

All But for Melanin

DCMS President Mark A. Casanova, MD, FAAHPM



We are taught in medical school about melanin, the ubiquitous pigment that gives rise to the variance in the color of our skin, eyes, and hair. It is a simple carbon-based molecule, C₁₈H₁₀N₂O₄, which can be upregulated with exposure to sunlight and is housed in melanocytes. Like many aspects of human anatomy and physiology it is, in and of itself, ethically neutral. Melanin and the melanocytes that produce it are “benign” in many ways. In fact, it is so benign and so superficial in our skin, and in our being, that all but for melanin, we are truly the same.

The underlying structures of our skin below this superficial layer of melanin are the same from person to person, as are our muscles, our bones, our internal organs, and even the blood that courses

through our veins. We are so “equal” that regardless of the amount of melanin on our surface, we are able to share our blood and our organs with each other. In doing this we offer and extend life through the gift of donation. We are even able to create life, through the blessing of birth, irrespective of millimeters’ worth of “melanin variance.”

However, we are also taught in medical school that this ubiquitous pigment and, more importantly, the cells that produce and house it are not always benign. There are times that they can in fact be quite malignant, cancerous, and destructive. In the case of malignant melanoma, as with other cancers, transformation of a group of cells causes maleficence. It turns an ethically neutral part of our body into something that wreaks havoc, causes pain and suffering, and, in many instances, can take the life of the afflicted individual.

Regrettably, there is another malignant state that involves melanin that causes harm, suffering, and ultimately can cause death. This is the malignancy of racism, both individually based as well as systemically buttressed. It is both the subconscious and the overtly conscious viewing and interpretation of melanin concentration that is a true difference. It is a disregard for the simple fact that all but for melanin, we are equal. It adds an ethical weight, a crushing weight at times, to something that is at its own heart a simple, ubiquitous, benign pigment.

Why should the house of medicine be concerned about this second malignancy, that of racism? After all, we do not have

the ability to surgically resect it, nor do we have a chemotherapeutic option to negate it. Should we not then just focus on what we have the ability to treat and manage, and leave the rest to others? It is my contention that as one of the four core ancient professions, we have left it to “others” for far too long. Furthermore, all four of the sacred professions have left it to others for far too long. It is time that we join forces and take our appropriate place in the treatment, management, mitigation, and eradication of the malignancy of racism.

When we speak of the four sacred professions, we are speaking of the clergy/faith leaders (the house of God), teachers (purveyors of knowledge and understanding), the law (purveyors of justice through equanimity), and physicians/healthcare (the house of medicine). Just as we in medicine cannot “treat” our way out of social inequities that include, but are not limited to, racism alone, nor are we able to simply “pray our way out of it,” alone. We are not able to educate our way out of it, alone, and we are not able to legislate our way out of it, alone. Why such a nihilistic statement? Because this is what a simple observation of centuries tells us. If, however, we all engage in this endeavor together, then we do stand a chance for effective healing.

What exactly is the house of medicine’s role in facing this challenge? Why do we belong in the trenches of this particular battle? Why join forces with the house of God, purveyors of knowledge as well as equanimity and justice? I contend the answer is simple: For the health and welfare of our patients. For the health and welfare of our families and our communities. For the health and welfare of ourselves and for our profession. There was a time that the boundaries between the house of God and the house of medicine were almost imperceptible. It can be said that as many prayers are lifted up in our hospitals an equal number are lifted up in worship services in our churches, mosques, and synagogues. It is this historic perspective and understanding that human beings are of a whole that compels us to treat them as a whole. The whole person is of the



body, mind, and spirit. To treat only one part in an endeavor to cure is an endeavor of futility. If we are to attempt to cure, we must look at the whole person, the whole family, the whole community, and the whole society.

There are biblical and historical references to resuscitative efforts that long predate our current CPR techniques. These medical endeavors spoke of imparting the “breath of life” upon another individual in the hopes of resuscitation and restoring of life. Years later, an anesthesiologist, Dr. Kouwehoven, combined the “breath of life” with the laying on of “just two hands” to effect modern-day CPR.

We have borne painful witness recently to the binding of hands and the depriving of the breath of life. We have heard the words “I can’t breathe” not just once but many times over. Within our own houses of healing, we as physicians, nurses, health-care providers, and healers would normally race to the aid of our patient who uttered the words “I can’t breathe.” Our houses of healing should know no bounds. Our provision of care should know no bounds.

Regrettably, no easy solution exists to remedy the strife that racism and other

socioeconomic injustices and inequities cause. It also should be acknowledged that many social inequities in fact do not follow strict racial boundaries. Many of us - black, brown, or white - can face systemic challenges that cause us to not be of equal standing. But to say that there are no easy fixes can no longer serve as an excuse. We must continue to lean on the purveyors of knowledge, our teachers, to educate about the realities and history that cannot be denied. We must look to the purveyors of justice, the law,

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to engage in the spirit of equanimity to honestly assess legal statutes that either currently disenfranchise any group and other statutes that can offer equal footing. We in the house of medicine must stay committed to our own roots of treating the whole person as the body, mind, and spirit. Beyond the individual, we also look to support their families, their communities, ourselves. All of us will need to lean on the houses of god for prayer, wisdom, strength, and guidance.

Is DCMS ready for this challenge? I contend the answer is a resounding yes! After all, it is in our DNA. It is our history to address the cries of distress. Did we not provide shelter and safety during times of hurricane evacuations? Did we not stand ready to advocate and fight for communities when West Nile virus threatened their health? Have we not answered the call, time and again, as individuals and as an organization, when an infectious disease caused our patients to utter the words “I can’t breathe”? It is our commitment, as the house of medicine, to ensure that the breath of life is not deprived from another individual, based on skin pigment. After all, all but for melanin, we are equal. **DMJ**

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