Medical Xpress

Self-fulfilling prophecy: When physicians associate race and culture with poor health outcomes

February 9 2023

Credit: Unsplash/CC0 Public Domain

A novel study in the *American Journal of Preventive Medicine* is the first to show a direct relationship between belief in race as a cultural

phenomenon driving health disparities and the use of race in care. It found that family physicians at academic medical organizations who believe genetics and cultural attitudes are at the root of poor health outcomes of ethnic minority patients are likely to consider race when providing care.

"Disadvantaged and marginalized peoples are at greater risk of poor health outcomes than their white American counterparts. This reality has been used to justify the inclusion of race and ethnicity in medical recommendations, guidelines, and algorithms driving treatment thresholds and interventions—often without mention of the mechanisms through which these identities result in poor health. Using race without recognizing the social, political, and economic factors that contribute to racial inequity can stigmatize racially minoritized people as biologically inferior and normalize their poor health, worsening health disparities by codifying them as inevitable," explained lead investigator Ebiere Okah, MD, MS, Department of Family Medicine and Community Health, School of Medicine, University of Minnesota in Minneapolis.

The study cites the example of how until 2021 the vaginal birth after Cesarean (VBAC) calculator, which estimates the probability of a successful vaginal delivery after a Cesarean, used Black race and Hispanic ethnicity to predict an increased risk of failure, reducing the likelihood of these patients being offered a vaginal birth, a preferable birthing option. That changed in 2021 after more and more major medical societies began disavowing policies and practices that use race to ascertain disease risk.

Dr. Okah noted that physicians who believed social factors were responsible for racial differences in health were not more (or less) likely to use race to guide care. This implies that the belief that social factors contribute to racial inequity are not related to race-based practice.

The study is based on a cross-sectional national survey of 689 U.S. academic family physicians conducted in 2021. It is the first to show a direct relationship between the belief that racially linked genetic and cultural factors drive health disparities and the employment of race-based care. The Racial Attributes in Critical Evaluation (RACE) scale was used to evaluate the degree to which race is used in clinical practices. High RACE scores were associated with the belief in genetic and cultural—but not socioeconomic—causality.

According to the investigators, the question that remains unanswered is which specific clinician behaviors are related to viewing race as cultural. More must be learned about how clinicians differentially treat and counsel their patients based on racialized assumptions about their patients' cultural values.

"The next step in this work is determining how to challenge the belief that race is related to cultural values. Part of the solution lies in advancing cultural humility as an alternative to cultural competency, acknowledging the cultural diversity that exists within racial groups, and considering the ways in which structural factors create what we perceive to be culture," added Dr. Okah.

More information: Race-Based Care and Beliefs Regarding the Etiology of Racial Differences in Health Outcomes, *American Journal of Preventive Medicine* (2023). DOI: 10.1016/j.amepre.2022.10.019

Provided by Elsevier

Citation: Self-fulfilling prophecy: When physicians associate race and culture with poor health outcomes (2023, February 9) retrieved 26 April 2024 from https://medicalxpress.com/news/2023-02-self-fulfilling-prophecy-physicians-associate-

culture.html

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.