

# Tackling Politics as an American Muslim Physician

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I met “Jack” several months ago during my Veterans Affairs (VA) fellows’ afternoon clinic. He was an elderly gentleman seeing me for the first time, and he presented to establish care within the division of hematology and oncology for his diagnosis of metastatic papillary carcinoma of the thyroid. I called Jack from the waiting room and he identified himself. A friendly-looking man, he was confined to a wheelchair. I walked over, smiled, and introduced myself. I offered to push Jack to a patient room. As I pushed him, I welcomed him to our clinic and made small talk. We arrived in the patient room, and I sat down next to him. I formally introduced myself and started to obtain a history. Jack told me about himself and his disease.

During a pause, Jack surprisingly shared his political views with me: “Trump is my man. I love President Trump.” Caught a bit off-guard, as the statement was unrelated and unexpected, I paused and smiled. Why had Jack shared his political views with me, and how should I respond to him? Potentially my darker skin tone conveyed that I am not “an American.” Should I say anything at all, or would it be better to avoid confrontation? What should I do?

As an American Muslim physician, I sometimes walk a tightrope of needing to balance my multiple titles. The norm in most medical encounters is to omit discussions about politics and religion. However, how am I supposed to respond when a patient brings up these topics? During our conversation, Jack repeatedly continued to rave about his admiration for President Trump. “My care at the VA has improved so much since Trump has become president.”

It is always strange walking through the waiting room at the VA clinic and seeing a number of our veterans wearing those “Make America Great Again” hats. I understand that for many the phrase embodies hope. However, the slogan also has come to symbolize bigotry and hate. When I encounter someone who openly supports Donald Trump, I do not see a racist or a bigot. Yet, deep down, I question if the individual is okay with bigotry. Is racism or bigotry a red line that should not and cannot be crossed in the 21st century? Many of my colleagues and coworkers

support President Trump. I do not consider my colleagues to be racists or bigots. However, for me politics are taboo as a topic for discussion. I would be reluctant to articulate to my coworkers about how hurt I feel when I see people support a man who has built a movement based on bigotry and fear. I find myself wondering what my coworkers say when discussing politics and minority communities in a homogenous gathering. What do my friends say when I’m not around and there is no need to be politically correct?

I struggled with how to respond to Jack. I was not looking for a debate, and I did not want to offend my patient or antagonize him. I also did not want Jack to lose confidence in my ability to treat him. After all, this man was placing his care in my hands. He trusted my judgment with regard to key life decisions.

The reality is that you are more likely to be cared for by a Muslim oncologist than hijacked or murdered by a Muslim terrorist. How can I convey this fact without sounding condescending or confrontational? I decided to speak up with Jack. Instead of taking a hostile tone, I took a lighthearted one. I joked with him, “You know I’m Muslim. I certainly hope I don’t get deported.”

The truth is that there is nowhere for me to be deported to. I was born in the United States. I even need a visa to visit my parents’ homeland of Pakistan. I am a typical American. I prefer burgers and fries over rice biryani. English is my primary language. I avidly follow college football and root for my team, the University of Florida Gators. I have an American accent and have problems imitating or mimicking a foreign one. At the same time, my skin tone indicates I am not your “traditional” American. I am passionate about my Muslim faith. My wife wears the hijab and I pray 5 times a day, even if it means doing so in my clinic room between patient visits. I do not make excuses for terrorism. I also do not feel obliged to apologize for others who share my faith whenever a terrible event occurs locally or abroad. Terrorist actions do not represent my faith any more than the activities of a member of the Ku Klux Klan represent Christianity.

I wonder what was going through Jack’s mind when I spoke up. Since my tone was easygoing, Jack was not offended. He smiled and jokingly retorted that I should not worry about my situation. “You will

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be fine,” he said. I agree. I will be fine. At the same time, I worry about others in my faith community. I worry about my colleagues who come from overseas. I worry about those who have foreign accents. I worry about those whose name is Muhammad or Ahmed. I worry about women who wear the hijab. I worry about those who need to obtain a visa to work in the United States.

Jack continues to follow with me in the clinic. We have a good rapport and like to joke with each other. He continues to exhibit his trust in my medical judgment. I know I did not change Jack’s opinion on President Trump, but it is not my role to change his political views. I hope that in my time taking care of him, Jack will transform his opinion and views of people who are different than him. I hope Jack will

acquire a positive impression of Muslims, a community that represents nearly a quarter of the world’s population. I would like to think that Jack could become a person who defends Muslims and other minorities when discussing politics with family and friends. Jack likely does not personally know any other Muslims. I am hoping through my actions and compassion he will come to know one.



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