\*Disclaimer: All transcripts are provided as a resource and are not guaranteed complete accuracy

okay well now that Mary's here i can start as usual

hi everybody i'm Peter schwartz and i'm the uh let me make sure i get this straightened

down here we go i'm the director of the iu center for bioethics and i direct the bioethics program of the ctsi the

indiana ctsi and we are thrilled to have you here today virtually for our next treats talk

these treats talks are translational research ethics applied topics they're meant to be 30 minutes

if possible or less maybe even introductions to key issues in translational research ethics

in an applied way and of course there is no topic probably more prominent right now

and um of everlasting importance of the question of cultural humility

and diverse enrollment and participation and ethical participation in research

and translational research Dr. Sotto who presented a similar talk a short

three years ago that feels like oh i don't know an age ago we asked her back to

reprise this talk and bring to it the developments in the last few years

and her um new understandings um again no topic really could be more important all these talks do get

recorded and then archived on our web page uh under the treats talks i

would be happy to show you how to do that if you write to me or Tah Yogo who's on here um and again uh we are

thrilled to be able to uh include this talk then in our archive i'm i obviously i suspect it will be the most accessed

talk no pressure Dr. Sotto no pressure um it will just access talk uh over the next few years uh great thanks and um Dr.

Sotto is the um she's a vice chair of faculty affairs development and

diversity in the department of medicine at the iu school of medicine she's an assistant professor of medicine at the

school of medicine and most importantly she's an affiliate faculty member of the iu center for bioethics and we're very

proud to count her among our in our faculty so again over to you Dr. Sotto

let me share here this screen and then you can tell me

what do you see if you see the right

the right slide deck we are seeing the part which is what

you're supposed to see we're seeing the notes part so if you do you know do you have two screens yeah i'll

i'll swap it this is of course the next favorite thing in the covet pandemic uh you're on

mute and canon my favorite too no that's why i always that's why i always ask and i'm uh i'm

okay with you seeing um the notes because that's the one note that i have um with this it's perfect

perfect okay um so thank you very much peter for the introduction and for letting me talk

about cultural humility again it's not like i don't talk about cultural humility enough

[Laughter] but i was very interested in looking at this from a little bit of a different

angle as many of you may know i am very much interested in the intersection of research ethics with um

health equity and at several points during the talks about research ethics

and talking about the Belmont report and those principles um i often think that

these are just principles that are not just for research ethics that they are very much for life right and i get

very excited about thinking that we can carry ourselves in that way where we're really thinking about

uh respect beneficence and justice on a regular basis and all day

the other things that have transpired um since um i first started with research

ethics which was a little bit ago about 20 years um is the concept of cultural

humility and i have talked also how i came across cultural humility in the early 2000s

and really thinking about uh humility in a way that really allows for us to

connect with not only our patients and other

populations but certainly its application cultural humility in research in really making us culturally

competent so i thought i would um sorry my phone is for me um i thought i would

talk a little bit first about the Belmont report not because i don't think that all of you are familiar but just to

a little bit to revisit the report so again came about in 1974 from the national research um

act it was written by the national commission for the protection of human subjects of biomedical and

behavioral research um it was charged with identifying basic ethical

principles that should underlie the conduct of research and view involving

human subjects and developing these guidelines to ensure that the research was carried

out in accordance with the principles um it was informed by monthly meetings and

my understanding was like almost four years of informal meetings and then having that um four day intensive uh in

the Belmont room from which they decided to title um the Belmont report um so

they actually had um a really good charge in the sense that they were

supposed to consider the boundaries or accepted boundaries in reaching practice of medicine an assessment of the risk

benefit criteria in the determination um or appropriateness of research involving

human subjects that they would consider appropriate guidelines for participation and

research and lastly the nature and definition of informed consent in various

research settings in case you uh ever wonder where my mind is i did check that

there were 11 members of three of which were women um

and so the Belmont report has been obviously a key staple when it comes to research ethics um they actually

narrowed this down a lot of information right a lot of discussions over the years um

and over those days um it came down to respect beneficence and justice

and just as a little reminder again when they talk about respect they're talking about individuals um should be treated

as autonomous agents uh persons with diminished autonomy are entitled to protection

so it really incorporates these two ethical convictions when it comes to

respect when it comes to beneficence again the main concept here is to do no harm and

maximize the possible benefits of minimizing the possible harms

and lastly justice and if you think i got stuck in justice for a while you

would not be wrong um so they talk about the firmness and distribution of what is deserved um they

also talk about injustice occurring when some benefit to which a person is entitled to um is denied without a good

reason or when some burden is imposed unduly

so i did spend some extra time uh reading um the justice aspect and one of

the things that i was interested in that the comments they stated another way of conceiving the principle of justice is

that equals treated equal uh to be treated equally um this was uh

very interesting for me not only for at that time that the Belmont report came about but also

thinking about um when they celebrated the 25th anniversary talking to those commissioners talking

to other people that were in the room um asking questions about

perhaps what were the lessons learned and i think that a lot has happened right between that time and now but they

felt that even with this particular statement that they had to add an explanation as to what really they meant

with this statement and it's um safe to say that they have they had several formulations that are

kind of the disclaimer or the possibility of really providing

understanding of what they really meant with this which was to really think about to each person an equal share to

each person according to individual need to each person according to individual

effort and to each person according to societal contribution and to each person according to merit

now as an equity scholar i do have some concerns still with what they really

meant with these so against a historical background it can see you can see how there were some

conceptions of justice that are uh relevant um in fact in order to determine what they

really meant um in terms of scrutinizing whether some

classes for example um were more impacted than others when it came to research they still talked about classes

in terms of welfare uh welfare patients particular racial and ethnic minorities

or persons confined to institutions etc. but race and ethnicity was not something

that was coming really um across greatly um in their

in their discussion um finally

i decided well what would those deliberations look like so um i said do i really want to go back to

1970s um and uh and look at those transcripts but i was able to actually look at the

transcripts just about a year ago um from the commissioners the members of

the commission and they talked about they asked him a couple of questions and i'm just highlighting here a couple of

them one was as you look back at your experience with the commission is that part that stands out more in your memory

than others and for this question actually a lot of individuals um focus mostly on the vulnerable population

aspect thinking about children and prisoners how would they do things differently and then for the question um

that asked you know was asking um you know since you know the last 25 years

are there any issues that you wish you had dealt with um a little bit different that

maybe should have had been part of the discussion and have not and those um answers i have

to say that i wasn't all that um impressed i think i was expecting a

lot more i had some high expectations from an equity lens um the other thing that um

that i was able to do is actually look at some of this um

wording and explanations about what stands out in their memory and what um

they would have done differently and i was able to extract a few things

so here is um and i'm sorry it doesn't look like i have the commissioner's name

attached to this excerpt but um one of the individuals actually said

um the other thing that they did which was members of the commission they got to know each other socially and

individually and we really got to know each other and respect each other very

much so people got to know each other socially they respected each other's views and all that worked together to

create a very positive working atmosphere among these 11 individuals that they really wanted to get um

consensus to the fullest extent um again one of the key things for me was that they came from vastly different

backgrounds but they all had their own expertise their own ideas their own commitments to bring the issues to what

they to what they were intending to address also looking again from that justice

lens these are some of the other comments um that indeed they consider inclusion and protection

and in order to focus at least on something they just thought that it

would be easier to focus on protection but also realizing that

how you include minorities in research with how do you do it without fostering or promoting stigma or biological

understandings of race or conceptualizations of race they also recognize that the harm is

different and this was in relation to minoritized populations um somebody actually said that instead it is quite

significant harm but it's mostly social harm so

a few other lessons um lessons from the equality standpoint um another um

commissioner Dr. Hyde actually said that because their life was driven for with a

purpose of social justice that they um were hoping that really we moved from

being more concerned about others than you know ourselves um how do you help

the community and you can bring it within how the Belmont report was

written in a way that you can bring it to the people um with really

lots of confidence that it was easy to understand and that you can bring in

people to people neighbor to neighbor community to community and really make that understanding um stand out

then there were two additional aspects um i i saw the link to culture especially

when it's talking about um it is a question of respect for persons which she sees persons not

simply as isolated individuals but as members of communities in some cultures

the link of the individual and the community is much more powerful than it is within our culture and then actually

somebody this individual uh provided that Hispanic community um

example the last four piece that um i was interested in sorry this is not moving

was this linked to power imbalance so another commissioner talked about justice requires not simply treating

people equally we could treat everybody equally and still be oppressing all of

them and i thought that was wow quite the statement um justice requires

attention to power issues how to redress the power imbalances um in life

so you can see that from those aspects that i have picked it really made me think about well what is the

connection especially here when it's talking about these power imbalances because cultural humility actually does

that as a framework and i started to think well maybe the commission even in its own wisdom

was really practicing cultural humility as the foundation of their discussion

without even thinking about this as a possible framework um so if you recall in from the talk i

think three years ago or the ones that i keep talking around cultural humility cultural humility was brought to us in

1998 by Dr. Melanie Turbolon and um Dr. Jan Marie Garcia Dr. Jan Marie Garcia is

still at i believe UC Davis and what they said in their framework was that it is a lifelong process of self-reflection

and self-critique whereby the individual not only learns about another's culture but one that

starts with an examination of their own beliefs and cultural identities

there are a few elements to cultural humility and thinking about it as a process

it is a process that requires humility as individuals continually engage in

this self-reflection and self-critique as life-long learners and reflective

practitioners it is also a process that requires humility um in how practitioners

actually bring it to check the power imbalances that exist between the dynamics of the healthcare system and

patients and then it is also a process that requires humility to develop and

maintain this mutually respectful and dynamic partnerships with communities

a few other um aspects of cultural humility is again that the process

itself is used to really build honest and trustworthy relationships it's a

process that it demands that we reflect about our own beliefs attitudes

and identities and the last piece um which i don't usually go too much into

detail is this institutional accountability for role modeling so um

the authors turbulent and more Garcia talk about again role modeling cultural

humility in a way that holds the institution accountable and the institution holds itself accountable via

these means so in thinking okay what might have been this relation between the belmont report

and how those um conversations happen that they narrow down to these principles of respect justice and

benefits beneficence i also started to think about okay so from the cultural humility

um framework you can tell that there was in all these deliberations that there was quite a bit of a process of

reflection and not just in terms of um you know professional standing or where the individuals were coming from

professionally but also um some acknowledgement of what their backgrounds were um and where they were

seeing what lens they were using in um in seeing these um play out um

that they were lifelong learners that they were really talking about addressing power imbalances that was

actually part if anything of this discussion right that charge like we got to fix this

um that they also thought about the dynamics of the healthcare system with

patients um they talked about respectful partnerships with communities or at least acknowledging

the different communities and how they come to research in a certain way of course um

trust comes a lot to play if it's not um one of the main aspects here and peter

in the discussion you can talk also a lot about trust but also thinking about these cultural identities and role

modeling behavior so um i i think a lot about conceptual

frameworks um in in theoretical frameworks and as i have obviously spent

time talking again about the principles of the Belmont report and quite a bit of time of culture and cultural humility

war i um started wondering are there other principles that

should come into play when we're talking about research ethics and one that was

actually a part of the discussion in their 25th anniversary was the principle

of solidarity it's that notion that we're all connected to each other and that we

ought to help each other and support each other and the question to the commission to some members of the

commission was do you think the principle of solidarity should come into play and some of them

said yes but there's probably more that we could have um tackled in this so

again in thinking conceptually um i will not have any uh answers

and there will not be a question and answers discussion but uh at least a good discussion um

because i don't know the answers but in thinking about again cultural humility and how it may play a role um

with the principles of respect beneficence and justice i would just

like to think well is this could this be a research ethic model that embraces cultural relevance and

health equity and by that i mean that we have a lot especially in equity diversity and inclusion especially you

know you know it from covid right how much more attention we're paying to health equity so is this a way to

actually prepare our researchers or to talk about research ethics in a way that

is really embedding equity diversity and inclusion cultural relevance um towards

again the end of health equity and then what else would it need um as a

conceptual framework if it's not solidarity are there other principles that could be added for me also as a

practitioner i call myself describe myself as a practitioner scholar is the element of accountability um

especially from an institutional standpoint so um is this something

this other principle of accountability or responsibility or however we would like to to call it that should come into

play so with that i will stop right here since

streets talk are short and i really enjoy the discussion pieces more so i will pause here peter

let's see oh and thank you very much for allowing me some time to go on a rant

about the Belmont repair and cultural humility yeah that's outstanding uh i'm going to

call you self please ever call me peter you know we'll do it that way yes but um please amber is uncomfortable that's

fine so um so um the uh i want to ask you one quick

question before uh i'll Mary sorry Mary do you wanna go first i just wanted to i'll ask my question then do you want

to take Mary's first that's fine too look um these treats talks are often uh

meant for people who may not have thought much about cultural humility and i love this as an introduction

would you how would you speak just for a researcher

who may be comfortable with the Belmont report may feel like they learned it through their city training or their

training and responsible cognitive research through our group or elsewhere and then

what would your take-home message be about um thinking about cultural email it's relation to the report for changing

or modifying how they're thinking about research ethics writ large i think it's great that you're i mean i love that you

proposed almost like an overarching principle that could almost everything else could come out of it but i wonder it's a hard question i wonder if you

could think about what do you say to a person who's comfortable with belmont report and maybe doesn't understand

necessarily or maybe i don't um exactly you know how this changes our understanding of the report

yeah so i think that um that's a really interesting question peter and of course i don't know that answer 100 but what i

can tell you that from all the times that i have and i've been doing talks and cultural humility

for about seven eight years now that it to me it's about the process so you can

still think again uh in your research study you can think about respect beneficence and justice but

there is an extra element especially when we're talking about um equity health equity that we need to

incorporate so i think it is indeed in that process where you are talking about

again as we talk about cultural humility and research right we're asking the question is this the right research question um is it um is it incorporated

in the research design um is it how are you you know talking about recruitment um what kind of um you

know processes you're actually following for that recruitment to guarantee that there's a diverse population so i think

about the the connection of cultural humility in the bell and the Belmont report for researchers in a way

that it just embeds cultural humility more in the process as part of that reflection as part of

why you're doing the research that you're doing um to begin with and how you're engaging individuals so that's

one answer i think okay mary was raising her hand there

sorry i'm on my phone hey so um i have always i have sort of two

comments the one is sort of following up your comment and like the true feeling of discussion

is that um there was a uh a publication by Ezekiel Emanuel that

would talk about like benchmarks for ethical research and then benchmarks for

ethical global research and it would be really interesting to sort of look through that and see if it needs an

extension to um benchmarks for equity research

but so that's my sort of comment on like peter's comment because peter's comment was like how do you apply this and this

paper was like the one of the best ways that i've seen in terms of like practical applications for researchers

um my other question is like working with highly vulnerable populations in my own

work as an adolescent medicine physician and community-based researcher i've

often felt like the principle of dignity is one that i would like to see up there

and i feel that like my European colleagues in adolescent health do much more with this idea of dignity

um than we do in the united states and i feel like it's slightly different than respect for persons um or autonomy where

it um and i'm wondering if you could talk a little bit about that with respect to cultural humility

oh yeah well i think the connection between cultural humility and dignity it's fully there right um somebody

um actually i have received pushback in the in the past um not from this group of course

but about the content the context of cultural humility and why do i even have to use the word cultural um

to begin with right would we accomplish what we need to accomplish just simply by being humble

enough um and i don't necessarily think that is the case there's a reason

why we're focusing on this cultural aspect so i think dignity

comes into play uh very much so cultural humility in the sense that we are actually preserving the individual's

dignity and that's why we are engaging in the conversations that we

engage with um patients with um research participants etc. right like to

really honor them as being part of the process as being co-creators of research

as you know all these things um so dignity really comes to play and

i like it Mary as a possible um as a possible addition even more so than solidarity

because to me the solidarity piece should have already come when we're talking about justice

all right um so that's just to me

right like preserving the dignity of individuals as they become part of the health care system as they navigate the health care

system as they are part of research i think it's incredibly important and

one that i'll write down

thank you thank you for that

and Xena had a had a comment there i don't know

i want to say something um but the comment does talk about curiosity and um

again one of the things that i say um that cultural humility does come apart

from a place of curiosity it also uh one of my favorite things about cultural humility is the fact that i can say i

don't know and it's okay to say i don't know as long as we actually come to um the answer together

that might be um best but in indeed curiosity is a really key element

of um cultural humility especially in that um patient and research participant

interaction

any other ones peter yeah i don't care about those questions feel free to drop in the chat or to

speak up it doesn't have to be a question i guess it's also you know all right comments here yeah um

i'll throw one in here just in the we can stop early it's always the goal with these things but um can you go

back to your slide on equity on cultural humility i'm sorry cultural humility there's a like three parts to it i think

oh the first three part yes i can do that

yeah this one or this one

either one is really fine um maybe this one uh so i don't want to take up i like the gallery is always better than the slide

so i'm sorry to do this but just to look at this slide i do want to go back again with your they're really i'm going

to say we're triangle triangular angle i think yeah

quadrilating perhaps uh pretty soon but if you have the Belmont report principles the classics you have um

Mary's uh thinking up about and you also have an issue of solidarity and um

um maybe connection you know those issues and then equity

as well right so if there's a concept ah i guess i would say

are these the paths to achieving equity what are what is there another way to

would you say do you feel comfortable saying it's probably a long list but maybe the

two or three leading problems with equity or inclusion in research

and how these processes of cultural humility address those or am i thinking about

this wrong am i thinking about cultural humility as a tool to address equity and inclusion

or is it another way of saying equity and inclusion or our equity inclusion

ways to achieve humility is humility the goal you see i'm saying so we have different concepts here and i would say

again my introduction to you know saying there's nothing more important i think right now in the research ethics world than thinking about cultural you

know think about equity and inclusion at least i mean research in translational research at least um

and i wonder if you how you've linked these parts of humility or the overall concept to those big

issues because they're not the same word i can imagine i know they're not i'd love to hear your thoughts yeah are you

going to yeah or not it's up to you i'll i'd like the gallery too so i'll

do that um i'll come back to this so um that is really interesting in the

sense that again i'm not going to get into virtues and values for

this but again that thinking about humility as part of the process that will get us to

health equity i think is safe what i also think that is safe to say is

that even in the Belmont report even that they talk about respect beneficence and justice i don't think that it was

very clear um to whom justice really applied and we

can see it in the way that it not only focused on these um particular groups

which is great in terms of vulnerable you know populations but even the inclusion of those individual right

children prisoners and women um pregnant women um

it still didn't address the inequities that we have in the system so i think

if i were to be asked now right well where did the Belmont report fall short

was in really talking about equity in a way that really uh could

potentially would have guided um medical research in in a different type

of way and really advancing health equity the last distinction that i

will make is that we are making a big mistake especially in the past

year and a half or again i i blame not blame covet but

in the sense that um for anybody that has done health equity research or health services research or whatever the

case is um covert was no surprise right and now people are talking about health equity

well it has been like we don't need another study on health equity to find out that there's really inequities in

everything that we're doing um but that we have to be very careful not to confuse um health equity with

diversity equity and inclusion and now you have started to seeing that

meshing um in a way that i don't think will advance the true

aspects that we need to advance actually it has been conflating um

differing aspects that to the point that you wonder really what will be the outcome if it's going to be

even messier or if we really would be successful in addressing um the inequities

i don't know if that's a fair statement but oh that's a great answer that's what i'm sticking to right now

okay other questions or comments floor is open

okay well then um we can we can wrap up there's Mary you've achieved well i always consider

the most important hold on Mary raised her hand again Mary you're back in here Mary's coming to my rescue

it's not so much coming to your rescue one of the things when i teach oops i need like a second i'm right by traffic

um but one of the things that i that i worry about when i teach

community engaged research is that the principles really don't work for communities

and i feel like it really it doesn't it's very paternalistic

and it's very individualistic so it's in in because of that so it doesn't take

into account harm to communities benefit to communities how you define communities and groups the other thing

is it doesn't take into account relationships and so relationships among people but also power relationships like

around sort of and thinking about with an eye to cultural humility in our history of racism

with an eye to oppression so i you know in some ways found like we really need

to look at Belmont with a more of a feminist lens and look at our relationships look at

interpersonal relationships look at the sort of ethics of care and i'm wondering if you can comment on

that well you know i i would say that you are i don't disagree with anything that you

said Mary um and i think that's why again the cultural humility piece comes into play because it's specifically

saying mutually respectful dynamic partnerships with communities right um

that it talks about first your assessment of your own beliefs and systems in order to be able to

engage in mutually beneficial um in a mutually beneficial um

respectful you know relationship with the community at no point in um cultural

humility they talk about individual in the sense that it i felt that it was truly

individualistic but more about that self-reflection and really being humble when you're talking

to others the other um aspect of what you said um it made me it made me think about

truly that community-based participatory research and where we're still lacking

right we're still fly by researchers and i'm not talking about many of

us who are truly embedded in the community but is still very individualistic

in nature um and what can we you know get out of the communities without really investing in the communities so

um indeed the Belmont report feel i agree feels uh individualistic

um and not really taking into account that community component that is really

important when you're talking about um cultural humility so i do think because

of the title of the talk and i actually thought about this as you were talking about Mary that i do think that there

was some cultural humility coming through in some of the deliberations and again and looking at the transcripts of

25 years later and how they were talking about maybe again realizing

where their social justice lens was and all the things realizing again how they engage in conversation and what they

gave priority to that i do think that there was an element of humility there what i don't think it was fully thought

out was the element of equity

thank you see Andrew says um

what do you think about whether a new commission should be assembled to review revise the Belmont report for a new era

perhaps a commission with an entirely different makeup and broader focus on health equity issues in health research

wouldn't it be great peter if the iu center for bioethics could charge

a new a new group and commission really looking at this because i do believe it's time

right it's time i think the Belmont report uh served

its purpose at the time but we need to expand on on those principles

so Andrew will be the i'm going to say more Andrew

no i don't want to say more but thank you uh that's really interesting and i would

love to see something like that happen i think he's offering to coach Sharon

yeah no he's going to chair it not coaching sharing with you i was throwing you in

and there's Colin has his hand raised hi thanks i thought this was great i'm

also going to apologize because there's construction going on here um but my question was i've heard you talk

about cultural competency and then kind of moving in this shift towards cultural

humility and i really liked uh your comment about being able to say i don't know i think that is a really

powerful statement and for the doctor-patient relationship too not just thinking about

research or community relationships um but i was wondering if you could talk

because i can see uh you know there are pros and cons to

being able to say i don't know and i was wondering if you could talk also about whether they're you feel like there are

duties or obligations of clinicians and researchers uh

to come into those interactions with some foreknowledge and what the limits of of

like what patients might expect what uh participants might expect and how

how you see that balancing with what i think is a really powerful statement about the individual

uh that maintains a central role in the humility and the way that you talk about it thanks

that's a juicy colon and i don't know if i'm um i'm going to do it justice but um you know

always that i talk about cultural humility i try to really emphasize why i believe in cultural

humility in the context or walking away a little bit from cultural competence

and the reason is because competence again always has this expertise as end point

um that we will not be able to accomplish because we can't become experts in every single cultural group

and we're not and we're talking about culture in a very broad sense so um so that's kind of why i shy away

from cultural competence in a way that there are many techniques and things that are important that have come

through cultural competence from you know use of interpreter services or or things of that nature but

that in order to get to that point where you really feel competent in x y and z

that you still have to engage um in the process of cultural humility um and when

you're doing that i agree with you that um saying i don't know has its pros and

cons but it will most likely be in the pro side when we're talking about really

establishing a good relationship with the patient or the research participant because it's part of establishing that

trust i do think that you can come into a relationship with some uh knowledge

prior right especially if you are specifically focusing on your research at a particular

population group however even that knowledge may not really transpire

exactly as it would because even within those cultural groups there are differences so you still have to engage

in humility and i'll give you the perfect example which is the Hispanic Latino group so this is a you know

socially constructed um label and um stemming from the us census but

when you ask um Latinos and Hispanics who identify amongst themselves usually

the default is that um country of origin or nationality or where

individuals um families are coming from and even that Spanish is a shared um

language there is still a lot that we don't understand when we're talking to each other and

then you have the complexities right of having um countries of origin that may have really

uh relationship with racism that can be quite no relationship with racism is

easy but you're really talking about again populations that involve uh

indigenous African um and still a lot of colonizing views

um that you can take for granted and of course religion and faith and spiritual

so the list goes on and on that even when you think that okay i have done

work with Latino population in Indianapolis for example um that's population is not the same

Latino population that is in New York or that is in Colorado so um i think that

some for knowledge is important um but don't

don't get uh what do you call it don't get cocky i don't know like what the word is i'm sorry um

that don't think that indeed you know um what you know what really is important in this

community because it might be totally different even within a cultural group

is that fair colin i don't know i felt like i just went out alone and no i think that's great i mean and this

is it points to exactly what you know as an anthropologist i think is so important about this kind of a shift in

perspectives uh you know because we also like on my side of the world have

struggled for decades with what we call like a billiards ball model of cultures

is pretty discreet and self-contained and i think this uh the way that this

allows for the individual and individual agency is so powerful

yeah thank you so can i just pick up one last thread again we you see you gave us the

opportunity to finish quickly and early um but of course we can't do that because it's the philosophy department

so so wait one last one so another notion that then is is floating around here and

colin's comment really made me think about it is the idea of engagement right patient engagement community engagement

throughout our research and so um the beauty of engagement is that it

avoids those assumptions about culture that you pointed out in your response

which is you know don't assume just because you know Hispanic culture that you sort of know everything well you have to engage with your participants

engage with the community you're with so again would that be just part of humility it's not a

competing notion i assume you would not consider a competing notion but maybe a part of humility or maybe a leading part

of humility yeah i don't think that there's um anything

exclusive about cultural humility um if anything i think that the combination

again of this humility with other with everything else right that will actually

lead us to um success in in health equity and research

no i was just gonna say so again i think that it's part of the process right like it's not enough

to to describe cultural humility as a concept because i do see it as part of the

process and many things happen right in that process

so it offers an opportunity to question everything within that process

excellent okay great uh so again final comment silk or any final questions or comments by anybody

else i i actually thank you for the opportunity to think about this in a

cultural humility in a way that i had not in the past again in talking about research ethics i always enjoy like why

don't we really embrace these right on our daily life um really respect

beneficence and justice and cultural humility kind of did that um as well for

me so i i really have enjoyed the thinking

about it and looking at those transcripts from that particular lens um so thank you for the opportunity to

try to connect here the Belmont report principles with cultural humility

and if anybody has any ideas about you know how could they be put into place as a framework or

again um Andrew's suggestion of really revising it for the times i think that

that's very interesting okay and then my final pitch will be that um in some ways uh silicon if you

meant to do this but we are also running uh a speaker series a mini series we're

calling it called here h-e-r-e uh which uh Mary

professor odd provided was presented the first uh installment of last Thursday and

that's looking at health uh sort of equity uh race and ethics and with a with

an angle of looking at frameworks and what i like about this itself it's almost a hear talk as well as a treats

talk two for one you can't you can't lose yeah um because you really assessed you know the

framework behind these ideas and how they might be maybe we may invite you back i think we're planning to invite you back in the winter or spring to

actually go even deeper into those frameworks for us as we think about equity and research and medicine more generally so thanks so much and i'm

happy to continue the discussion anytime with anybody in the call so feel free to email me

okay bye everybody