Advisory Council for Equity, Diversity, and Inclusion (EDI) in Clinical Care: Statement regarding the recently published and subsequently retracted letter in The Canadian Medical Association Journal and islamophobia

As the Advisory Council for Equity, Diversity, and Inclusion (EDI) in Clinical Care for the Department of Psychiatry, University of Toronto, we are deeply concerned about the impact of a recently published and subsequently retracted letter in The Canadian Medical Association Journal (CMAJ) that perpetuates Islamophobia and Islamophobic stereotypes about women who wear hijabs, dehumanizing them in the process. Our Council includes members of Muslim faith, and we all stand by our Muslim colleagues and the diverse communities we serve. We believe that in Canada, every person has the right to religious freedom and the right to wear any religious symbol that they choose to identify with. We further recognize the need to create a safe environment free from prejudice for all Muslim women wearing hijabs by choice, identification, and faith. Islamophobia and Islamophobic stereotypes have profound and ongoing negative impact on both service providers and users, and this must end.

Equity, diversity and inclusion values and principles are embedded in the Department of Psychiatry at University of Toronto and all of its activities, including leadership, clinical care, research, and education endeavors. Any form of marginalization, exclusion, or oppression that negatively impacts individuals and groups will not be tolerated and must be addressed. The Advisory Council is in solidarity with our colleagues to end Islamophobia; please see the statement and petition from the National Council of Canadian Muslims (NCCM) and Muslim Medical Association of Canada (MMAC).
We propose the following recommendations for the CMAJ to ensure that they can fulfill their obligation and remain accountable to a multicultural readership of medical practitioners and patients across Canada:

- Ensure that the editorial board, advisory bodies, and reviewers are diverse and inclusive
- Commit to having the editorial team undertake EDI, cultural competence, and cultural safety training
- Establish a review process to ensure all published articles have been reviewed from an EDI and cultural safety perspective
- Dedicate an entire issue on cultural competence and cultural safety in healthcare
- Commit to weaving an educational component on racism in health care in all issues

We strongly support initiatives to address discrimination and equity for specific areas. For example, to specifically address embedded Islamophobia that has surfaced because of the recent incident, we propose the following:

1. Launch an investigation into how CMAJ deals with anti-Muslim discrimination and Islamophobia within existing structures
2. Develop a CMAJ anti-Islamophobia strategy for the organization
3. Fund Islam awareness training for the editorial team
4. Ensure a review process of all CMAJ publications with an anti-Islamophobia, anti-racism, and anti-oppression lens
5. Publish a thematic series on anti-Islamophobia to address the impacts of anti-Muslim discrimination on health care professionals and patients
6. Form an anti-Islamophobia advisory council at CMAJ

Finally, we hope to see these specific endeavors be applied broadly to all equity-seeking populations, to strengthen anti-racism and anti-oppression efforts in the Canadian medical communities.