance, some students felt that medicine might change them as people in ways they did not want to change. Medicine Wolf explained: “If you totally focus on medical school, you really become an inhuman machine. Medical school is-I’m going to say this, and I don’t mean it to be as derogatory as it sounds-but it’s an extremely dehumanizing experience.” He used a movie as a metaphor:

*“Have you ever seen the movie ‘Johnny Mnemonic’? It’s a pretty bad science fiction movie. This guy is an information courier in the future. He has a port right into his brain. He gets this really big piece of information-this job is supposed to be his last-and he has*

*to download a portion of his childhood out of his memory to get this new job in right. The goal was good, but he had to pay a price for it, and I think medical school is sort of like that. Your outlook on life is being molded and shaped and formed, but you can pay a big price for that if you focus on medical school, because the process is not humane. It really isn't. It's just very brutal."*

Alex, who was just beginning medical school when I first spoke with her, was also concerned that the program might change her in ways she did not want:

*"For a lot of us, our biggest fear is: by the time we get done with the road, are we still going to have the compassion that we're coming in with. We're all bright-eyed and bushy-tailed, and you know, and we have all these big fantasies. It's brutal. Are we gonna come out the other end with some semblance of that compassion and that enthusiasm, or is it going to get beaten out of us? That scares me. I don't want to be a callous doctor."*

Coincidentally, each Alex and Medicine Wolf used the word "brutal" in considering changes precipitated by medical school that might make them less humane. They were concerned that medical school might affect who they were as people. I asked Medicine Wolf, "Has your sense of yourself as a person changed in medical school?" He answered:

*"It has come into sharper focus since I've been here. I've been able to come to grips with the person that I am and that I, sort of in my heart always knew I was, but not been able to face...As much as I would, frankly, call medical school abusive, the way the system is, to me it has been a very freeing, fulfilling experience, just because it has allowed me to fulfill what I was meant to fulfill in my life, I think. So, in that sense, it has focused me, clarified me."*

In the end, Medicine Wolf felt that medical school helped him to be the person he was meant to be.

### Conclusion

In medical school, students learned to be physicians, but there were costs in addition to the hard work. Students learned to think as physicians thought with the result that they saw people differently. Their new perceptions helped them diagnose patients better, but their view of the world also isolated them from other people. They were pulled away from their own communities and drawn into the medical community. Feeling that pull, some resisted. Wesley smudged the cadavers in the anatomy lab. Blue Jay altered her behavior, but insisted on her identity. Those who felt that professional socialization conflicted with their own cultures tended to resist professionalization.

<sup>1</sup> To 'smudge' is to purify with smoke. Wesley would have lit braided sweetgrass. (It does not burn well, but smolders.) He then would have fanned the smoke from the smoldering grass over the cadavers.

### BIOGRAPHY:

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