

Physician-patient decision making may differ in care of racial/ethnic minorities

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Racial and ethnic inequalities in medical care are widely documented in literature. However, variations in Americans' experiences with healthcare, specifically regarding physician-patient communication and shared decision-making about treatment plans, are not well understood. A new study from Boston Medical Center, which suggests that a patient's race/ethnicity may influence the amount and type of information they receive from physicians regarding treatment recommendations, is published online in advance of print in the journal *Patient Education and Counseling*.

"It's critical for [patients](#) to have appropriate information about their [treatment](#) plans when facing major medical decisions, regardless of their race, ethnicity, education level or other demographics," said Nancy Kressin, PhD, of the Section of General Internal Medicine at BMC, and Director of the Healthcare Disparities Research Program in the Department of Medicine at Boston University School of Medicine, and the senior author of the paper. "While we recognize that there may be language barriers, it is important that physicians make every effort to effectively communicate this information to their patients, no matter their race or ethnicity."

The study includes an analysis of data from a national 2009 survey of 1,238 American adults, which examined patients' personal experiences of physician communication during the treatment decision-making process. The study found that respondents of minority race/ethnicity groups received less information from their doctors about rationale for

[treatment recommendations](#). In the care of Blacks and Hispanics, doctors tended to cite [personal experience](#) as rationale for proposed treatments less often (Blacks and Hispanics were 63 percent and 50 percent less likely, respectively, to receive such information compared to Whites). Physicians also tended to reference relevant scientific research less frequently in shared decision-making discussions with minority groups (racial/ethnic minorities were about 50 percent less likely to receive information regarding scientific research).

While the rationale presented to patients may differ based on race and ethnicity, there was no significant difference regarding information on cost of care, or efficacy of the proposed treatment.

"There are many factors that contribute to a patient's full understanding of their treatment plan and options," Kressin said. "In order to treat our patients equally, and to provide each of them with the necessary tools and information to make appropriate decisions regarding their care, physicians must be diligent across the board, providing all patients with the same amount and type of [information](#) about their care."

Provided by Boston University Medical Center

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