

Coping with Bias and Discrimination from Patients: A Primer for Physicians and Administrators

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Though acts of violence and discrimination against physicians have been prevalent for quite some time, social and electronic media have given Drs. Tamika Cross, Suzanne Barakat, and many other physicians a venue to share their experiences, leading to increased awareness and debate on this issue. In a survey of 214 mother-daughter physicians, both mothers and daughters reported similarly high rates and severity of sexual harassment prior to medical school, during their training years, and in work settings by both teachers and supervisors¹. There is also a high prevalence of workplace harassment and discrimination among physicians belonging to racial and ethnic minorities and the LGBTQ community, leading to poor career satisfaction and increased job turnover. This article is the first in a series highlighting types of harassment, discrimination and aggression towards physicians—particularly among racial, ethnic, gender and sexual minorities—and dissemination of best practices to foster physician resilience. For this article, we focus on physician-patient interactions.

Situation

A medically unstable patient refuses to be cared for by a black physician

in the Emergency Department (ED), and yells racial slurs at the physician.

- How should the victim (physician) respond to the patient?
- How should other healthcare providers involved in the care of this patient (bystanders) respond?
- How should the hospital administration respond?

Victim's Response

Physicians are generally in a position to alleviate suffering and save lives, and are expected to do so without prioritizing their political and religious beliefs or those of the individuals they serve. However, political unrest and resultant discrimination and violence across the nation (and the globe) are without boundaries and, therefore, may exist in healthcare settings. Despite feeling hurt and humiliated when hearing racial slurs directed at him by this patient, the black physician in this scenario is not sure he can grant the patient's request to walk out of the room. We have summarized below an algorithm of action for the front line physician (victim), derived from Paul-Emile, et al, on "Dealing with Racist Patients"²:

- Assess for any emergent medical need
- Determine decisional capacity

- If the patient lacks capacity, negotiate to provide care until medically stable.
 - If patient has capacity, try to determine the reason behind refusal of care. If legitimate reasons (problems with language, religious preference in requesting provider with same gender etc.), try to accommodate the request.
 - If the patient has capacity and refuses care by a provider based on bigotry, the physician can explain to the patient how dealing with this issue may delay life-saving care and may affect clinical outcomes. Also the physician can discuss options with the patient, including transfer of care to another provider permanently (after medical emergency resolved), transfer of care to another provider at the moment (if available), transfer to another facility when medically stable, meeting with on-call hospital administrator etc.
- In scenario # 2c, the physician should also place limits, informing the patient that he/she cannot use derogatory language in the hospital.
 - In scenario # 2c, the physician

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should report the case to the on-call hospital administrator.

Bystander's Response

Bystanders in this situation include healthcare providers present in the ED, who may or may not be involved in the care of this patient, staff and other patients present who witness the scenario. We have summarized the suggestions below for bystanders from available literature³:

At the Moment:

- Name or acknowledge the offense
- Point to the “elephant in the room”
- Interrupt the behavior
- Publicly support the victim
- Use body language to show disapproval
- Use humor (with care)
- Encourage dialogue and help calm strong feelings
- Call for help (e.g., security, supervisor or administrator on duty based on the nature of the encounter)

After the Incident:

- Privately support an upset person
- Talk privately with the inappropriate actor
- Report the incident, with or without names

Suggestions for Supervisors:

Though the AMA code of ethics (Opinion 9.12) bars physicians from discriminating among patients based on “race, color, religion, national origin, sexual orientation, gender identity, or any other basis that would constitute invidious discrimination”, such code of ethics does not exist for patients accessing healthcare systems. The Title VII of the 1964 Civil Rights Act guarantees a workplace free from

discrimination based on “race, color, religion, sex, and national origin”. But physicians are often independent contractors who are not covered under the title VII. Additionally, physicians often discuss reassignment of patients amongst themselves and are therefore not forced by the employer to accommodate such requests. In a survey of medical providers in the ED, a third of the providers felt that patients perceived better care from providers of similar racial background. Female and non-white physicians were more likely to accommodate such requests⁴.

Summarized below are suggestions for supervisors, on call administrators, etc., when dealing with these situations.

Interaction with Perpetrator: suggestions below have been derived from Paul-Emile, et al² on “Dealing with Racist Patients”:

1. An on-call administrator should inform patients of their responsibility to refrain from hateful speech and their right to seek care elsewhere.
2. Healthcare systems should not accommodate patients in stable condition who persist with reassignment requests based on bigotry, as it rewards the behavior.
3. Stable patients who refuse care by a provider of a different racial or ethnic background may be assisted in transferring to another hospital.
4. Patients in outpatient settings who refuse to be cared for by a physician on racial/ethnic grounds may be informed that they are free to seek treatment elsewhere.

Interaction with Victim:

1. Initial interview: The BATHE technique is a psychotherapeutic procedure that serves as a

screening test for anxiety, depression, and situational stress disorders. It can be used by a supervisor when dealing with a situation of reported discrimination at the workplace or an academic institution⁵.

- Background: “What is going on in your life?”
- Affect on the victim: “How do you feel about it?”
- Trouble: “What troubles you most about the situation?”
- Handle: “What helps you handle the situation?”
- Empathy: Make a conscious attempt to envision the stigmatized person’s viewpoint. You may utilize techniques to visualize a person as ‘in-group’ rather than ‘out-group’

2. Show value to the stigmatized individual:

- Provide standardized written information as a mission/vision statement
- Actively seek presence of role models exhibiting counter-stereotypical traits
- Focus on person’s strengths, prior success
- Review objective data to reaffirm “normality” of the process
- Frame critical feedback with reassurance of individual’s capability to improve/meet objective standards

3. Use individualized information: Make a conscious effort to focus on specific information about an individual, making it more salient in decision-making than that person’s social category information

Summary

Physicians are frequent targets of discrimination by patients, often based on racial and ethnic grounds. However, the principles of beneficence usually supersede any personal emotions of hurt or humiliation

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that physicians may experience in these encounters, leading to under reporting of these incidences. We hope that the tips in this article will enable our readers to handle similar situations more effectively. In the next article in the series, we will discuss managing bias, harassment, and discrimination occurring in interactions with physician providers and other healthcare staff.

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