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Anesthesiologists™

Residents In a Room

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VOICE OVER:

This is Residents in a Room, an official podcast of the American Society of Anesthesiologists, where we go behind the scenes to explore the world from the point of view of anesthesiology residents.

Knowing how to approach people who may not speak the language that transcends beyond your own culture.

So we just got to understand better where they're coming from. And, you know, this is a patient choice.

As long as they've asked for help in the healthcare system, that means they're really suffering and they really need help.

There's still an uphill battle in building trust in medicine overall.

DR. MARIAM SARWARY (HOST):

Good afternoon, everyone, and welcome to Residents in a Room, a podcast for residents by residents. My name is Mariam Sarwary and I will be the host for today's episode. I'm joined today by three residents who are going to share their immigration stories with us, and talk about how their stories have shaped their advocacy efforts, and discuss their views on global health. So without further ado, let's go ahead and meet our guests.

DR. MUHAMMAD ANWAR:

Thank you, Dr. Sarwary. My name is Muhammed Anwar. I recently graduated from Tulane University, New Orleans, Louisiana.

DR. RAVIE ABOZAID:

Hello. How are you, Dr. Sarwary? This is Ravie Abozaid. I am a CA3 in University of Rochester, New York, and I'm very happy to be here.

DR. HUGO CARDONA:

Hi, I'm Hugo Cardona. I'm currently a CA1 at UCLA, and I'm very happy to be here.

DR. SARWARY:

Wonderful. Well, welcome everyone. A little bit about me, as I mentioned, my name is Mariam Sarwary. I am originally from Afghanistan, immigrated to the States when I was younger. I just finished my residency at UCLA and I'll be starting regional anesthesia and acute pain medicine fellowship at Stanford in a couple weeks.

So I'm very excited to have you all here today. I guess the first question we'll start off with is, you know, asking for, I guess, a little bit more of a detailed immigration story from each of you, particularly wondering how your immigration experiences influenced your decision in becoming an anesthesiologist.

DR. ABOZAID:

Ok, I can start with my story. I'm Ravie, I, my immigration story started with my husband received an opportunity here in the land of opportunity in the United States. I actually was finishing up my anesthesia residency in one of the prestigious school of medicine in Cairo, Egypt, and my path was completely drawn and ready. But I had to switch gear at this point, and I was faced with the reality that I have to, like, all my knowledge and certification needs recertification. So I have to go through the process of the three step of the US (sic) at the same time as approaching to be an attending faculty in Egypt. So it's kind of a difficult situation. But I, I have to say, despite all of this demanding situation financially and physically and emotionally, by going through the three steps, it was just such a great lesson of resilience. And I was pursuing anesthesia residency back there, and I was having the option to change career or even change the career of medicine when I came here. But I found out my persistent thought, this is the career I want. Actually, I found it a great opportunity to, to learn more about anesthesia in a different country with different point of views and different resources. So I felt like it was a great experience and I learned the lesson that hard work paid off.

DR. SARWARY:

That is wonderful. Thank you so much for sharing. I think that's going to be a very unique point of view, having someone who has already completed basically all her medical training abroad and then, and then coming over. I will say that your, your story

reminds me of kind of my parents' immigration story in that they had they were fully established prior to coming.

I guess before we move on to anyone else, I'll just tell my story because it contrasts a little bit with yours, Dr. Abozaid, is that I came here when I was a baby. I was very young and so obviously not established. But what really stood out to me was what you mentioned in regards to coming to the land of opportunity. And, and that motto has rung in my ears throughout my time here in the States and going through training. So although, you know, I was raised here, kind of the same thing. So thank you for sharing.

Dr. Anwar, I know that you, you mentioned earlier that you are also an, an international medical graduate. Do would you like to share your story?

DR. ANWAR:

Yeah, sure. Thank you. So I'm a (sic) graduate and a first generation immigrant coming to States when I graduated from med school back home. We actually did not have an organized anesthesiology residency program. And my prior experience in anesthesia was pretty limited. So that, that is a complete contrast to what Dr. Abozaid said. I came to the States thinking that I wanted to be a surgeon and did a bunch of research and even matched into a surgery residency. And then later on, I found out that anesthesia and pain medicine is my actual passion. And so I would say that if I hadn't immigrated to the US, I wouldn't have discovered anesthesiology like back home. And since then, I think being on the right track and just looking forward to the career in anesthesiology and pain medicine.

DR. SARWARY:

Wonderful. And how did anesthesia kind of come to mind when you came to the states, given that I know you said it wasn't an established residency back home?

DR. ANWAR:

Yeah, so like I said initially when I was thinking I, I wanted to do, I wanted to be a surgeon, so I had to work twice as hard and actively seek out opportunities to polish my resume and did in general surgery residency. I came across, obviously some of the anesthesiologists, although they used to be on the other end of the operating table, I guess I found it a better fit for what I wanted to do. And not that I didn't like surgery, but I wanted to be more effective, not just in the operating room, but also outside of the operating room. And the healthcare advocacy has become my passion in the past couple of years. And I just think that anesthesiologists are in better position to advocate

for their patients. And this is something that every resident, every future physician should focus on.

DR. SARWARY:

That's wonderful. Yes, I agree that anesthesia does give you the ability to kind of step out of the OR, and and to participate in other things, such as advocacy. Well, thank you for sharing.

And then next up, Dr. Cardona.

DR. CARDONA:

Yes, my story slightly differs from Dr. Abozaid and Dr. Anwar. I am the child of two immigrants, my mother being from Mexico City and my father being from Bogota, Colombia. They came here between the 80's and 90's. And soon after they met, they had me. I have no family background in medicine. So I'm the, the first person in my family to go to college and pursue a career in medicine. And to echo what Dr. Sarwary had mentioned in, in parents believing this is a land of opportunity, my parents have always strived for me to achieve something greater than what they had before. So my first exposure to medicine came in college when I was volunteering, doing research at CHLA and I had never really been around doctors, let alone anesthesiologists. But my time there really opened my eyes and, and led me now to, to continue pursuing a career in medicine and specifically in anesthesiology.

DR. SARWARY:

Wonderful. Yeah, I think that in that sense, your story and mine, Dr. Cardona, are a little bit more similar in the sense that, as I mentioned, I immigrated here with my parents, but I was a baby. And so growing up was, was very interesting because of the environment being different compared to, to colleagues whose parents were born here. And going back to one of the questions I asked in terms of how I came to choose anesthesia, I really enjoyed it during my medical rotations. I found it to be a specialty where you were able to kind of gain exposure to a lot of different fields and hence having to know a little bit about everything. And I really appreciated that because I think everyone, you know, looks to internal medicine as being a holistic doctor who knows a, about everything. I preferred the anesthesia viewpoint of kind of more the acute setting, the intraoperative management and still having to know about almost every organ in the body. And so how that's how we, we ended up in anesthesia.

So to continue, to have any of you face any obstacles practicing medicine here in the United States that you would attribute specifically to being an immigrant? This could be

anything from, you know, language barriers, culture barriers or other things that our, our listeners or myself can't think of. And if so, how did you kind of overcome these obstacles?

DR. ABOZAID:

I can start to Dr. Sarwary. I think I was having some false fixed belief about barriers and obstacles when I came here, and I believe that, like, we create the obstacles or barriers, it's all like I came in conclusion that this, the United States, the essence of this country is immigrants, and it's all about understanding everyone perspective. And as well, as always, we say, let's agree to disagree.

But personally, my personal obstacle, and the major obstacle we faced when they came here is the fact that I've established physician back home and I have to, I have to go through the process of recertification and testing my knowledge as if I had no background, which is a little bit challenging. But other than that, I'm lucky to be in New York City and I think that's all around the states that very diverse mix parts of culture background. So I didn't have any language or culture barrier. People were very understanding, but it's all about the process of dealing of the international medical graduates here in the states, which sometimes I feel are challenging. Despite I feel as an immigrant or a son of immigrant, or having an immigrant (sic) adds a lot of your personality and if you like a respectable characteristic, that is going to help, help your patient, help your community.

DR. SARWARY:

I like, I like this viewpoint that perhaps we place the obstacles in front of us, and so for me personally, although I, I immigrated here when I was a young child, I grew up in a very traditional household. And so we mainly spoke Farsi at home. So I actually didn't speak English until I started kindergarten. And so there was a little bit of a language barrier for me initially that I, I tried to overcome. And but as you mentioned, one of the obstacles that maybe we place for ourselves.

My own story, I'm the first born and I come from, as I mentioned, I'm from Afghanistan and from a Muslim family. I was the first-born daughter. So there were some cultural restrictions maybe placed, you know, maybe I placed them on myself. But that was one of the barriers of being mindful of kind of the environment that my parents grew up in. And so what their thoughts were in terms of what was best for their daughter. So one example I'm thinking of is when it came time for college and everyone was applying kind of everywhere I was, I felt like I was limited to applying closer to home because I didn't know what my parents comfort level would be in terms of me living on my own at 17 or 18. So that was one of the barriers. I think I got very lucky. I got accepted to UC

Berkeley, which was within commuting distance of, of home, and I was able to overcome that. And then eventually when it came time for medical school and residency, it was something that, you know, after being able to talk it out and work through it, I overcame and eventually left home. So I thought that was a very good point, Dr. Abozaid, that sometimes the restrictions are or obstacles are, are placed by ourselves.

Dr. Anwar, anything that you faced here, practicing medicine that you can attribute to, to your immigration story?

DR. ANWAR:

Sure, first of all, I want to agree with both of you guys about some of the barriers that we place in front of ourselves, but then at the same time, being the first generation immigrant and English not being my primary language. Also, although most of my education was in English, so the language, language, I think for myself wasn't a big issue. But I have definitely noticed that. And I know that I have an accent and as a non-native English speaker and although I try continuously to phrase it all, but there definitely been few instances where it may have served as a barrier, especially in a high pressure environment where I may had to repeat things a couple of times, that it happened a couple of times during residency.

But even more than that, I think some cultural and communication differences have shaped my experience in medicine. And I didn't really know how to name those until I actually came across an article in residency about the various management approaches and leadership cultures around the world. The article was about being a manager in different cultures in the world and it basically talked about how some of the hierarchical cultures in some of the southern, South Asian countries are totally different from the egalitarian approach that is undertaken in the US. And that helped me understand some of the differences and try to overcome those.

DR. SARWARY:

Wow, that sounds like a very interesting paper, taking a, a look at something that might be usually overlooked, and, and I think you bring up, up a very wonderful point in that sometimes just the social infrastructure can be different completely aside from the clinical practice and the patient care.

Dr. Cardona, how about you?

DR. CARDONA:

I think the barriers or difficulties for me came more so, to some extent, sort of similar to Dr. Sarwary in, in that at home we only spoke Spanish. So the first couple of years, especially coming into kindergarten, were a little difficult simply because my parents had a rule of, you know, speak Spanish at home. You can speak English at school. So learning two languages at the same time was, was slightly difficult. And then other barriers were difficulties that I faced personally is just the socioeconomic status, status that we lived under secondary to just the disparities that we had coming from an immigrant background, my dad not necessarily having a professional job that made much money and my mom not necessarily having the skills to acquire a job. These were barriers that made my education difficult in the sense that we had to work harder to get even, get a means of transportation to take me to school, or be cognizant of these sorts of things, even from like a day to day basis.

DR. SARWARY:

Yes. Thank you for sharing about that background. I think the socioeconomic plays a major role in education and how we obtain it, and, and how we get to, to where we are today. Just looking at the, the mirror, the finances needed to pursue a career in medicine. So thank you for sharing that.

We just talked about some of the obstacles we faced as immigrants to the country. But taking a step back, what do you guys think are some of the biggest challenges that maybe members of your community are facing here in the United States when it comes to, to medical care? And how are, how are these challenges being addressed?

I can start by answering this question. So, as I mentioned, I from Afghanistan, I'm currently located in Fremont, which I believe houses the largest population of Afghans outside of Afghanistan itself. So there's a huge Afghan population here in the Bay Area here in California. And so some of the biggest challenges I see as a provider are kind of going back to what you said, Dr. Cardona, regarding socioeconomics and just access to health care. So when you're immigrating here from a country outside the States, insurance and health are probably not high on your, on your to-do list before just acquiring housing and going to school and, and finding a job to put food on the table. And so you see that a lot of the issues are with lack of insurance, lack of preventative medicine, lack of access, whether it's because of transportation to the hospital, to appointments or, or the lack of funds.

So how do I see these challenges being addressed? I see some grassroots organizations within the Afghan community themselves trying to build infrastructure to help with transport, trying to help people who don't speak the language, apply for insurance policies, whether it's through the government or otherwise, so that they can have a network which they can lean on. So that's mostly where I see it. And then

obviously, I think that most the hospitals do a good job now of having translational services available. I can speak for UCLA where almost any language that we needed was available on hand. And I think that greatly helps with patients who, who may not speak English and then also their understanding of their care.

DR. ABOZAIID:

I would add too, Dr. Sarwary, that I think there have to be a policy maker and governor to go on the ground, talk to these people and see what their baseline knowledge of things. Because, me personally, I feel the challenge of like understanding the financial aspect of the health care system, like the HCSA terms and deductible and all those kind of things, it's very challenging to understand for even immigrant who has like, well established insurance some time. So I think it's more about educating those groups of people to understand more what they're going through, because all of them are scared to go to the hospital, which add an extra challenge because they know they're believe that's going to get a huge bill. I'm not sure if my insurance cover it or not, or some people have no insurance whatsoever. So I think, we, the governor and the law of the country itself or the governor and policy makers have to go on the ground to listen to those people, see what they're challenging and go from there.

DR. SARWARY:

I agree, I think the fear of the financial repercussions of going to the hospital is something that I hear time and time again and is what's preventing a lot of people in, in my community from receiving care. Thank you for sharing.

DR. ANWAR:

I just wanted to add a couple of things. I agree with every, everything that you guys said. I think being from, and just like Dr. Sarwary, being from a Muslim majority country and a South Asian country, I think these challenges are the same that that are faced by any person of color or, or a religious minority in the US that include health care equity, respect for wider linguistic and cultural competencies. But I think something that we need, also to consider is the cultural and the religious background, because we know now that the social determinants of health, they can greatly impact patients' decision making and their general health status. And we should also consider these factors and try to practice individualized medicine rather than one size fits all.

DR. SARWARY:

Yes, I agree. That's a very good point. And we'll, we'll be talking, I think the follow up question will be in regards to that and how our immigrant statuses benefit our patients. But before we get there, Dr. Cardona, anything to add?

DR. CARDONA:

All such excellent points, Dr. Sarwary. You really touched on one that does reflect, I think, the issues that the LatinX community faces here is a lack of education, understanding the health policies and the insurance coverage that they actually have and what that means in terms of even just following preventative care.

And I would add to all these just such great points is that I think there's still an uphill battle in building trust in medicine overall, especially in the LatinX community, just with the historical nature of the relationship between medicine and the communities of color. We see it now, even with vaccination rates, especially in the, in the communities of color being lower than in white communities and understanding that it's not necessarily, it's, it's lack of access, but it's also a sort of mistrust in medicine that is still been brewing and is never necessarily resolved. So I think grassroots organizations, as you mentioned, Dr. Sarwary, are very active right now in going door to door and creating community events and community uplifting to sort of build that trust in, in these communities that are more at risk of COVID and its, and its consequences and helping them, you know, sort of navigate the questions they may have or the doubts that they may have. And being able to, like I said, build some trust in, in something that's so new in medicine.

DR. SARWARY:

Yes, I agree, and that brings to mind another point that I think a lot of immigrant communities may face and I have seen firsthand, is one is the mistrust you mentioned, Dr. Cardona. And also the other one is the understanding for medical education to an extent. And what I mean, the example I'm thinking of is, for example, running into to family members or people in the community who's A1C might be in the eights or nines. And when they check their sugars, it's in the two hundreds and three hundreds. And for them, you know, it's just a number. And they're still, maybe it's the early phases of uncontrolled diabetes and they're not really seeing any repercussions. And so they continue their diet and lifestyle and realizing that, you know, it may take some time to sit down and, and explain to them the long term effects. So I think the major issue I've seen is what these silent diseases like hypertension. Sure, you're asking your patients to check their blood pressure. It's in the 180's. They feel fine and they go about their day. But to take the time to explain the long term repercussions of silent, some of these silent diseases, I feel like the, that kind of medical education and taking the time to really not just prescribe something, not just, you know, mentioned in passing, but to really sit down and help these patients understand the long term consequences of their current health decisions is something that I also see at grass, grassroots organizations taking a

role and putting out YouTube videos on what is COVID and what is the vaccine? Why would you consider taking the vaccine?

So thank you all for sharing. And going back to something that Dr. Anwar mentioned earlier is, you know, we come from these different backgrounds. We have these different experiences. How do you think that your immigrant status and the experiences you've had so far benefits your patients? And if so, how? How does that work exactly?

DR. ANWAR:

So I think in addition to obviously, I think most of us were able to speak a couple other languages in addition to English, part of being an immigrant or children of immigrants. So that definitely, I think, helps with the linguistic part. And some time we can better integrate what these patients are seeing, especially if they are from the same background.

But I think in my personal experience, sharing the same religious background has definitely helped me a lot of times while treating Muslim patients because I share the same religion and the culture, and it helps me ignore some of the misinterpretations that other physicians or providers may have a, about what a patient is asking for. And then I can better understand where the patients are coming from and modify health care according to their needs.

DR. SARWARY:

Yeah, I, I totally agree. I think some of the highlights of, of residency for me, you know, I had gone into anesthesia, one of the reasons being that I find that it's a very intense time in a patient's hospital course getting ready to go into the OR. It's very anxiety provoking and, and stressful already, just baseline. And I think one of the most rewarding times is when I have a patient who is either Muslim or, or speaks Farsi and I walk in and, and you can see the, the stress and anxiety in their face. And if I walk in and, and greet them accordingly, whether it's with, you know, a Salaam in Farsi or As-salam alaykum for my Muslim patients. I can't explain the change in the, the emotion in the room and the smile on their faces and that connection you build with your, with your patient, and that has been one of the most rewarding parts of, of working with patients and being able to just hold their hands, sit down and, and let them know kind of to an extent like I get you, I'm here. I am, and so that's something that I look forward to pursuing in my career and working with patient populations, whether here in the States or abroad, where I can continue to have that, that connection with.

So, you know, some people would think that our backgrounds may help us clinically and so forth and so forth. But I think for me, the most touching part has been really just the

social aspect of it, of having someone who, who understands you before and, and is rolling back with you in the operating room before you're falling asleep, has been very moving.

DR. ABOZAID:

I can relate Dr. Sarwary. I agree completely. I feel like having this immigrant background, add a layer of extra sympathy because you understand where the people coming from and how overwhelming is the situation is. So it gives you extra layer of being extra patient, being more mindful, like their situation and their anxiety. So I feel like it makes the patient definitely it's very rewarding to see those patients like really comforting and happy and trust you and want to hold their hands and feel like you're, you're hero and you're lifesaver. And it's actually a very touching mo, moment.

DR. SARWARY:

I agree. And, you know, your point reminds me that that experience that I have, it kind of transcends beyond just people who kind of with my similar background, whether that be from Afghanistan or Muslim. But I see other people from different cultures who, because of my experience with people from similar backgrounds, I can almost project similar sentiment and be like, OK, I know this, this patient doesn't speak the language. And I, given that I know how my Farsi speaking patients react and kind of knowing just from those experiences how to approach people from different backgrounds who may not speak the language. So I agree. It, it transcends beyond just your own culture.

DR. CARDONA:

If I might add, it really is something special, like, like you had mentioned in sharing the language, but also just having the cultural empathy. You understand something deeper than just what's on the record for a patient. And anesthesia is, is a specialty in the sense that you see the patient at probably their most anxious point in their entire life. It's, it's a trauma at the end of the day that they're undergoing. And to be there and share the same language, you know, and light up the room or as, as you mentioned, Dr. Sarwary how just being there with them and holding their hand and, you know, even cracking a joke in their language, right, understanding where they're coming from, right? Really makes a difference and eases the anxiety, probably better than anything else you could do medically or with medications, for example. And I think that's where, where my background helps. And I've seen it in my time in medical school where I was at a county hospital and I, there were many Spanish only speaking patients. And luckily my parents rule of Spanish only at home has made me fluent in Spanish enough to the point that I feel comfortable even having a full blown conversation with someone or even delving into the medical questions and going into the terminology and trying my absolute best to

explain certain concepts or answer questions in a way that really does get to the bottom of what they're trying to figure out.

So I absolutely agree that having the linguistics, and the culture of empathy, both together, make it better for, for our patients.

DR. SARWARY:

Yes, I agree. So the next question is a, a little bit nuanced. We've been talking about ourselves, our patients. Next. I kind of want to look at how this merges with our US born colleagues and the people we work with. So there are certain nuances in health equity when it comes to immigrant populations. I think that, that goes without saying. But my question for you guys is, are you able to successfully communicate, discuss or kind of strategize some of these unsaid nuances, if you will, with your US born colleagues? Is there any way or anything that you wish your colleagues understood or knew better?

DR. ABOZAIID:

I think it happened before with me personally in a certain situation with a patient and I was like, I, I stop there and discuss with my US born colleague that, just remember, this is (sic) when he, when any immigrant in the health care system, they are in huge point, like the maximum point of vulnerability. So just you have to make sure, like, we have to be extra conscious by limiting discrimination or limiting stigmatization of those patients sometimes. Like you always see a female coming from Muslim background, that means like your stigmatized, on like, this is a lady is not going to be able to make her own decision. Or you see, like a Mexican man, he's like faking, drug seeker, so those kind of things that we have some time in our mind just we to stop and pause and think about it, because we have to remember those people in, in their maximum vulnerability at this point, as long as they came in and reach to ask for help in the health care system, that means they're really suffering and they need help. So I think we just like pause and listen and need to talk more about this with all our colleagues in general.

DR. SARWARY:

Oh, yes. That's a very good point, Dr. Abozaid. To be honest, before this, I hadn't even thought of. You're right. In certain cultures, you know, the fact that they've made it to the hospital or are reaching out is a big step for them and should be perhaps treated accordingly.

Anyone else, anything that either in the past spoken to their US born colleagues with, or there's anything that you wish you could tell them isn't really this way, or...?

DR. ANWAR:

Although I didn't want to just repeat what Dr. Abozaid said but I've had this peculiar example repeated many times during residency. So our program used to be pretty OB heavy and we did a lot of OB anesthesia and especially coming back to the same, same like talk about the religious background. I mean, sometimes an OB patients come, coming from a conservative family, doesn't matter if they're Muslim or any of the, from any of the religion, they would specifically request for a female physician only to do that epidural or, or just manage them. And so, then that kind of sometimes will have some providers or the nursing staff start talking about, oh, is she being oppressed? And just like Dr. Abozaid said, that maybe she's not able to make her own decisions. And so we just got to understand better where, where they're coming from and explain a couple of times, you know, this is maybe something that she wants. This is a patient choice and we should respect that choice.

And just to add one more thing, I think there's, there's a great myth and it brings in some of the political unfortunately situation along with it, that, that immigrants are impacting jobs, economy. And then, there are a lot of people who think that they're also impacting health care as well. While I think there was a recent study published by the Robert Wood Johnson Foundation that basically showed that immigrants have lower rates of health insurance and they use health insurance or health care lower as compared to the US born populations and even the ones who were covered by health insurance, they don't receive the same quality of health care as compared to the US born population.

DR. SARWARY:

Yes, very interesting point that you mentioned. And for your first example, that's definitely something that I've come across, as you mentioned, on labor and delivery multiple times. And as I mentioned, as a Muslim female, it's something that I felt like I, I understood and was able to kind of intervene with accordingly. So definitely shared that experience as well.

So, next, I kind of want to talk a little bit about advocacy. I know, Dr. Anwar, you were a Resident Scholar with the ASA, I believe, about two months after I was, so just trying to get a sense of, you know, as a medical professional as well as an immigrant, do you feel like there are certain topics you're uniquely well equipped to advocate for?

DR. ANWAR:

Sure. Yeah, I think I mean honestly, the first and foremost thing is addressing the racism and the gender dis, discrimination to combat the health care inequities that, that's the most important thing, and then making sure that our patients have linguistic

and the cultural accessibility. There's a huge push about addressing the mental health needs for the immigrant children as well, because especially children who have recently migrated along with their parents, they can go through tough times in school or out, outside school as well. And addressing those mental health needs early on can prevent a lot of long-term morbidities and mortalities.

And then me being involved with pain management, and my passion being pain management, I think access, access to pain management is also on, even for the immigrant families.

And last but not the least, we should have more diversity in clinical research information and vaccine availability to address some of the myths and mistrust that exist in the immigrant population. And this topic has been emphasized a lot during the wave of COVID-19 pandemic. But I think this is just the beginning and we have a long way to go.

DR. SARWARY:

I agree, I would say that advocating for a diverse group of medical professionals will definitely impact the type of patient care that we provide. Anyone else in regards to advocacy and, and your backgrounds as, as immigrants?

DR. ABOZAID:

So, I can add, I, I might add, to your point, Dr. (sic) as well, it's just because I am a female coming from those kind of immigrant community, I feel like I'm, I'm very, like really standing behind immigrant women because I, I hear a lot of stories. Even the American Society of OBGYN they, they release a study regarding 47% of immigration, immigration populations are women. And I you know, I believe in the huge contribution of that immigrant women make to their families and their communities and the economy. So I feel like we have to stand and support immigrant women in general, either in the physician aspect, or even on the patient aspect, because I, I feel like being a female in medicine in general is a challenging situation, and especially in our specialty, in the OR environment like claiming your space as a female is sometimes challenging. So imagine if you feel vulnerable by your background of being an immigrant, or imagine you're a patient coming in an ED with being an immigrant background that all adds layers and layers of difficulty and be, putting yourself in a challenging situation. So I feel like I can advocate for women in general, especially with immigrant background, in both professional aspect and patient aspect.

DR. SARWARY:

Yes, I completely agree. I think finding your voice in the OR as anesthesiologists in itself is, is difficult. And as a graduating senior, I, I think that's kind of one of the final steps you come into. And I agree that as a, a female, let alone an immigrant female, it can be even more difficult.

We're going to slowly wrap up here. The final question would be in regards to how do you think global health and health justice in general, is being brought up in our institutions and our hospitals? And how can we, as anesthesiologists, get more involved in bringing them to the forefront and making sure that we advocate for solutions to some of the issues that we talked about today? So any closing remarks or thoughts about that and how, how we can move forward would be great.

DR. ANWAR:

So I can go first. Just like you mentioned, Dr. Sarwary before, I think it's vital for the health care professionals to be involved in health care advocacy, and we shouldn't leave the policy making up to the people who don't completely understand the clinical consequences of their decisions. We should try to address access, the cost and monopolization by the insurance companies. And the American Society of Anesthesiologists has, has done some great work in this regard. And we recently were successful to have legislation put through for the surprise medical billing. So that's a great band, landmark for that. And the ASA, as an organization, we also stand for professional diversity and that's something that's, I think, needed in all training programs and even in the organizational leadership as well.

I think we should try to modify the medical school curricula and residency training in general to incorporate some issues which surround health care inequities, racial diversity and community outreach. And last but not the least, again, something that ASA has done amazing work with is the, to expand the global humanitarian outreach programs in order to understand how health care is delivered in other countries and being the leaders in health care, US should try to help out these underdeveloped or developing countries to achieve the same level of health care as we have here.

DR. SARWARY:

Agreed. Thank you, Dr. Anwar.

DR. ABOZAID:

I would like to add that I think we have to have representatives of those communities or people descending from these communities on the policy maker, chairs or governor chairs. Like I feel like we have to, to be more, have a group of people that is more

presentable for those vulnerable groups of immigrants. So I feel like we need more of those groups to be out there.

DR. SARWARY:

Yes, thank you. Dr. Cardona?

DR. CARDONA:

I think we can continue working in having a, a representative pool of physicians in an anesthesia that reflect the communities that we serve and continuing to, you know, allow people like myself, people of color, to join this amazing specialty and be advocates for our patients and continue to work towards advocating them, not just inside OR outside of the OR as well. And I think with the social unrest of, you know, 2020, we have seen an uplifting of communities of color, multiple organizations, you know, now having movements and trying to better understand the needs of, of these communities of color. But I think it's important to continue to keep that momentum and address implicit bias specifically in medicine.

DR. SARWARY:

Yes, I agree, and I think one thing that I took away from my time with the ASA as a Resident Scholar and listening in on some of these government meetings and some of the officials talk about whether it be health care or anything else, is I guess I was in the, under the assumption that, you know, their understanding of let's just start with broadly what anesthesiologists do. I assume they knew exactly what it was, what we did, our role in COVID. But in reality, it's, it's not really that way. And, and so whether it's advocating for anesthesia in general and informing people what we do as anesthesiologists, or advocating for whatever our unique perspectives are, whether for me, like I said, immigrating from Afghanistan and, and advocating and educating regarding my community, I think that whether all of our listeners, whether they're immigrants or not, I think we all have individual and unique backgrounds that allow us to be compassionate about whatever it may be. And having our voices heard, informing others and advocating for whatever, whether it's your, your community or the people you connect with. I think it's very important, especially on a government level, as we've mentioned during this podcast, in terms of policy and, and where we see the future going.

So I wanted to thank all of you, Dr. Anwar, Dr. Abozaid and Dr. Cardona, thank you so much for taking the time to sit down and, and share your experiences with all of us. It's been a pleasure getting to, to hear your stories. I wish you all the best of luck with fellowship and the remainder of your residency. So thank you again for joining us.

DR. ANWAR:

Thank you.

DR. ABOZAID:

Thank you.

DR. CARDONA:

Thank you so much.

DR. SARWARY:

So thank you for joining us for Residents in a Room, a podcast for residents by residents. Please join us next month.

(SOUNDBITE OF MUSIC)

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