

Implicit Bias: Are We Hindering Our Own Progress In Healthcare?



Panelists

Christina Stasiuk, DO, FACOI

- Gender Bias

Berry Pierre, DO, MPH, FACOI

- Racial/Cultural Bias

Nicola Mclean, DO, FACOI

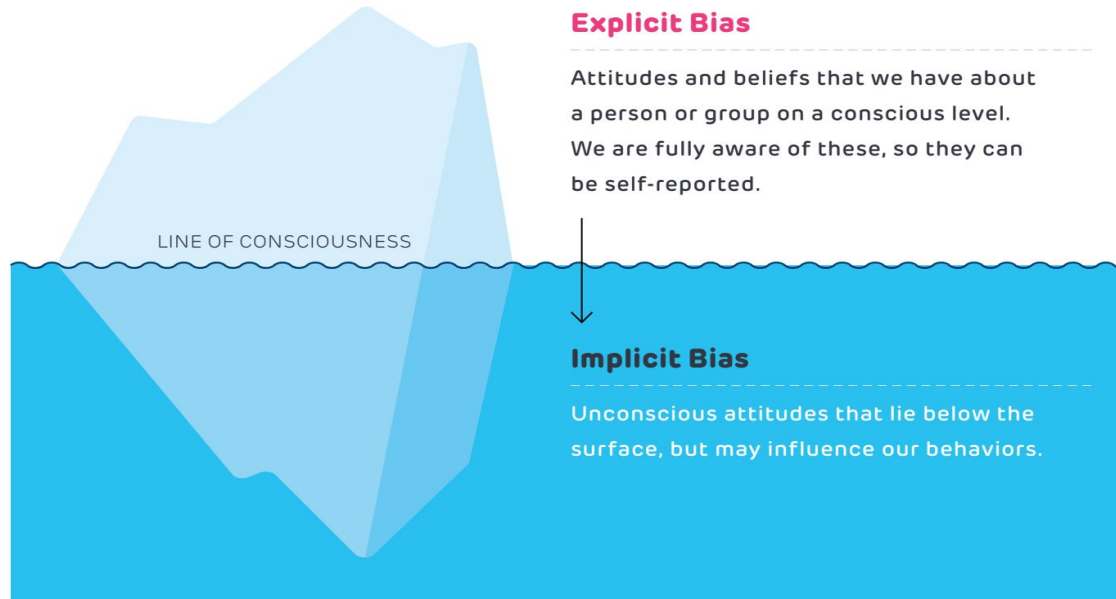
- LGBTQ+ Bias

-Heuristics

What is Implicit Bias?

Implicit (subconscious) bias refers to the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control.

Implicit Bias vs Explicit Bias



<https://policylab.chop.edu/understanding-physician-implicit-racial-bias>

Gender Bias in Medicine

Systemic? Clinical? Workforce based ?

Christina Stasiuk, DO, FACOI, Philadelphia, PA

What is gender bias?

A prejudice that favors one gender over another.

This bias influences behavior, can lead to discrimination and reinforce inequities.



WHY?

It's real

It impacts quality of care

It impacts the healthcare workforce





How?

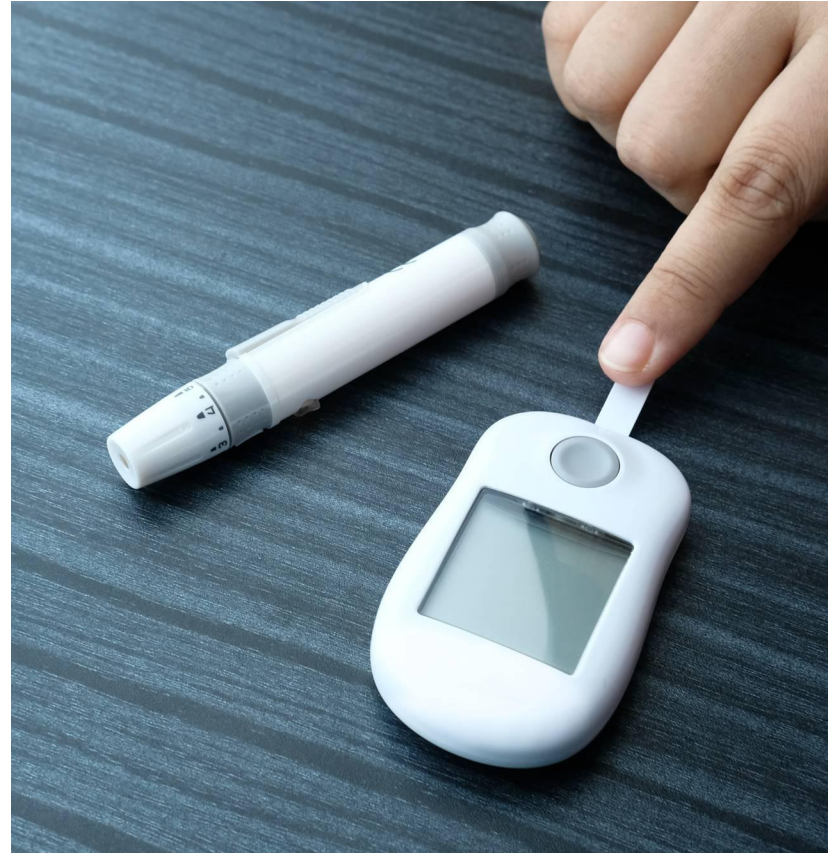
- Research doesn't include women
- Symptoms are minimized or not believed
- Women not promoted or paid equitably

Who me?

Ask permission to ask those in your life who are different from you.

Outcomes

- Knowledge gaps
- Diagnostic errors
- Inadequate symptoms management
- Non-inclusive leadership perpetuated



Women are not men with breasts and a uterus

Solutions

- Awareness
- Education
- Research inclusivity
- Accountability
- Policy





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<https://journals.sagepub.com/doi/pdf/10.2217/17455057.4.3.237>
- McGregor Alyson (2020)“Sex Matters: How Male-Centric Medicine Endangers Women's Health and What We Can Do About It”,



Race, Implicit Bias and the role of Medicine

Berry Pierre, DO, MPH, FACOI



Evidenced Based Problems

- *Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes- A Systematic Review*
- Reviewed 15 prior studies to assess for racial ethnic bias
 - Low to moderate levels of implicit racial/ethnic bias were found among health care professionals in all but 1 study
 - Bias significantly related to patient-provider interactions, treatment decisions, treatment adherence, and patient health outcomes
 - Implicit attitudes were more often significantly related to patient-provider interactions and health outcomes than treatment processes
 - **Bias scores are similar to the general public population**

Deadly Ramifications...

- Non-white patients receive fewer cardiovascular interventions and fewer renal transplants
- Non-white patients are less likely to be prescribed pain medications
 - A 2016 study found many white medical students wrongly believe Black people have a higher pain tolerance than white people
- Physicians were significantly more likely to recommend white patients for bypass surgery than Black patients
- Black women are 3–4 times more likely to die from pregnancy-related causes than white people in the U.S.

<https://www.nejm.org/doi/pdf/10.1056/NEJMp2201180?articleTools=true>

<https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2022/04/21/with-implicit-bias-hurting-patients-some-states-train-doctors>

Deadly Ramifications...

- People of color have had higher rates of infection, hospitalization, and death due to COVID-19
- Black and Hispanic people were less likely than White people to have received a COVID-19 vaccine
- Black people are more likely to be misdiagnosed or overly diagnosed with mental health conditions
- Black people made up 26% of monkeypox cases compared to 12% of the population and Hispanic people accounted for 28% of cases versus 19% of the population

Evidenced Based Problems

- Bias-driven discriminatory practices and policies
 - negatively affect patient care
 - medical training environment
 - limit the diversity of the health-care workforce
 - lead to inequitable distribution of research funding, and can hinder career advancement.
- Poor Doctor/Patient Relationship
 - associated with diagnostic uncertainty
 - negative ratings of their clinical interactions, less patient-centeredness, poor provider communication, undertreatment of pain, views of Black patients as less medically adherent than White patients, and other ill effects

Evidenced Based Problems

- In one study, 48.7% of U.S. medical students surveyed reported having been exposed to negative comments about Black patients by attending or resident physicians, and those students demonstrated significantly greater implicit racial bias in year 4 than they had in year 1
- Losing Battle?
 - exposure to “bad apples”
 - recognizing and understanding others’ perspectives
 - **have NOT resulted in reduction of implicit biases**

Evidenced Based Solutions

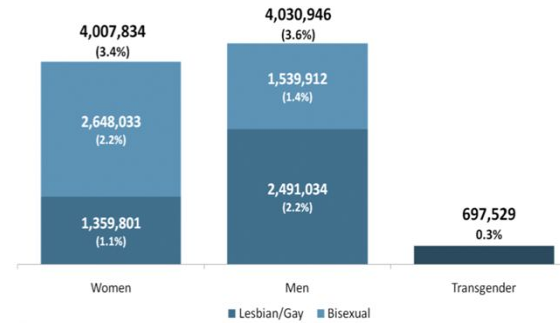
- Systematic Overhaul
 - Increase diversity amongst the medical schools
 - practicing conscious, positive formal and informal role modeling
 - Addressing or interrupting microaggressions
 - Eliminating negative patient descriptions and stigmatizing words in chart notes and direct patient communications.

LGBTQ + Bias

Nicola Mclean, DO, FACOI

- 3.5 % of adults in the US identify as LGB
- 0.3 % of adults in the US identify as transgender
- 1.8% of adults in the US identify as bisexual
- 1.7% of adults identify as gay or lesbian
- 3.4% of women identify as lesbian or bisexual
- 3.6% of men identify as gay or bisexual

Figure 5. Percent and number of adults who identify as LGBT in the United States.



How Many People are Lesbian, Gay, Bisexual, and Transgender? (April 2011)
THE WILLIAMS INSTITUTE

Americans' Self-Identified Sexual Orientation or Gender Identity

Which of the following do you consider yourself to be? You can select as many as apply: Straight or heterosexual; Lesbian; Gay; Bisexual; Transgender.

	Among LGBT U.S. adults	Among all U.S. adults
	%	%
Lesbian	13.9	1.0
Gay	20.7	1.5
Bisexual	56.8	4.0
Transgender	10.0	0.7
Other (e.g., queer, same-gender-loving)	4.3	0.3

Percentages total more than 100% because respondents may choose more than one category.

GALLUP, 2021

	Bisexual	Gay	Lesbian	Transgender	Other
	%	%	%	%	%
Generation					
Generation Z	15.0	2.5	2.0	2.1	1.2
Millennials	6.0	2.2	1.3	1.0	0.4
Generation X	1.7	1.1	0.8	0.6	<0.05
Baby boomers	0.7	1.0	0.7	0.1	0.1
Traditionalists	0.2	0.4	0.1	0.2	0.1
Gender					
Women	6.0	0.4	1.9	0.8	0.4
Men	2.0	2.5	0.1	0.6	0.2

--Generation definitions are as follows: Generation Z, born 1997 to 2003; millennials, born 1981 to 1996; Generation X, born 1965 to 1980; baby boomers, born 1946 to 1964; traditionalists, born before 1946.

Implicit bias towards LGBTQ

A 2015 study based on data from the Sexuality Implicit Assessment Test (IAT) found that heterosexual physicians, nurses, and other health care providers implicitly favored heterosexual people over gay and lesbian people.

Even people who identify as a sexual minority can internalize bias against their own group. In one IAT study, 38% of lesbian and gay men had implicit preferences for straight people.



Jost JT, Banaji MR, Nosek BA. A decade of system justification theory: accumulated evidence of conscious and unconscious bolstering of the status quo. *Polit Psychol.* 2004;25:881-919

Implicit Assessment Test

<https://implicit.harvard.edu/implicit/takeatouchtestv2.html>

Among heterosexual providers, implicit preferences always favored heterosexual people over lesbian and gay people. Implicit preferences for heterosexual women were weaker than implicit preferences for heterosexual men.

Heterosexual nurses held the strongest implicit preference for heterosexual men over gay men

Among all groups, explicit preferences for heterosexual versus lesbian and gay people were weaker than implicit preferences.

***Conclusions.* Implicit preferences for heterosexual people versus lesbian and gay people are pervasive among heterosexual health care providers.**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4539817/>

Gay and bisexual youth and other sexual minorities are more likely to be rejected by their families. This increases the possibility of them becoming homeless. Around **40%** of homeless youth are LGBT. A study published in 2009 compared gay, lesbian, and bisexual young adults who experienced strong rejection from their families with their peers who had more supportive families. The researchers found that those who experienced stronger rejection were about:

- 8 times more likely to have tried to commit suicide
- 6 times more likely to report high levels of depression
- 3 times more likely to use illegal drugs
- 3 times more likely to have risky sex

<https://www.cdc.gov/msmhealth/stigma-and-discrimination.htm>

In some cases, **gay men are at increased risk for several types of cancer—including prostate, testicular, and colon cancers.**

However, access to screening services may be severely limited due to issues and challenges in receiving culturally sensitive care

<https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4684.pdf>

Lesbians are at significantly higher risk for developing breast cancer than heterosexual women.

Risk factors for breast cancer among lesbians include fewer full-term pregnancies, fewer mammograms and/or clinical breast exams, and being overweight.

Lesbians have also been less likely to visit a doctor or nurse for routine screenings than heterosexual women.

<https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4684.pdf>

Among **lesbian, gay, bisexual, and queer (LGBQ)** respondents who had visited a doctor or health care provider in the year before the survey:

- **8 percent said that a doctor or other health care provider refused to see them because of their actual or perceived sexual orientation.**
- 6 percent said that a doctor or other health care provider refused to give them health care related to their actual or perceived sexual orientation.
- 7 percent said that a doctor or other health care provider refused to recognize their family, including a child or a same-sex spouse or partner.
- 9 percent said that a doctor or other health care provider used harsh or abusive language when treating them.
- 7 percent said that they experienced unwanted physical contact from a doctor or other health care provider (such as fondling, sexual assault, or rape).

Among **transgender** people who had visited a doctor or health care providers' office in the past year:

- **29 percent said a doctor or other health care provider refused to see them because of their actual or perceived gender identity.**
- 12 percent said a doctor or other health care provider refused to give them health care related to gender transition.
- **23 percent said a doctor or other health care provider intentionally misgendered them or used the wrong name.**
- 21 percent said a doctor or other health care provider used harsh or abusive language when treating them.
- 29 percent said that they experienced unwanted physical contact from a doctor or other health care provider (such as fondling, sexual assault, or rape).

Negative outcomes of implicit bias in the LGBTQ + community

Poor quality of care related to discrimination based on sexual orientation and/or gender identity

Denial of care

Avoiding seeking care/preventative screenings

Lack of provider knowledge and training about LGBTQ+ health care needs

A preference among heterosexual providers towards heterosexual patients

Insufficient research about the health of LGBTQ+ populations.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8861755/>

What can we do to reduce implicit bias

Individuating

Perspective-taking

Chapman EN, Kaatz A, Carnes M. Physicians and implicit bias: how doctors may unwittingly perpetuate health care disparities. J Gen Intern Med. 2013;28(11):1504-1510.

Addressing LGBT Health disparities

- Be mindful of language used with all patients
- Ask patient's name and (if applicable) pronouns they use
- Don't assume a person's sexual orientation based on gender identity (e.g. significant other)
- Don't assume a trans patient wants to medically or surgically affirm their gender
- Ask questions that are only related to patient's presenting symptoms
- Assess for social stressors and Ask for support system – be aware of possible rejection by family or community of origin, harassment, and discrimination

<https://www.hcanj.org/files/2019/11/Ethical-Considerations-in-the-Inclusion-of-LGBT-Care-by-J.-Baras.pdf>

Changing Organizational Culture

- Create a welcoming, inclusive, safe and respectful gender affirming environment
 - Preferred names on Registration e.g. Max vs. Maxine
 - Interacting with patients. Using Pronouns: she, her, he, his, ze, hir, they,
 - EHR/patient forms: Marital Status vs. Relationship status
 - Mirror language that patients use for themselves, their partner, and their bodies
 - Patient ID Band : Legal Name “Preferred Name” Last Name
 - DO NOT make assumptions about past, current, future sexual behaviors
 - Provide Bathroom Options: Gender Neutral or All Gender bathrooms
- Increasing exposure to LGBT individuals as colleagues and role models in academic health centers, and modifying medical education curricula

<https://www.hcanj.org/files/2019/11/Ethical-Considerations-in-the-Inclusion-of-LGBT-Care-by-J.-Baras.pdf>

<https://pubmed.ncbi.nlm.nih.gov/25674911/>

Aarya arrives for her urgent care appointment and appreciates when the assistant at the front desk asks for the name she goes by and her pronouns (“Aarya,” and “she/her/hers”). She is disappointed later, however, when the nurse practitioner asks if she “has a boyfriend” while taking a sexual health history.

Why is Aarya disappointed?

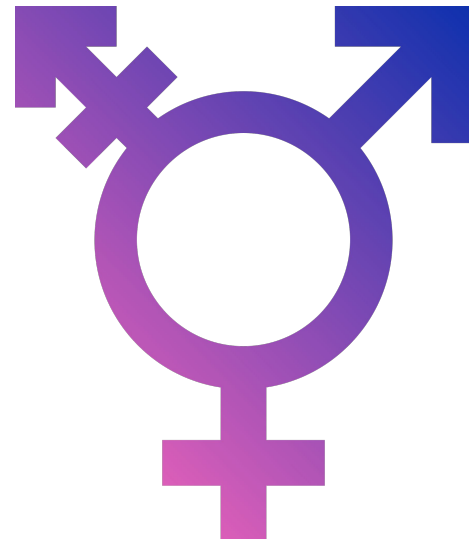
What could the nurse practitioner have said instead?

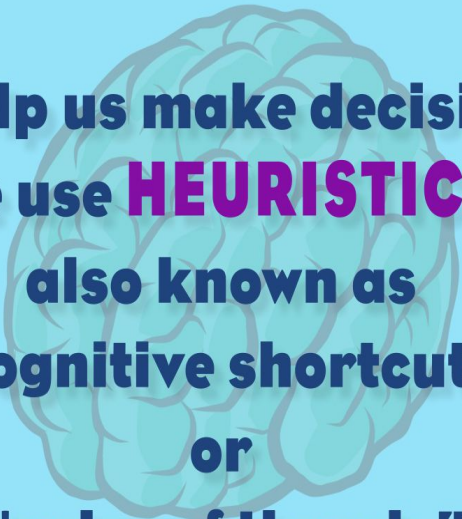


Carmen is having her annual physical exam with Dr. Jones, an openly gay physician. Dr. Jones recently skipped his health center's training on LGBTQ care because he believed he already knew everything about LGBTQ health. Dr. Jones asks Carmen, "Are you sexually active with men, women, or both?" Carmen says, "I am sexually active with one woman." Hearing this, Dr. Jones skips the questions about condom use. Unbeknownst to Dr. Jones, Carmen's partner is a transgender woman.

How does this case demonstrate the importance for every team member to receive training in LGBTQ health care delivery?

How could the doctor rephrase his question to ensure effective communication?





To help us make decisions,
we use **HEURISTICS**,
also known as
"cognitive shortcuts"
or
"rules of thumb."

Availability Heuristic

The **availability heuristic** is a mental short-cut in which we estimate how likely or important something is based on how easily we can think of examples. However, because we are more likely to remember events that are recent, vivid, or emotional, we overestimate the likelihood of certain events and may make poor decisions.

<https://thinkingispower.com/guide-to-the-most-common-cognitive-biases-and-heuristics/>

Availability Heuristics



How to overcome availability heuristic

AWARENESS. Remember, the goal is to determine how likely something is in order to make better decisions. Short-cuts help us think fast, but they aren't always reliable.

Slow down your thinking

Anchoring Heuristic

The anchoring effect refers to our tendency to “**anchor**” to the first piece of information we learn about something, and form our beliefs about that thing based on the anchor. Newer information isn’t evaluated objectively, but, rather, through the lens of the anchor.

The anchoring effect is an extremely common cognitive bias, and one that can interfere with our abilities to make good decisions and objectively understand reality.

Anchoring Effect

Tendency to rely on an initial piece of information (an anchor) when making judgements

40% OFF
WAS \$1,000
NOW ONLY \$600!

"That's so expensive!"

"What a deal!"

Tip: Awareness is key!
Then slow down and give yourself time to make a decision.

Thinking Is Power

How to avoid Anchoring

The anchoring effect is an extremely pervasive bias, and even contributes to other biases.

For example, thinking long and hard about an important decision always sounds like a good idea, right? Intuitively, this makes sense. However, if we're merely thinking deeply about the anchor, we're just amplifying its effects, and probably digging ourselves even deeper into our biases.

Solution: Increase our awareness and understanding of our own thought processes.

Thinking about thinking.



Questions?