

MCS Selective

Treated Differently: Bias, Healthcare Disparities and the Practice of Medicine

Introduction

Of all forms of inequality, injustice in health is the most shocking and inhumane.

- Dr. Martin Luther King, Jr. 1966

Implicit (or unconscious) bias is defined as that which “affects our understanding, actions, and decisions in an unconscious manner.” Unconscious bias is ubiquitous and has an impact on decision-making and on the quality of healthcare provided to patients despite the altruistic intentions of physicians. Beyond the evidence that healthcare disparities are related to socioeconomic factors, access to health insurance, and other factors, healthcare disparities have also been shown to be caused by implicit bias. What we are not aware of consciously proves difficult to change. In the world of medicine, these unknowing biases may help perpetuate the currently documented healthcare disparities.

Exploring the evolutionary development and the neuroscience of implicit bias will shed light on the nature of implicit bias. Experienced across multiple areas in medicine, such as in the treatment of pain, asthma, and hypertension, understanding the causes of implicit bias will increase awareness of its impact on patient care and pave the way forward toward the common goal of equal healthcare for all. The concept of allostatic load and the consequences on health and health disparity will also be explored.

This selective is divided into three areas: the nature of implicit bias and allostatic load, the impact implicit bias and allostatic overload have on healthcare disparities, and the strategies we can use to lessen implicit bias to improve patient outcomes. These goals are accomplished through the use of the Implicit Association Test (IAT), targeted readings, and class discussion.

Instructors

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Educational Objectives:

At the conclusion of this selective you will have the ability to:

- 1 Understand the nature of implicit bias, the role of classification, and stereotyping from an evolutionary standpoint and the neuroscience behind these concepts,
- 2 Identify the difference between implicit and explicit bias,
- 3 Examine your own biases and how they may impact your practice,
- 4 Discuss the concept of allostatic load and the effect on health,
- 5 Identify current healthcare disparities, the contribution of allostatic overload, and the impact of implicit bias on patient care,
- 6 Identify how to lessen the role of implicit bias on patient treatment and outcomes

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Requirements and Outline:

1. Attendance at all four sessions.
2. Student participation in class discussions.
3. Each student will facilitate an approximately 10 minute discussion in class about an article of their choice related to an individual topic of interest about bias, allostasis, and/or health care disparity.
4. Each student will write a short reflection, (2-3 pages) about your perspective/experience related to implicit bias, how your views have developed, and may effect your future practice of medicine.

Session I

What is meant by implicit bias? Is implicit bias inherent in us all? Identify the meanings of implicit versus explicit bias, stereotypes and prejudice. How does evolution affect stereotyping and classification and what is the neuroscience of bias? The Implicit Association Test (IAT) developed in the mid-1990's analyzes the role of automatic association underlying implicit bias. Familiarize yourself with the IAT and take at least one of the tests before the first session.

READINGS SESSION 1:

Take an IAT at:

(<https://implicit.harvard.edu/implicit/takeatest.html>).

The Joint Commission. (2016). Implicit bias in health care, *Quick Safety*, 23(April).

https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_23_Apr_2016.pdf

Mooney, C., & Viskontas, I. (2014). The science of your racist brain. *Mother Jones*.

<http://www.motherjones.com/environment/2014/05/inquiring-minds-david-amodio-your-brain-on-racism/>

Stanley, D., Phelps, E., & Banaji, M. (2008). The neural basis of implicit attitudes. *Current Directions in Psychological Science*, 17(2), 164-170.

http://www.people.fas.harvard.edu/~banaji/research/publications/articles/2008_Stanley_CDP_S.pdf

OPTIONAL:

(Slightly more current and in-depth look at the neuroscience of bias)

Amodio, D. M., (2014). The neuroscience of prejudice and stereotyping. *Nature*, 15, 670-682.

https://www.researchgate.net/profile/David_Amodio/publication/265345113_The_Neuroscience_of_Prejudice_and_Stereotyping/links/56a0f56e08ae9ef40e9de92d/The-Neuroscience-of-Prejudice-and-Stereotyping.pdf

(Classic article on conscious vs. automatic bias)

Devine, P. (1989). Stereotypes and prejudice: Their automatic and controlled components.

Journal of Personality and Social Psychology, 56(1), 5-18.

<http://web.comhem.se/u52239948/08/devine89.pdf>

Session II

In this session we will discuss the healthcare disparities that exist in current medical treatment and how allostatic load and implicit bias play a role in these disparities.

READINGS SESSION II:

Blair, I. V. et al. (2013). Clinicians' implicit ethnic/racial bias and perceptions of care among black and latino patients. *Annals of Family Medicine*, 11(1) 43-52.

<http://www.annfammed.org/content/11/1/43.full.pdf+html>

CDC Health Disparity "Fact Sheets" 2013

(This report highlights health disparities in general, for your background information)

(PDF will be provided)

Duru, O. K., Harawa, N. T., Kermah, D., & Norris, K. C. (2012). Allostatic Load Burden and Racial Disparities in Mortality. *Journal of the National Medical Association*, 104(1-2), 89–95.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3417124/>

Green, A. R., Carney, D. R., Pallin, D. J., Ngo, L. H., Raymond, K. L. Iezzoni, L. I., & Bananji, M. R. (2007). Implicit bias among physicians and its prediction of thrombolysis decisions for black and white patients. *Journal of General Internal Medicine*, 22(9), 1231-1238.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2219763/pdf/11606_2007_Article_258.pdf

Session III

This session will focus on interventions to reduce the effects of implicit bias in healthcare with the primary focus on the individual provider. Increased awareness of the causes and impact of implicit bias can improve patient outcomes. A multi-pronged approach may lessen the hold implicit bias has on health disparity through providing motivation to change and techniques to improve patient-provider communication and relationships.

READINGS SESSION III:

Stone, J. & Moskowitz, G. B. (2011). Non-conscious bias in medical decision making: what can be done to reduce it? *Medical Education*, 45, 768-776.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2923.2011.04026.x/epdf>

Zestcott, C. A., Blair, I. V., & Stone, J. (2016). Examining the Presence, Consequences, and Reduction of Implicit Bias in Health Care: A Narrative Review. *Group Processes & Intergroup Relations : GPIR*, 19(4), 528–542. <http://doi.org/10.1177/1368430216642029>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4990077/>

Session IV

Students will present a short review of an article of interest related to the class discussions. Hand in Reflection Papers.

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| Class Size |
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Minimum 6 Maximum 10

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