

Grabbing the Third Rail: Race and Racism in Clinical Documentation

Presenters

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Educational Objective

1. List at least three of the most common current practices and rationales around the use of race in clinical documentation.
2. Explain how the current practices of identifying race are connected to a history of scientific racism.
3. Identify at least three ways in which the common use of race in clinical documentation may be problematic and lead to deleterious consequences for patients.
4. Define race as a social construct as opposed to a biological reality.
5. Examine health disparities as a function of institutional racism as opposed to inherent biological differences.
6. Demonstrate an alternative practice that more appropriately places race in its social context as a risk marker of exposure to racism through a guided role play scenario.

Practice Gap

Studies indicate that a large proportion of physicians routinely identify the race of the patient (Black, White, Hispanic, Asian, etc.) alongside other variables (e.g. age, sex, medical history) in their oral presentations and clinical documentation, often as one of the first descriptive elements of a case. Many clinicians and educators are uncritical of their use of race in clinical care. Scholars have cited several problems with this casual practice of identifying race including: (1) reinforcing the false idea of race as a biological category (as opposed to a social construct), (2) potential activation of biases that may affect clinical care and/or lead to discounting of clinical nuances, (3) justification for unwarranted differential treatment, (4) failure to examine racism as opposed to race as an important risk exposure. Critically, clinicians need guidelines and a framework for how and when to discuss and document a patient's race. In this workshop, we encourage participants to critically analyze the use of race in our clinical care as well as whether and how we teach residents to engage race in the clinical setting. Such analysis serves the goals of the ACGME milestones and Common Program Requirements that task programs with preparing residents to recognize disparities and understand the social determinants of health of the populations they serve. To meet the ultimate goal of addressing these needs and health disparities, programs must attend to the misuse of race in clinical documentation and respond to the benign neglect of racism as a key social determinant of health.

Abstract

"An elderly African-American woman with a history of diabetes brought in by her daughter for increased forgetfulness"; "A 24-year-old Caucasian male with a 2-week history of worsening mood"; "An age-appearing Asian woman in no acute physical distress." Physicians, including psychiatrists, frequently employ phrases that bring attention to a patient's race, often in the

opening line of oral presentations or clinical documentation. In many cases, this casual identification of a patient's race is a taken-for-granted routine without conscious rationale. In other instances, physicians may believe the race of the patient directly pertinent to the diagnosis or treatment for the patient.

A robust body of literature has demonstrated that racially identifying patients has important diagnostic and treatment implications, many of which may be deleterious to the patient. A key aspect of misuse of race in clinical documentation and communication is the failure to name and address racism as a social determinate of health. This lack of recognition contributes to the perpetuation of racial health disparities. As a professional community, physicians rarely engage in critical analysis of when and how race is useful to the care of the patient and the potential implications, if any. We will briefly discuss the history of the scientific inventions of race as a biological construct and how this legacy continues to operate in contemporary medical practice. By giving race a misplaced salience in clinical practice, physicians are complicit in perpetuating the myth of distinct biologically-based racial categories. Further-more, invoking racial categories potentially activates bias and negative stereotypes towards racial minority patients.

Agenda

0:00 Introduction

0:05 Case Vignettes with Interactive Questions (using audience polling software)

0:35 Small Group Activity: we will provide prompts to discuss issues of patients' race and experiences of racism.

0:20 Brief historical overview of scientific racism

Background on Race, Racism and Health Disparities

0:55 Large Group Debrief of Small Group

1:05 Cultural Formulation Review and Practical Tips (focusing on Race and Discrimination)

1:20 Concluding comments/Questions and Answers

Last 5 minutes: Workshop evaluation

Scientific Citations

Smedley, B. D. (2012). The Lived Experience of Race and Its Health Consequences. *American Journal of Public Health*, 102(5), 933–935. <http://doi.org/10.2105/AJPH.2011.300643>

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