Racist attitudes and beliefs affect medical treatment of US minority groups

May 7 2014, by Liz Banks-Anderson

Patients from minority ethnic groups in the US may be facing racist attitudes and beliefs that can unintentionally affect their treatment, a review of healthcare providers has found.

The world first review explored interpersonal racism perpetrated by healthcare providers, a key driver of racial disparities in health. Interpersonal racism refers to racist interactions between individuals, rather than internalised or systemic or institutional racism.

Researchers Ms Mandy Truong and Dr Naomi Priest from the

University of Melbourne and Professor Yin Paradies from Deakin University, reviewed 37 studies published between 1995 and 2012 of racism among healthcare providers.

The review assessed attitudes towards race held by physicians, nurses and allied healthcare professionals such as physiotherapists and social workers, as well as support staff such as nursing aides involved in direct patient care.

Most of the 37 studies included in the review were conducted in the U.S.

"Twenty six of 37 studies published between 1995 and 2012 show evidence of racist beliefs, attitudes and practices amongst healthcare providers," researcher Ms Truong said.

"This review provided evidence that healthcare provider racism exists, and demonstrated a need for more sophisticated approaches to assessing and monitoring it."

Studies included in the review found providers had less positive perceptions about black patients in relation to level of intelligence and compliance with medical advice. It was also found that doctors had an implicit preference for white Americans relative to black Americans.

The findings of this review have substantial relevance to medical and healthcare provision, and highlight an ongoing need to recognise and counter racism among healthcare providers.

"There is an ongoing need for more sophisticated approaches to assessing and monitoring healthcare provider racism. Strategies could include greater education and awareness of the health consequences of racism as well as a more rigourous and sophisticated approach to monitoring racism among healthcare providers," Ms Truong said.

"Concurrently, introducing programs and approaches that dispel false beliefs and counter racial stereotypes as well as promoting intercultural understanding would also be beneficial."

The article was published in the *Journal of General Internal Medicine*.

Provided by University of Melbourne

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