

Case–Based Teaching in Undergraduate Medical Education and the Perception of Prejudice

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As the Co–Chair of the hepatobiliary week of the GI block of the course Foundations of Medicine 424, it has come to my attention that there was concern amongst some in the second year class that one of the viral hepatitis teaching cases, presented during a liver seminar, perpetuated a stereotype of a particular demographic group. This is unfortunate as the purpose of the case was to stimulate discussion about risk factors for a specific disease process. The case, based on a real clinical encounter, also reflected the clinical scientific literature of the disease entity in question and was therefore evidence–based. Epidemiology is the scientific study of populations and diseases and unfortunately, in this regard, there is no medical equality. The truth is that specific populations are at a greater risk for certain diseases and to ignore this fact in medical education would be a great disservice to the patient community. Since case–based teaching is currently preferred over the purely didactic teaching methods of yesteryear, it will be inevitable that a teaching case may feature an example from a specific demographic group of

society. Although it may appear to some that this is simply the reinforcement of a stereotype, it must be appreciated that the intent is purely for clinical teaching and that there is a significant difference from the historical caricatured portrayals of a demographic group in the entertainment/political industry and the non–medical media. To take this academic argument to the next step, if teaching in this regard is prejudicial, then by extension medical research on specific populations, and the dissemination of those research findings, may also be prejudicial. Clearly curtailment of this academic activity for political reasons would not be in the best interests of those at risk for specific diseases.

Although I appreciate fully that the history of modern medicine has a dark chapter characterized by racism (both overt and subtle), gender bias, intolerance of same sex relationships and religious bias, I would like to believe that this is not the situation at the University of British Columbia. Such prejudices and biases are unacceptable at any university anywhere and I personally would be the first person to aggressively protest should these elements arise in the future. Clinical teaching must reflect truth and reality but with the understanding that it is free of bias and arbitrary subjective value judgements.

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Talking Cancer Genomics, Treatment, and Research with Dr. Torsten Nielsen

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The British Columbia Cancer Agency (BCCA) is British Columbia's leading cancer research and treatment center.¹ The agency is responsible for providing cancer screening, diagnosis, and treatment, in addition to conducting cutting-edge research.¹ Although the BCCA's research scope is broad, some of the most exciting projects are in the field of medical genetics and genomics.¹ One of the leading scientists whose clinical duties

and research revolves around medical genetics and genomics is Dr. Torsten Nielsen. We sat down with Dr. Nielsen to discuss his role in the agency, lifestyle, and what interested him in this field in the first place.

Dr. Nielsen is a clinician-scientist in the department of Pathology and Laboratory Medicine in addition to being a professor in the Departments of Orthopaedics and Urological Sciences.²

