

Unconscious race and social class biases appear unassociated with clinical decisions

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While unconscious race and social class biases were present in most trauma and acute-care clinicians surveyed about patient care management in a series of clinical vignettes, those biases were not associated with clinical decisions, according to a report published online by *JAMA Surgery*.

Disparities in the quality of care received by minority patients have been reported for decades across multiple conditions, types of care and institutions, according to the study background. Adil H. Haider, M.D., M.P.H., of Brigham and Women's Hospital, Boston, conducted a web-based survey among physicians from surgery and related specialties at an academic, level I trauma center.

The authors used the Implicit Association Test (IAT) for race and class to measure the strength of a person's automatic associations.

Unconscious attitudes were assessed according to the speed with which respondents pressed computer keys as a way to gauge the ease with which respondents sorted out mental concepts. The study included four race vignettes and four [social class](#) vignettes with patients who were white and black and of upper and lower social class.

The study results included 215 clinicians (74 attending surgeons, 32 fellows, 86 residents, 19 interns and four physicians). The authors found implicit race and social class biases were present for most respondents. Average test scores among all clinicians were 0.42 for race (indicates moderate preference) and 0.71 for social class (indicates strong

preference). Scores did not differ significantly by practitioner specialty, race or age. Subtle differences in scores between women and men were not significant in further analyses.

Some analysis indicated an association between race and social class biases among survey responders in 3 of 27 possible patient management decisions in the survey vignettes, including [respondents](#) being more likely to diagnose a young black woman with [pelvic inflammatory disease](#) rather than appendicitis and being less likely to order an MRI of the cervical spine for patients with neck tenderness after a motor vehicle accident if they were of low rather than high socioeconomic status. However, those differences were not significant in further analysis and authors, overall, found no differential patient treatment related to race or social class biases.

"Although this study of [clinicians](#) from surgical and other related specialties did not demonstrate any association between implicit race or social class bias and clinical decision making, existing biases might influence the quality of care received by [minority patients](#) and those of lower socioeconomic status in real-life clinical encounters. Further research incorporating patient outcomes and data from actual clinical interactions is warranted to clarify the effect of clinician implicit bias on the provision of health care and outcomes," the study concludes.

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