Breaking the silence on bias: the expectations of being a physician

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The daily meeting of physicians and patients has been the everyday practice in medicine. However, physicians and patients have different expectations regarding their interaction. One of the most commonly used expectations outlined by Parson emphasizes that the physician has to be objective and emotionally detached from the situation the patient recounts. Despite this idealistic perspective, the interaction between physician and patients still has many obstacles determined by socioeconomic status, prejudice, ethnicity, and stigmata leading to misdiagnosis and postponing diagnosis and treatment.

In their article, Ibarra et al. present a case of a 43-year-old patient of African-American ethnicity with a known schizoaffective disorder. He was alerted due to chest discomfort but was transferred from an assisted living facility for patients with psychiatric diseases to the emergency department due to erratic and aggressive behaviour. Despite elevated troponin T levels and non-specific electrocardiogram ST- and T-wave changes on presentation and previous history of essential primary hypertension, the patient received medication with haloperidol and lorazepam to stop the aggressive behaviour and calm him down. The following day, he reported having experienced initial chest discomfort and had an additional diagnostic work-up performed. Transthoracic echocardiography showed a DeBakey Type I aortic dissection and severe aortic regurgitation. Despite the diagnosis of a life-threatening disease, the patient refused surgery but was ultimately scheduled for urgent surgical treatment after the lack of capacity was deemed upon psychiatric evaluation.

The case report has several learning points and reminders for healthcare professionals. Regarding the patient’s medical history, Nielsen et al. and Correll et al. have recently reported that patients with severe mental illness have a high likelihood of concomitant cardiovascular diseases. Patients with mental illness often have factors making them prone to cardiovascular diseases: a lack of exercise, poor dietary patterns, increased smoking rates, and a higher prevalence of obesity. Rarely, aortic dissection can also present atypically as an altered mental status with or without other stroke symptoms.

Challenging as it is, this case highlights the aim to establish the diagnosis objectively in patients with mental disorders. The physician also needs to emphasize the need to acquire the medical history and set it into the proper context, although it may be more difficult to talk to the patient.

In addition to mental health, the case underlines additional factors that merit mentioning as they may negatively affect treatment equity. It is important to note that miscommunication between the patient and the physician can occur not only due to disease but also due to linguistic barriers, thus affecting the quality of healthcare delivery.

Awareness of the language issues and application of potential solutions have been encouraged in the medical community.

Multiple unconscious biases can affect physicians and patients (Figure 1). Examples of such biases include affinity bias—an unconscious tendency to gravitate towards people who look like oneself—or affirmation bias when people make systematic errors evaluating other person’s behaviours based on themselves. While normal and often helpful human evolutionary adaptations, unconscious
biases do not necessarily align with declared beliefs. Such biases can translate into physician’s daily practice, as people tend to apply heuristic principles in decision-making in uncertain and complex situations—e.g. when working in an emergency department in conditions of stress, time constraints, and multitasking. Debiasing techniques either provided by the healthcare employers or practiced personally improve equality in healthcare and should be actively encouraged. One of the awareness tools recommended to medical professionals and the general population is the Harvard Implicit Association Test.

Ethnicity, commonly in conjunction with socioeconomic status, is often reported as an important source for bias resulting in a worse treatment or even not establishing a diagnosis at all. Addressing these inequalities by medical actions is, as hypothesized, complex. The micro-processes of interactions between patients and professionals together with the macro-processes of population-level inequalities form a missing step in the current reasoning. Medical professionals should be sceptical regarding ethnicity-based diagnoses being true; the same applies to attributing certain social behaviours only to certain ethnicities or socioeconomic status. Furthermore, alliances between physicians and people in charge of the vulnerable individual (caregivers, safeguards) might help decrease the inequality in treatment in these patients.

Regarding the case report of Ibarra et al. on a patient of an ethnic minority who has a severe mental disorder, there is more than one factor contributing to the different stereotypes. In retrospect, the diagnosis and treatment of acute aortic syndrome could have started when the patient presented to the emergency department with a history of arterial hypertension, an elevated troponin T, and medical history of chest discomfort. Current guidelines recommend additional testing with echocardiography at presentation in patients with the described symptoms. Clinical examination aspects such as wide pulse pressure and aortic regurgitation murmur could have also been assessed. Overall, considering that patients with mental illness have even higher cardiovascular risk, the diagnosis of aortic dissection might have been reached earlier.

In summary, the case report underlines an essential aspect of unbiased healthcare by reminding all physicians to meet their patients without prejudice regarding factors such as ethnicity, socioeconomic status, language, or disease. As taught by the masters, including Hippocrates, the main aim of the physician should be to benefit or help the patient and do no harm.
Lead author biography

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