




# Addressing the Dilemma: Treating Racist Patients

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I have no relevant relationships with ineligible companies to disclose within the past 24 months.

# Objectives

01

Recognize the discrimination and racism that is experienced by clinicians

02

Identify how history has laid the foundation of persistent racism

03

Implement strategies to support colleagues and students experiencing racism



# Agenda

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- Terminology
- Historical Roots of Racism
- Marginalized Populations in Medicine
- Addressing Racism from Patients



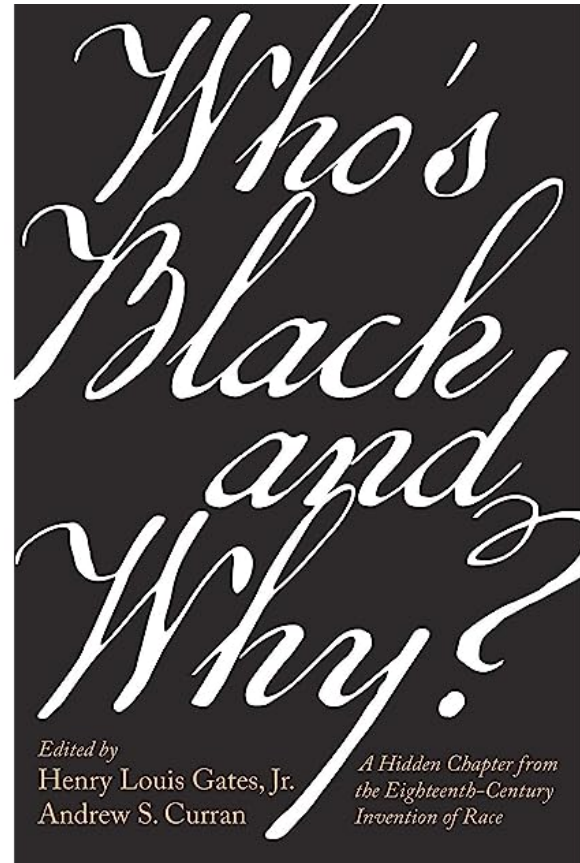
# Terminology

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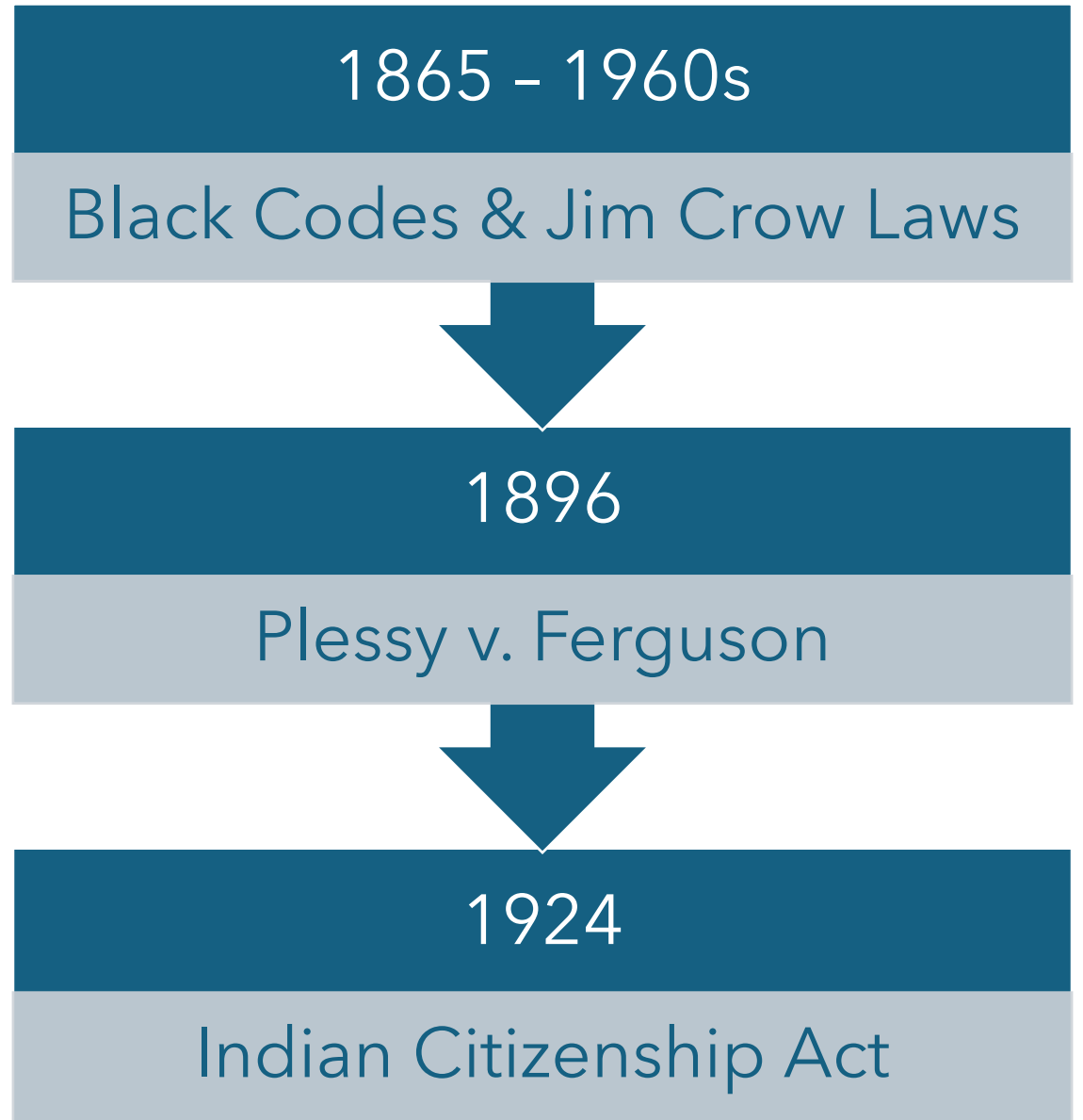
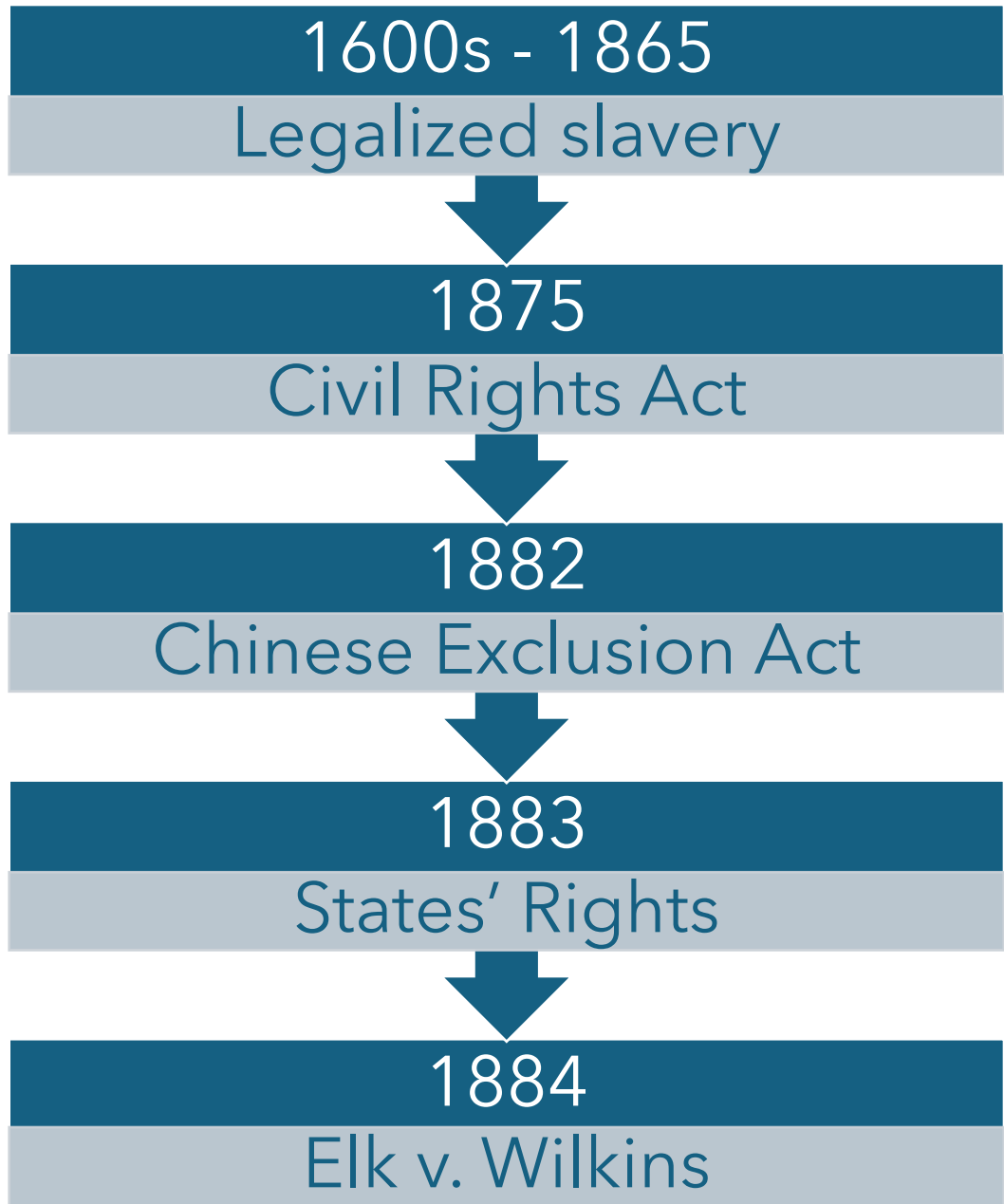
Explicit Bias  
Implicit Bias

Race  
Ethnicity  
Genetic Ancestry

Stereotype  
Prejudice  
Discrimination  
Racism



## Historical Roots of Racism

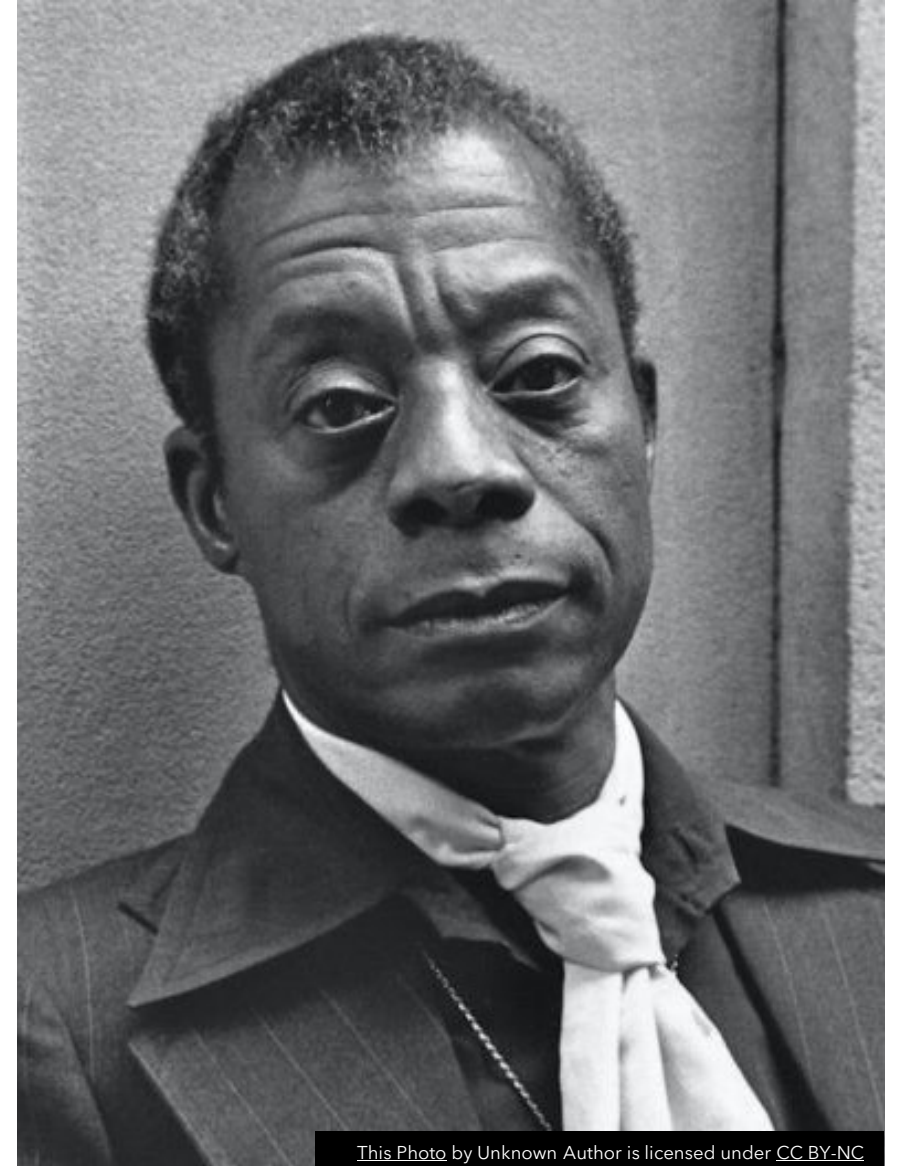






Not everything that is faced  
can be changed, but  
nothing can be changed if it  
is not faced.

- James Baldwin



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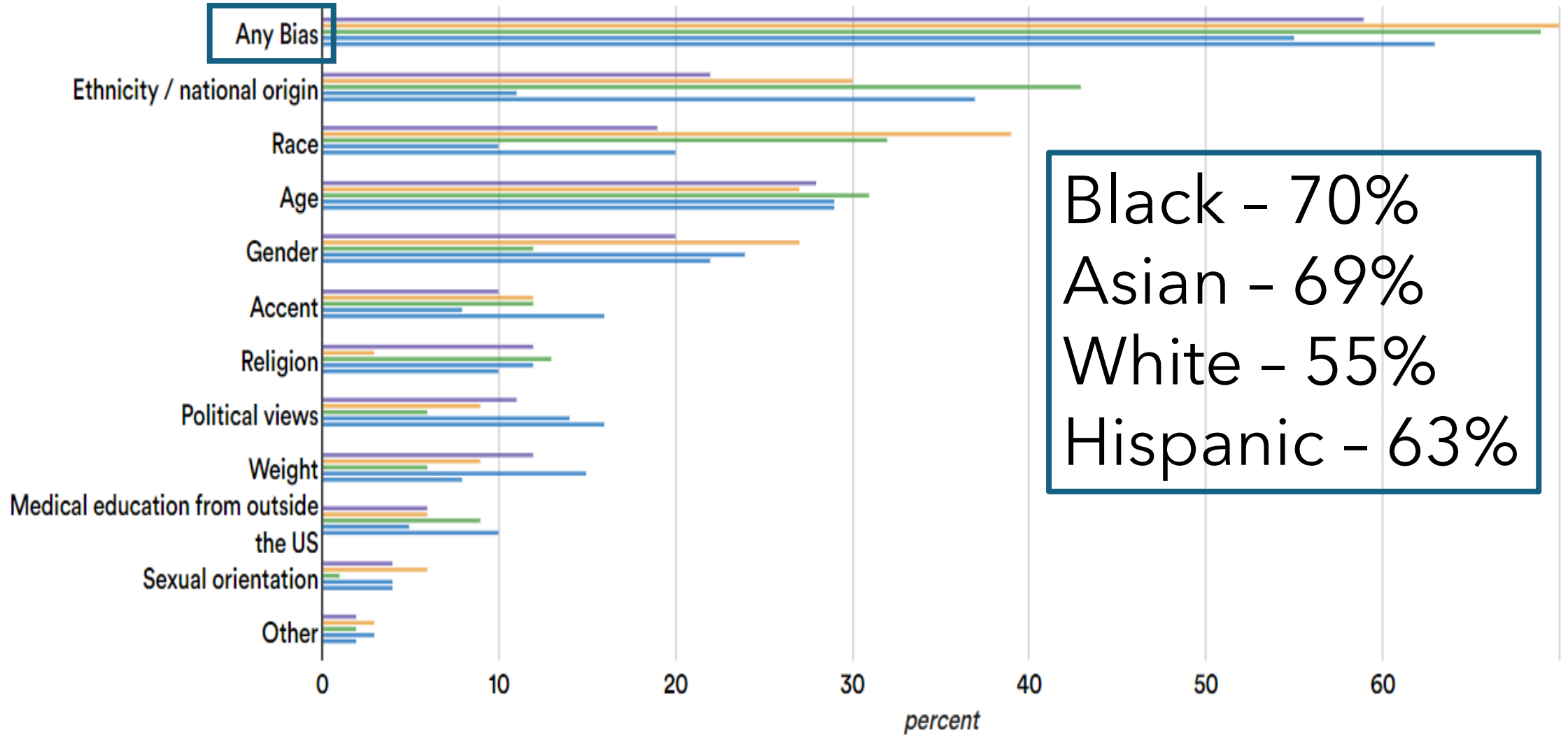


# Bias in Medicine



Doctors who heard a patient make an offensive remark about their personal characteristics, by race/ethnicity (%)

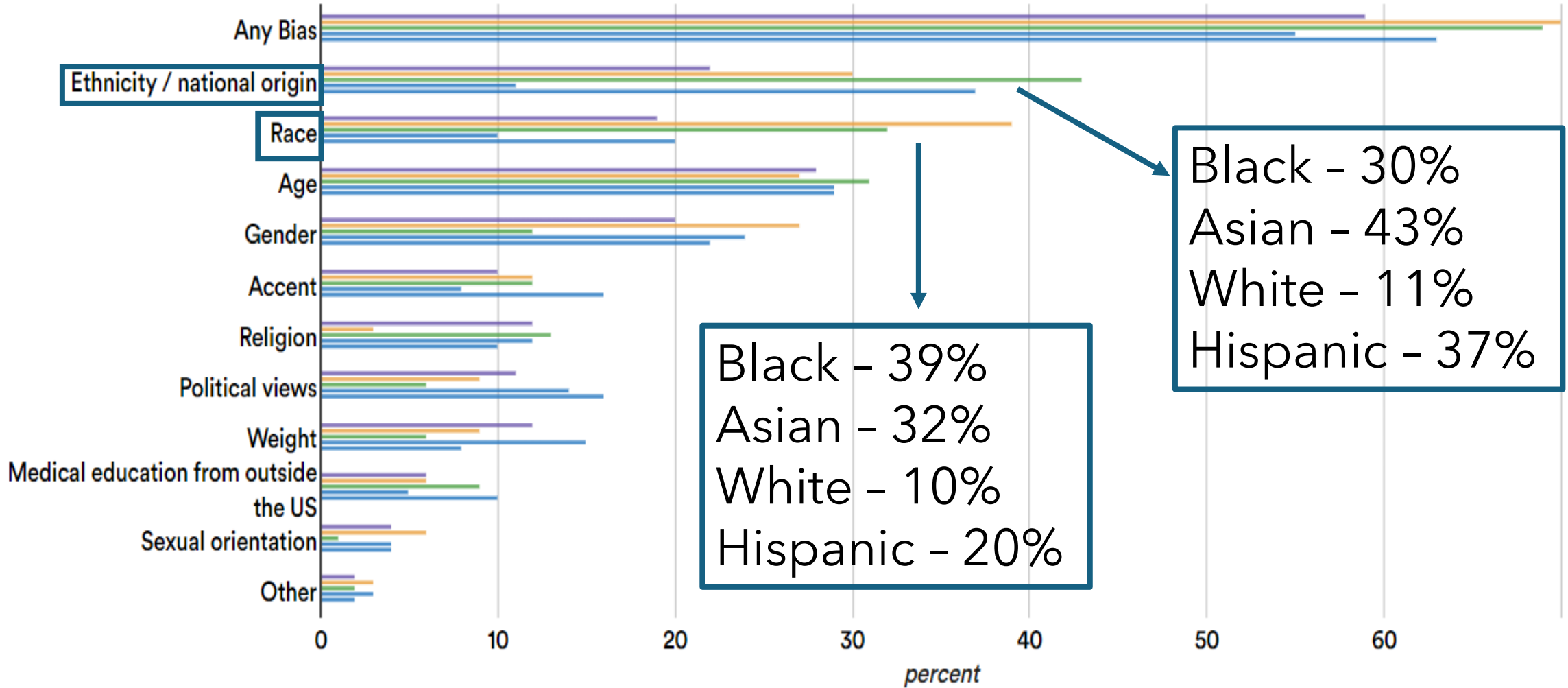
■ Total 
 ■ African-American/Black 
 ■ Asian 
 ■ Caucasian 
 ■ Hispanic



Black - 70%  
 Asian - 69%  
 White - 55%  
 Hispanic - 63%

Doctors who heard a patient make an offensive remark about their personal characteristics, by race/ethnicity (%)

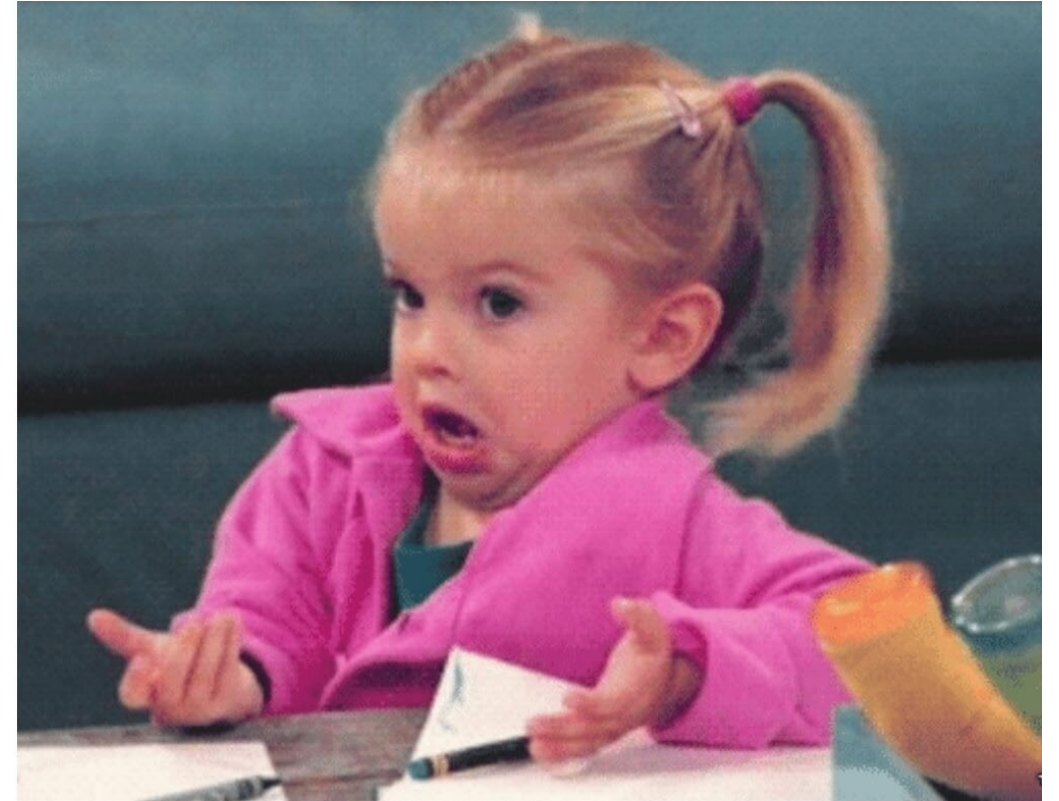
■ Total 
 ■ African-American/Black 
 ■ Asian 
 ■ Caucasian 
 ■ Hispanic



Black - 30%  
 Asian - 43%  
 White - 11%  
 Hispanic - 37%

Black - 39%  
 Asian - 32%  
 White - 10%  
 Hispanic - 20%

- No formal policies or training
- Unaware of the problem
- Silence from bystanders





# Marginalized Populations in Medicine



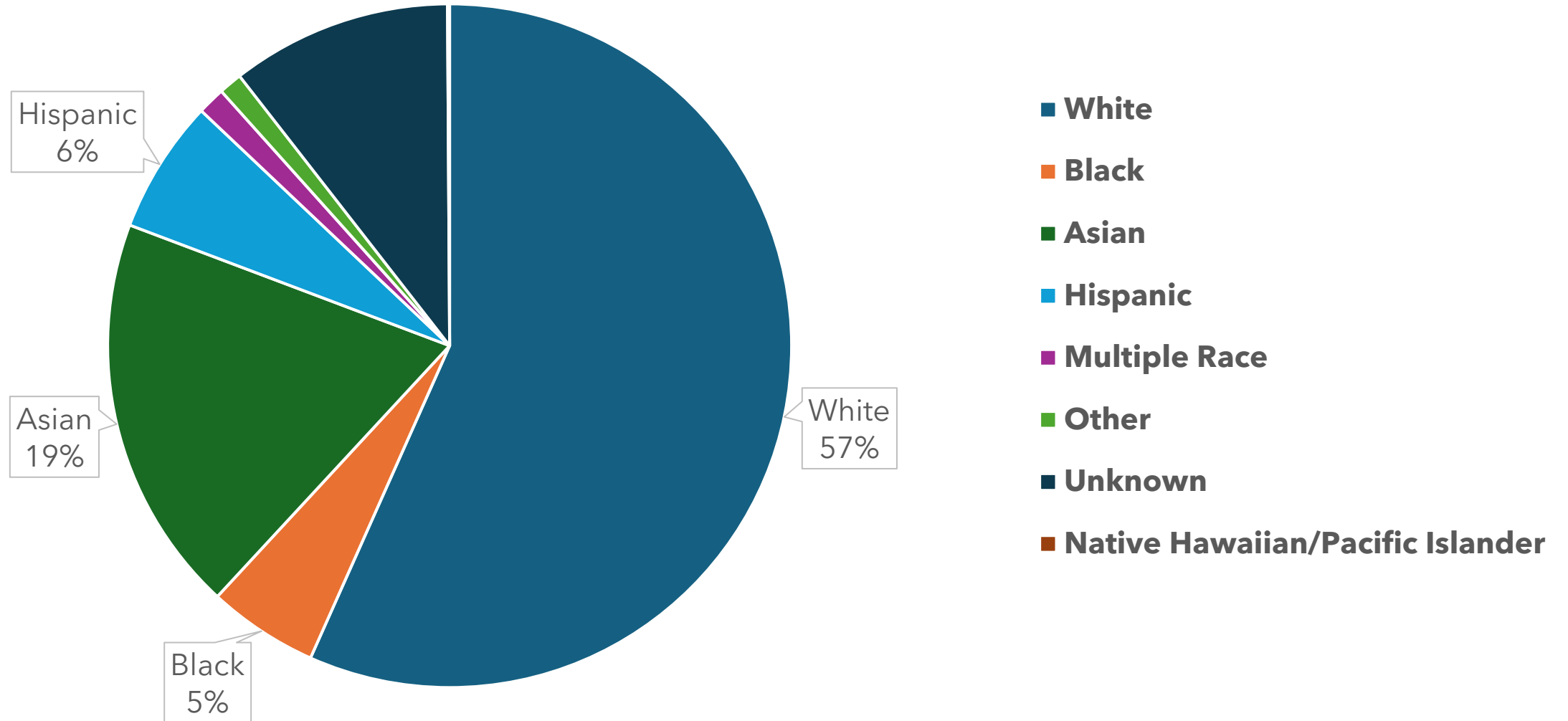
# Race/Ethnicity PAs

| Race                             | 2022 Percent | Percent Change 2018-2022 |
|----------------------------------|--------------|--------------------------|
| White                            | 75.9%        | -3.6%                    |
| Asian                            | 10.6%        | 2.7%                     |
| Multi-Race                       | 4.3%         | 1.2%                     |
| Black/African American           | 3.7%         | 0.8%                     |
| American Indian/Alaskan Native   | 0.3%         | 0.1%                     |
| Native Hawaiian/Pacific Islander | 0.2%         | 0.1%                     |
| Other                            | 1.8%         | -0.5%                    |
| Prefer not to answer             | 3.2%         | -0.8%                    |

| Ethnicity:<br>Hispanic/Latinx/Spanish |      |
|---------------------------------------|------|
| 2022                                  | 9.1% |
| 2018                                  | 8.0% |



# Race/Ethnicity Physicians in 2023



# 4 Levels of Racism

## Personal

Private beliefs  
Individual thoughts

## Institutional

Discriminatory practices/policies within organizations and institutions

Racism between people

## Interpersonal

System in which discriminatory policies perpetuate racial discriminatory practices

## Structural



# Addressing Racism from Patients



# Patient-Physician Relationship (AMA)

The relationship between a patient and a physician is based on trust, which gives rise to physicians' ethical responsibility to **place patients' welfare above the physician's own self-interest or obligations to others**, to use sound medical judgment on patients' behalf, and to advocate for their patients' welfare.

**Disrespectful, derogatory, or prejudiced language or conduct, or prejudiced requests** for accommodation of personal preferences on the part of either patients or physicians can undermine trust and compromise the integrity of the patient-physician relationship.



## Demeaning Behaviors

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- Explicit refusal of care
- Questioning your role
- Nonverbal insidious behaviors
- Inquiry into the clinician's background
- Racist jokes/stereotypes

# Why does it matter?

- Psychological trauma
- Affects performance of clinicians/students
- Withdrawal from roles/rotations
- Decreases clinical experiences
- Increases rates of burnout

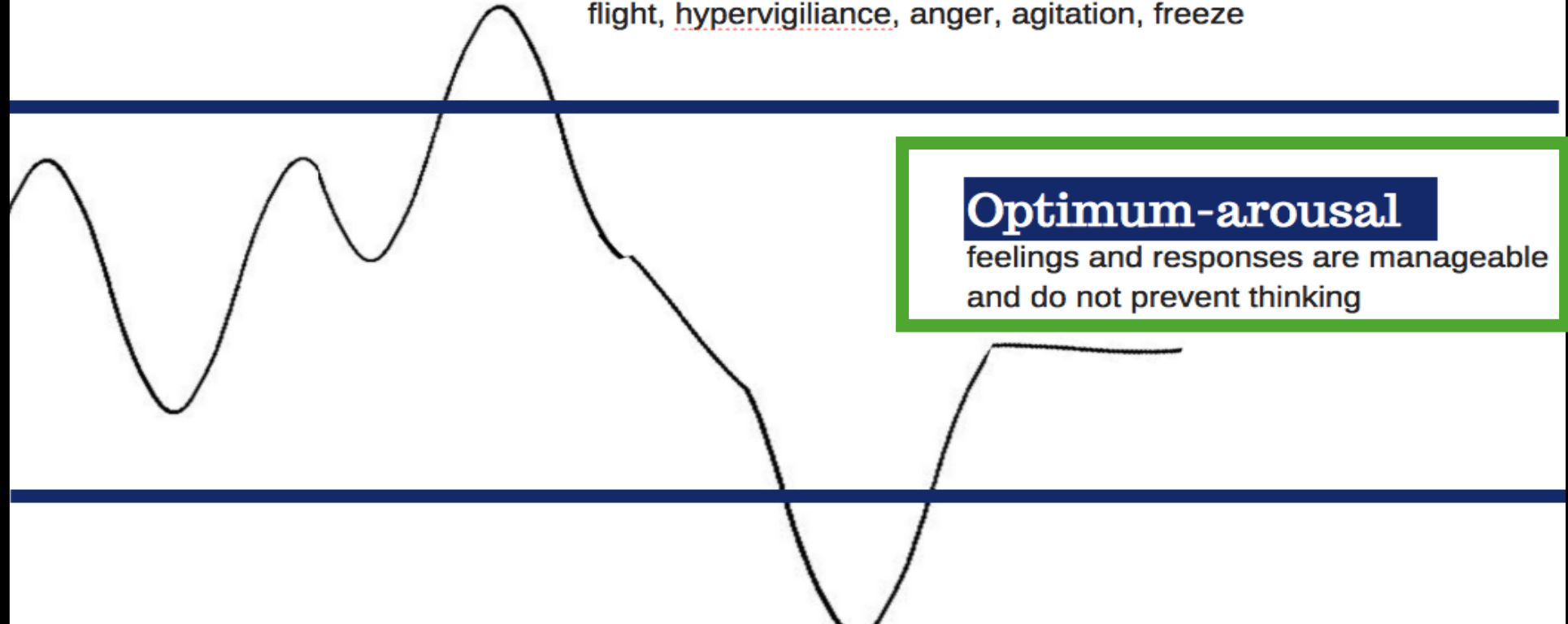


# Window of Affective Tolerance



## Hyper-arousal

Panic, impulsivity, survival responses - fight flight, hypervigilance, anger, agitation, freeze



## Optimum-arousal

feelings and responses are manageable and do not prevent thinking



## Hypo-arousal

numbness, submission, desensitization, poor self-care or boundaries, shut down



# Strategies





# BEFORE

Establish Policies

Education



# DURING

Call Out

Call In

4 D's of Response



# AFTER

Debrief

Next Steps

# Recommendations for Bystanders

- Acknowledge that racism & discrimination occurs
- Do not minimize the situation
  - Respect the feelings of the person experiencing the inappropriate behavior
- Do not excuse the behavior of the stable patient if their requests/behaviors are not clinically/ethically appropriate
- Ask how you may best support the colleague
  - "I am sorry that happened to you. Is there anything I can do?"
- You may directly respond to the patient
  - "Racist remarks are not tolerated in our facility."

|   |   |
|---|---|
| ★ | Establish a culture of openness and respect   |
| ★ | Recognize racism and discrimination           |
|   | Determine how/when to respond                 |
|   | Try positivity                                |
|   | Repeat the statement to the patient           |
|   | Share your response with the students         |
|   | Open a dialogue with the patient              |
|   | Use objective statements, if possible         |
| ★ | Know when to walk away                        |
| ★ | Debrief outside of the room                   |
| ★ | Practice your response before the even occurs |
| ★ | Continue with training opportunities          |

## 12 Tips for Dealing with Racism & Discrimination

# Summary

Acknowledge that an issue exists

Be prepared for incidents

- Policies
- Education/Training

Assess the situation

4 D's of response

- Direct, Distract, Delegate, Defer

Debrief

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# ANY QUESTIONS ?

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**LET'S CONNECT!**

