

## **Diagnosis: Racial Bias**

***“This is the week, here we go!” I tell myself with a mixture of dread and excitement.***

For the last two years I have co-lead a weekly class where several hours of the course are dedicated to racism and bias in medicine. I walked into the week with a bit of dread because I know, given the demographic and geographic characteristics of my medical students, there is going to be resistance. I had to prep myself going in that at least some of my students were going to reject a reality that plagues our healthcare system: *racial bias*.

I knew this because I live and work in the State of Idaho, in a medical program that exclusively draws its students from the State, many from rural communities. However, I was also excited because I had the opportunity to teach such an important topic. These are future physicians many who are not aware of these facts. What's great, is that now we are requiring these topics to be a part of their medical education.

## **Medicine and Racial Prejudice**

Race and medicine is a topic in which everyone – patient and provider alike, regardless of racial or ethnic identification – needs to be made aware. The racial biases that exist in our world bleed into our healthcare system preventing many minorities from receiving equitable care. *Healthy People 2020* defines health equity as medical persons addressing the avoidable, historical, and current injustices that create health disparities or differences in health outcomes across groups. These differences show up for example in rates of death and disease between groups based on their race, religion, gender, or other characteristics historically linked to discrimination or exclusion.

I'm sure many of you are saying to yourself, “well this doesn't happen today.” “People are not dying from various illnesses or infections because medical personnel are refusing to care for them based on their race, religion, gender, or what have you.” “That goes against their oath to care for sick persons!” The truth is that yes, this is still a problem in 2019. African-Americans and other racial/ethnic minorities have historically been and remain affected by healthcare disparities. And it is important that we call it out so we can address it!

## A History of Malpractice



The Institute of Medicine (IOM) found that various sources, including the bias, stereotyping, and prejudice of health systems and health care providers, are contributing to racial and ethnic disparities. In fact, they suggest they may be related to worse health outcomes among the racial/ethnic groups affected (Betancourt & Ananeh-Firempong, 2004).

For example, the framing of blacks as *primitive and inferior* has resulted in denied treatment for real ailments. This was seen in the 1932 Tuskegee, AL syphilis experiment on black men. These men were denied treatment for syphilis just so white physicians could identify how syphilis destroys the body. Or, in the case of Henrietta Lacks whose body was used for various scientific experiments for breakthroughs in medicine without her permission, or the permission of her family.

Even as far back as 1758, race has been factored into how patients are viewed and treated. A scientist named Carl Linneaus put humans into categories based on their race assigning them physical and psychological characteristics. Europeans he described as “fair...gentle, acute, inventive...governed by laws,” whereas Africans were described as “black...crafty, indolent, negligent...governed by caprice” (Witzig, 1996). In other words, this scientist used, or manipulated science, to describe Africans or those of African descent as sneaky, lazy, careless, and as people who act on a whim. Can you see how these stereotypes impacted, and still impact, how people of color are treated in society at large? But also, in medicine.

# Enduring Effects



Black patients still suffer the same treatment and abuse their ancestors suffered. This history of racism in the U.S. has lingering effects that are evident in the medical care African Americans and other people of color receive. When I coordinated health programs in Tuskegee, AL I saw firsthand how the history of that tragedy still impact blacks in that community. Many, almost 80 years later, still have a poor relationship with healthcare professionals and struggle to trust medical providers. The sad truth is that they still have reason to distrust.

In 2015, the CDC published a report with a special feature on racial and ethnic health disparities. In this report, black mothers had the highest percentage of pre-term births; Hispanic and black children and teenagers had the highest prevalence of obesity (21.9% and 19.5 % respectively, compared to 8.6% in whites); black men (42.4%) and black women (44.4%) had the highest prevalence of high blood pressure, and Hispanic adults were the largest groups without health insurance, followed by blacks (National Center for Health Statistics, 2016).

More recently, the *Harvard Public Health* magazine has published its winter 2019 report entitled, "America is Failing its Black Mothers." In this report Amy Roeder writes that "African American women are three to four times more likely to die during or after delivery than are white women. According to the World Health Organization, their odds of surviving childbirth are comparable to those of women in countries such as Mexico and Uzbekistan, where significant proportions of the population live in poverty." The study goes on to state this is directly linked to racism and racial bias in medical practices.

## Assumptions and Responses

These realities produce several common racial biases in medical practice that include:

- Lower rates of major surgical procedures for black Medicare patients
- Lower rates of pain control medication given for broken bones for African American children seeking care in emergency rooms
- Lower quality of basic hospital services for things like pneumonia and congestive heart failure in black patients (Tsai et al., 2016)
- Fewer referrals for kidney transplants when a patient is on hemodialysis (Betancourt & Ananeh-Firempong, 2004)



But there are ways that people of color can navigate racial bias when seeking medical attention:

1. **Listen to your gut.** If you know something isn't right with your body or your provider pay attention, make a note, and make a complaint.
2. **Come prepared for your visit.** Have questions related to the reason for your visit ready with notes about your symptoms along with any concerns you have.
3. **Bring someone with you.** It is always good to have support and an extra pair of ears to listen to what your provider is saying. They may even ask questions that you haven't thought of.
4. **Be firm and aggressive.** If a provider dismisses your concerns, it's ok to ask them to explain why you should not be concerned. Make them explain things to you until you fully understand. It's ok to keep asking questions. Even if someone seems impatient or irritated, it's your right.
5. **If possible, go to a doctor of your race/ethnicity.** There is a chance that this person will be someone who will better understand your physical, mental, cultural, and social needs.
6. **Get recommendations on a healthcare provider** from people of your race/ethnicity when possible, people you know have a similar experience as you.

# Conclusion

“Even well intentioned physicians may be susceptible to stereotyping and may unknowingly contribute to racial/ethnic disparities in health care,” (Betancourt & Ananeh-Firempong, 2004). Fortunately, these topics are being taught and discussed more and more within healthcare education.

Unfortunately, there is still a great deal of work to be done and one cannot rely on every provider to accept and “buy-in” to the reality of racial bias as experienced by their patients.

The fact is, it should not be the responsibility of the people oppressed by the injustices of the healthcare system to fix it. However, until it is fixed we have to protect ourselves. We have to do what we can to get what is needed from a broken system, including self-advocacy, researching providers before visits, identifying and using various support systems (e.g. friends and family), as well as being open to getting second opinions. Ultimately, when it comes to your health always be aware, and always come prepared.