Racist Patients: Taking Action on Harmful Bias and Discrimination in Clinical Learning Environments

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Preview of Webinar

• Background
  ➢ Holly J. Humphrey, MD, MACP

• Overview of ethical dilemma of biased patients, and conference recommendations
  ➢ Pooja Chandrashekar, AB
  ➢ Sachin H. Jain, MD, MBA

• Discussion

• Concluding comments
  ➢ Holly J. Humphrey, MD, MACP
Conference Overview

• 44 leaders in health professions education, health care delivery, learners, and educational accreditors

• Four commissioned papers and three case studies

• Four recommendations based on established consensus recommendations, then refined by the planning committee and approved by all conferees

• Conference Recommendations: https://macyfoundation.org/publications/conference-summary-eliminating-bias-discrimination
Our nation’s health professions learning environments—from classrooms to clinical sites to virtual spaces—should be diverse, equitable, and inclusive of everyone in them, no matter who they are. Every person who works, learns, or receives care in these places should feel that they belong there.
The Ethical Dilemma of the Biased Patient

How should clinicians respond when patients exhibit biased or discriminatory behavior, and how can healthcare organizations develop policies and training to mitigate the effects of these experiences?
# Framework for Responding to Biased Patients

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<tr>
<th>Assess</th>
<th>Act</th>
<th>After Incident</th>
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| • Clinician safety and well-being  
• Patient’s medical condition  
• Reasons for patient’s request or biased behavior | • If clinician feels unsafe, can exit encounter and transfer care  
• If patient is unstable, first treat and stabilize  
• Else, determine whether behavior is ethically justifiable  
  • If yes, accommodate  
  • If no, express discomfort and engage in negotiation and persuasion. Can transfer care. | • Inform supervisors and administration  
• Report incident  
• Document if necessary |
Addressing Patient Bias at the Institutional Level

For patients
- Guidelines for patient conduct

For clinicians
- Education on rights and responsibilities
- Training on how to respond when facing or witnessing patient bias

For organizations
- Clear policies to protect clinicians
- Reporting mechanisms
- Systems to adjudicate blame

Culture change to normalize reporting and support clinicians
Systematic research on patient bias against clinicians
Addressing Patient Bias Against Trainees

- Set expectations
- Determine whether and how to intervene
- Debrief with trainee after incident
Recommendation I

Build an institutional culture of fairness, respect, and anti-racism by making diversity, equity, and inclusion top priorities.
Recommendation II

Develop, assess, and improve systems to mitigate harmful biases and to eliminate racism and all other forms of discrimination.

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Macy Conference

On Being a Doctor

The Racist Patient

In my final months of residency, I was summoned to see an angry patient. Mr. R. was furious that our pharmacy did not stock his brand of insulin. He wanted to issue a complaint.

"You guys always mess up my insulin wherever I am here. I told the other doctor, and now I’m telling you. You guys just can’t get it right."

"I’m sorry," I told him. "If you prefer, your family can bring your insulin from home and our nurses can administer it. Would that be an acceptable solution?"

"You people are so insensitive."

Uncertain of how I might best diffuse the situation, I looked uncomfortably in the direction of my patient’s son, who was seated at the bedside.

"You look at me when you talk to me," Mr. R. commanded. "Don’t you look at him?

"I’m sorry. Why don’t I come back later?"

As I uncomfortably walked out of the room, he launched a grenade.

"Why don’t you go back to India?"

On pure instinct, I responded, "Why don’t you leave our [inappropriate] hospital?" To underscore my point, I repeated myself.

I entered the room in a cold sweat.

Much of our clinical training focuses on how to modulate our personal style to accommodate patients. We take certain courses that urge compassion, empathy, and cultural sensitivity. We undergo objective, structured clinical evaluations that certify our interpersonal skills. Our instructors advise us on subtle techniques and gestures to ensure that patients feel safe, secure, and confident in our care.

Yet, as I reflected on what happened that night, I realized that no one had ever raised the possibility that I might one day be hurt by a patient’s words or actions. What are our obligations when we are the subject of their insensitivity, cruelty, or intolerance? When the patients whom we are treating fail to express the same decency that they demand?

The prevailing sentiment is that we are supposed to be “better” than our patients. We are supposed to be able to ignore unpleasant commentary, maintain aplomb, intellectually difficult situations, and understand the roots of their discontent. This view was reinforced by one of my colleagues who was making call with me that night. In his eyes, I had clearly screwed, and I might consider apologizing to the patient.

"Don’t they teach us not to do that? You’re better than this," he scolded when I started my story. "You have to learn to ignore that stuff and rise above it."

He expressed concern that the patient might report me to our hospital’s patient relations committee and that I would be found guilty of some kind of clinical misconduct.

Another colleague was ready to fast-forward through my upset feelings and to make light of the fact that I indeed had a forthcoming trip to my ancestral homeland.

"It is kind of funny, if you think of it that way."

But the reality was that I was not about escaping to Mr. R.’s continent for me, nor did I feel like humor would help me to move on from the situation. When Mr. R. stopped seeing me as his physician or caregiver, but instead as a foreign face, I was no longer a personal physician at the hospital where I was training. Instead, I was reduced to a passive subject of a xenophobe’s abuse. After years of feeling that my race was a nuisance, I was subjected to the same kind of hurtful name-calling that I faced in childhood. Even as self-reflecting for not having thicker skin, I decided that, on this occasion, my feelings would count.

The following morning, I spoke to my supervising attending physician and absolved myself of future interactions with Mr. R. He and the intern on service would sort out the patient’s care without my input.

After rounding on our other patients that morning, I left the hospital with a surprising new sense that, even as I had chosen a profession that calls on me to serve, there are clear limits to that service that I am unwilling to compromise.

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Questions & Responses

Please use the Q & A function to ask questions

Upcoming Webinars on Bias and Discrimination 2021

• March 11: LGBTQ+

• April 7: Anti-Black Racism

• Future: People with Disabilities
  Nursing in the Clinical Learning Environment
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