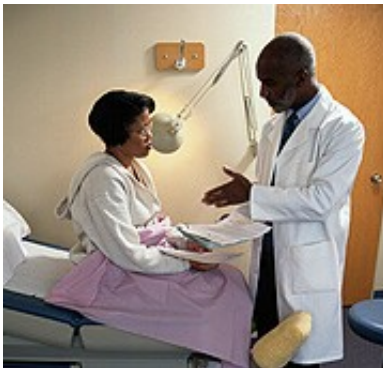


Too few blacks, hispanics becoming doctors: study

August 24 2015, by Dennis Thompson, Healthday Reporter



Shortage of minority physicians may affect U.S. patient care, experts say.

(HealthDay)—Too few members of minority groups are pursuing careers in U.S. medicine, resulting in a serious lack of diversity among general practitioners and specialty doctors, a new report finds.

Publicly reported data gathered by researchers showed that in 2012:

- Blacks made up just under 4 percent of practicing physicians, 6 percent of trainees in graduate [medical education](#) and 7 percent of [medical school](#) graduates. The overall population of the United States was 15 percent black in 2013, according to the U.S. Census Bureau.
- Hispanics made up just over 5 percent of practicing physicians, 7.5 percent of graduate medical education trainees, and slightly

more than 7 percent of medical school graduates. Their share of the total U.S. population is about 17 percent, according to 2013 census figures.

"My father graduated medical school in 1960, and at that time only 3 percent of [doctors](#) were black," said Dr. Wayne Riley, president of the American College of Physicians (ACP) and a clinical professor of medicine at Vanderbilt University in Nashville.

"This study shows 3.8 percent of doctors are black. We've had barely perceptible progress. Over a 50-year period, we are still nowhere near African-American and Latino physicians representing their percentage of the population," said Riley, who is black.

The study findings were published in the Aug. 24 edition of *JAMA Internal Medicine*.

Diversity is important for many reasons that relate directly to patient care, experts said.

For example, many minority doctors wind up going into primary care and returning to the communities they came from, helping to treat people who otherwise might not be able to find a physician, said Marc Nivet, chief diversity officer at the Association of American Medical Colleges.

Some studies have shown that patients can relate better to doctors who look like them, said Dr. Laura Riley, an obstetrician who is director of Labor and Delivery at Massachusetts General Hospital (MGH) in Boston. She also wrote an accompanying commentary to the study. She is not related to the ACP's Riley.

"Sometimes there really is that connection that can make a difficult

conversation or circumstance a little less difficult," she said.

Other research has found that doctors from the same racial and ethnic group as a patient may be more sensitive to the issues that a patient faces, Nivet said.

For example, they can design medication schedules or treatment protocols that patients are more likely to stick with, because they've taken into account the background of the patient, he said.

Doctors from different racial and ethnic groups also increase the cultural competency of all the doctors around them, helping them better understand the different circumstances of patients, he added.

"It gives all physicians an opportunity to raise their level of cultural competence, because they have peers who are different," Nivet said.

Women have successfully made inroads into medicine, the study showed. For example, women now represent 48 percent of medical school graduates and 46 percent of trainees in graduate medical education, the study found.

Women also are the majority in seven specialties among graduate medical education trainees, including obstetrics and gynecology, pediatrics, dermatology, family medicine and pathology, researchers revealed.

A number of roadblocks remain for minorities, starting with the primary education they receive.

"There's uneven quality in K-through-12 education," said the ACP's Riley. "We have to improve public education, and make sure we expose young men and women to the notion that they too can become medical

professionals and participate in a wonderful life serving others in a health care setting."

Cost is another factor. "Medical school is ridiculously expensive," MGH's Riley said. "I think we need to be sure it isn't something that takes people off the path."

More scholarships and financial assistance would help, but Nivet added that students also can be encouraged by people who provide a broader perspective on that cost.

"For low-income students, the idea that you could have \$200,000 in college debt causes some to weed themselves out of the process," Nivet said. "The only way they'll stay in is if they have good counselors or role models that tell them that it's a solid investment in their future, and that the return on that investment will be extremely high."

Diversity also could be helped by more people of color reaching higher levels of responsibility, MGH's Riley said.

"I am energized and excited by the number of people in the pipeline, but I am discouraged by the number of people who make it to the top," she said. "Within medical schools, deans and department chairs need to look at their faculty and advance people who deserve to be advanced."

ACP's Riley noted that he is only the third black president that the American College of Physicians has had in its 100-year history.

"I don't want to be an aberration in the history of the American College of Physicians," he said. "We need more physicians to follow in my footsteps. I worry it may be many, many years before someone like me rises to a leadership position."

More information: For more information on minorities in medicine, visit the [Association of American Medical Colleges](#).

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Citation: Too few blacks, hispanics becoming doctors: study (2015, August 24) retrieved 6 May 2024 from <https://medicalxpress.com/news/2015-08-blacks-hispanics-doctors.html>

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