

Diversity, Equity, Inclusion, and Justice

Qualified

Rebecca Jeanmonod , MD

“Would you rather be taken care of by someone who looks like you, or by the most qualified person in the room?”

We’re not talking about me of course, not really, although if you are a fly on the wall, it might sound like we are. We’re actually having a collegial discussion about hiring; whom you interview, who will fit, how you choose.

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The question, posed to me by my partner, is not meant as a joke. It’s not meant as irony, and it’s certainly not an attempt at cruelty. It is probably meant to be rhetorical. Rhetorical: to make a statement rather than elicit information. It’s a serious question, though, and more than that, it’s an interesting question, and even more than that, it’s a question that deserves some thought in its analysis, since clearly very little thought had gone into its articulation.

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There are assumptions to this question, truly. The primary assumption is that there is a “most qualified person,” that that person is measurable, known, a constant, a given, maybe even granted the title *a priori* based on other factors, such as... appearance. That you will know this person when you see them. The question also assumes that “most qualified” is always the same person, regardless of the patient for whom they care, regardless of that patient’s complaint, regardless of that patient’s culture, language, orientation, identification, belief system. It puts forth the existence of THE MOST QUALIFIED PERSON, not a person who is most qualified in *specific situations*, or a most qualified *team*, or any model that addresses the complexity and intersectionality of patient care.

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The secondary assumption is that there is a link between qualifications and appearance. The question implies that there are elements of appearance that may be contrary to the very concept of “qualified.” There is a subtext that someone who looks like me cannot, by definition, be the most qualified person in the room, although to be fair, it does not assume my appearance necessarily makes me the least qualified either.

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Most subtly, and I would posit most dangerously, this question does not state which elements of what I “look like” are contrary to the concept of qualified, but implies that it’s something I can’t change, a thing intrinsic to me, that *disqualifies* me from being qualified. It is not explicitly about my gender or orientation, my phenotype or body art, how I choose to wear my hair, how my scrubs fit, what I think of jewelry, when I wear my glasses, how I love compression socks. Even more dangerously, it does not mention elements of what I know, what I do, how I practice, how I think, who I am. It leaves nothing addressable, approachable, changeable, or fixable. In this Venn diagram, there is no overlap between the pool that LOOKS like me, something superficial and irrelevant to my performance as a physician, and the pool that IS qualified to be the doctor I ACTUALLY AM. By extension, the degree to which someone looks like me is the degree to which they also cannot dip a toe in the waters of “qualified.”

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There are questions that say more than they ask, and I know what this question is saying.

But it is also asking, and I have an answer.

“Both.”



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