“Red Man Syndrome:”
Thoughts on an Anachronistic Term

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I’ve always loved movies, so in recollecting my experience as a Native American medical student struck speechless on hearing the phrase “red man syndrome” in modern use, I run the reel. In my fantasy, Tonto, pricked by a prop on a modern movie set, contracts an overwhelming case of methicillin-resistant Staphylococcus aureus cellulitis. He is treated with IV vancomycin—pushed a little too hard—in a well-heeled Hollywood hospital. The results smart with a sort of irony only possible when two ostensibly foreign worlds collide: Tonto develops “red man syndrome,” an adverse erythematous, maculopapular rash most commonly associated with vancomycin but also observed with ciprofloxacin, amphotericin B, rifampicin, and teicoplanin.1

Continuing to play with the idea, I rerun the film. This time, Tonto is a resident treating a well-known medical authority. The patient-doctor is suffering an adverse, maculopapular reaction to vancomycin, administered too quickly by a distracted worker on the previous shift. Tonto is well aware that the phrase “red man syndrome,” an adverse erythematous, maculopapular rash most commonly associated with vancomycin but also observed with ciprofloxacin, amphotericin B, rifampicin, and teicoplanin,1

“Red man syndrome”? When I first heard the phrase—before I had envisioned Tonto the actor and Tonto the doctor—I fell somehow inside. Feeling exposed and wishing I could disappear, I waited to reach ground somewhere I could relax, whole, in my own skin. The phrase “red man syndrome” hit like a slur, a mocking allusion to centuries of being named, silenced, and suppressed by colonial powers. Eerily, no one else seemed disturbed by this language that was, for me, so obviously problematic.

I stumbled later that day into a physical examination skills assessment observed by an instructor behind a two-way mirror. Overwhelmed with the sense that I didn’t belong—that to survive in the culture of medicine, I was going to have to hide more of myself than was possible—I fumbled. The results of a routine evaluation later in the block, when I had regained my footing, indirectly referred to this earlier incident: “You seemed so much more confident this time than last….”

Most of the administrators, faculty, and clinicians with whom I discussed “red man syndrome” listened with curiosity but admitted that they had never thought of the phrase in this light. In contrast, my informal survey of the few Native Americans I know in medicine (n=3) revealed that my tribal colleagues were uncomfortable with the phrase “red man syndrome” and preferred “erythroderma” or “erythema.” Other indigenous Americans in medicine may disagree.

Unfortunately, my encounter with the phrase “red man syndrome”—a problematic phrase in its own right—came at the height of my struggle to adjust to medical school and intensified the difficulty of my transition. As an almost middle-aged Native American with a family, I was many years out of touch with being a student and felt significantly out
of step with my classmates. Miraculously, I was surviving, learning, and succeeding, but I had little energy left to face the larger cultural affront that the phrase “red man syndrome” represented.

Regardless of the intent of the clinicians who originally coined the phrase and regardless of the intent of the medical students and doctors who use the term today, “red man syndrome” is potentially offensive to Native American students, patients, and other health professionals. Medical educators and practitioners should be aware that the phrase, which may come up in the classroom and on the wards, could make students, patients, and other professionals uncomfortable—as it made me—potentially interfering with their ability to learn and to provide or receive appropriate care.

As a future family physician, I believe this issue has particular relevance for family medicine, whose core values center on providing “continuing, comprehensive, compassionate, and personal care.” The Future of Family Medicine Project, undertaken to clarify family medicine’s values and envision its future, identified human connection as a key feature of family practice, cultural sensitivity as a vital aspect of the family medicine model, and an emphasis on biopsychosocial principles as essential to family medicine education for the modern world. Continued use of the phrase “red man syndrome” seems inconsistent with these values and with this image of family medicine. While perhaps innocently coined, the phrase has the unfortunate potential to play into biased patterns of language, to reinforce social inequality, and to interfere with our ability to practice effective, culturally competent medicine.

Having personally lost my footing, however briefly, in encountering the phrase “red man syndrome” during my transition to medical school, I hope that sensitivity to the problematic nature of the phrase will someday extend beyond my imagination of a fresh role for a fed-up Tonto. Changing demographics, health disparities, and efforts to train more physicians from underrepresented groups, including Native Americans, all demand an emphasis on cultural competency in medical education. Engaging in sensitive discussion about the phrase “red man syndrome” in medical schools and on the wards is an opportunity to foster the development of the physicians we really need: culturally competent clinicians able to collaborate effectively with people from various backgrounds, to provide effective care to a variety of patients, and to advocate for positive change for those we serve.

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References