Bias In the Eyes of Resident Physicians

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Outline

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Introduction

“forgot the timing”  “nonadherent”
Bias

• ...is the negative evaluation of one group and its members relative to another.

• Explicit Bias:
  • A person is aware of his/her evaluation of a group,…and has the time and motivation to act on it in the current situation.
  • Explicit bias toward ethnic/racial groups has declined significantly…and is now considered unacceptable in general society.

• Implicit Bias:
  • Does not require the perceiver to endorse it or devote attention to its expression.
  • Can be activated quickly and unknowingly by situational cues (eg, a person’s skin color or accent).
  • Develops early in life from repeated reinforcement of social stereotypes.
The problem: Physician bias and disparity

• Studies have documented widespread inequalities in medical care.

• IOM notes these disparities result from multiple factors, but “bias, stereotyping...on the part of health care providers” play a role.

• Physician bias and healthcare disparity evidence:
  • Care for cardiovascular risk factors ranging from hypertension to sleep disorders.
  • Cancer screening, prevention, treatment and symptom management.
Clinical Decision Making

• Inherent vulnerability
  • Collecting, analyzing patient characteristics can allow a healthcare provider to arrive at a diagnosis or decide on a treatment option, however, the subjective nature of patient characterization can negatively affect patient care.

• Comparing patterns:
  • Unable to estimate the desired probabilities explicitly, physicians recast the problem into a form that uses one of their most effective mental skills — that of comparing patterns.

Eddy D & Clanton C, NEJM 1982 The Art of Diagnosis — Solving the Clinicopathological Exercise
Objective

• **Purpose:**
  - To contribute to improvement in quality of inpatient healthcare and patient satisfaction by identifying factors that provoke implicit bias during an inpatient service provision.

• **Objectives:**
  - To assess internal medicine residents awareness of bias
  - To identify biases that affect patient satisfaction at Aurora Sinai Medical Centre
  - *To identify themes that stand out for patient satisfaction*
Methods

• Part 1:
  • Survey of Internal Medicine Residents
  • Indirectly assessed recognition of bias among resident physicians by asking their opinion in an anonymous manner about their fellow residents.

• A two step question
  • “Have you observed a colleague of yours SAY, PORTRAY, or ACT in a biased manner towards a patient while providing inpatient service?”
  • If the answer was yes, we subsequently asked them to elaborate on the bias.

• Part 2:
  • Hospitalized patients’ recognition of provider bias
Result

• The survey was sent to 39 postgraduate (PG) internal medicine residents, in their 1st to 3rd year of training.
  • 100% response rate

• 46% (18/39) reported observing their colleague(s) being biased toward patients.

• Of those who reported bias, 77.8% (14/18), reported one or more examples about the content of the perceived bias.
Result cont’d

• The largest category, 42.8% (9/21)... bias towards patients with past or current “drug/substance abuse” or “narcotic seeking” behavior.

  "He is drug abuser, chest pain is definitively due to cocaine"

• 14.3% (3/21) indicated providers not wanting to care for patients who were perceived to be “difficult”

  “Not wanting to see/follow-up in outpatient clinic”

• 9.5% (2/21) related to race/ethnicity

  “Advanced heart failure treatment options seems to be offered less to poor/African American patients”
Resident and implicit bias

- Green et al 2007 in their seminal paper on implicit bias among resident physicians found:
  - No explicit preference for whites vs black patients or no differences in cooperativeness
  - However, Implicit Association Tests (IATs) revealed implicit preference favoring white Americans and implicit stereotyping of black Americans as less cooperative

- Van Ryan et al 2015 medical student CHANGE study
  - 3547 medical students from 49 medical schools in US
  - having completed the Black-White IAT during medical school remained a statistically significant predictor of decreased implicit racial bias.
  - Having heard negative comments from attending physicians or residents about African American patients were statistically significant predictors of increased implicit racial bias.
The challenge

• Most physicians have genuinely egalitarian conscious beliefs and want to provide excellent care to all of their patients.

• Physicians often find it difficult to accept that unconscious biases may affect the care they provide because the notion is so inconsistent with their explicit (conscious) attitudes, motivations and intentions.

• There is evidence that awareness of implicit bias contributes to improved IATs.
Conclusion

• About half of the residents are conscious of their colleagues bias towards patients.

• The biases relate to patient characteristics that are often used to make clinical decisions.

• Effort to educate residents about implicit bias during their training needs to be explored.


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