

Seattle Post-Intelligencer

Doctors in study prefer whites to blacks: UW researchers take a look at physician biases

Seattle PI, 10/29/08

Recently, a black man went to his doctor's office in Renton with a toothpick embedded in his foot. The doctor, a white man, prescribed painkillers. Then he turned to his assistant, and said, "Do you think he's going to sell them?"

"Race is always there," the assistant, who is black, said later while recounting the story. She didn't want to be named criticizing her boss. "We're always looked down upon, like they think black people are selling their meds, or they got an addiction."

Racial disparities have long been documented in health care, but a University of Washington study on doctors' possible biases is validating the feelings of many African-American patients. Released Tuesday, the study found that most doctors unconsciously prefer white people to black people. The exception was black doctors, who exhibited no preference for either race.

Researcher Janice Sabin was quick to say the results do not imply prejudice. "It's important to not leave the impression that this necessarily affects behavior, because we really don't know," said Sabin, an assistant UW professor in medical education and training. More research is needed, she said, to know whether bias affects care.

But the study -- the first large one to explore bias among doctors -- can help providers be aware of hidden attitudes, Sabin said, "which can only improve patient communication and clinical interaction."

The research is among the latest to use the Implicit Association Test, a famous psychological tool developed by a UW professor more than 10 years ago to measure unconscious bias. When the test debuted in 1998, subjects could gauge relative bias in a few polarized categories of people: white and black; fat and thin; young and old. It has since grown into an online research lab called Project Implicit, run by the UW, University of Virginia and Harvard. Largely available to the public, the test asks subjects to associate negative and positive words with rapidly flashing images.

More than 7 million people around the world have taken various versions of the test, which can now rate bias about gays and lesbians, the disabled, Asian-Americans and Jews, among other groups. Researchers recently included a version on racial attitudes and the presidential election. Some things have remained constant since the beginning: That most test takers prefer youths to seniors, thin people to fat people and whites to blacks.

Biases are usually stronger than what people acknowledge publicly, said Anthony Greenwald, the UW psychology professor who developed the test. "We don't think people are lying about their attitudes," he said. "But they actually are not fully aware of associations that exist in their heads as a consequence of living in a society in which some groups are admired more than others."

The doctors study looked at a sample of 2,500 people who took the test anonymously between 2004 and 2006 and identified themselves as doctors. Researchers found that **doctors had a bias similar to that of general test takers, of whom more than 70 percent unconsciously preferred whites to blacks.** The preference was stronger among male doctors than female doctors.

David Fleming, health officer and director for Public Health -- Seattle & King County, called the study "reasonable" and said it was a step in educating doctors on bias and patient care. He, too, stopped short of calling the biases prejudice. "Using words like racism or prejudice gets people's attention," said Fleming, who is also the **board chairman for the Puget Sound Health Alliance**, which is studying racial disparities in health care. "But I think it conveys an intentional act, as opposed to something that people do in an unconscious way."

A 2002 landmark report from the Institute of Medicine found that minorities receive poorer care than whites in many areas, from transplants to cancer to cardiovascular disease. **A Dartmouth study found that blacks in Seattle receive crucial blood tests at lower rates than whites, and undergo leg amputations -- often caused by diabetes and vascular disease -- more often than whites.**

Studies that control for differences in income and education levels also have found racial disparities in care, Fleming said.

None of that surprised Lakesha Braggs, an African-American human-resources employee from Shoreline who sees a white doctor in Everett. "The doctor kind of treats you as 'less than,' " she said. She has often watched her doctor act pleasantly with white patients, only to turn impatient with her. "It's an underlying cultural issue. It's just something you live with."

ONLINE

Project Implicit can be found at implicit.harvard.edu/implicit.

For more information on the UW study, visit goto.seattlepi.com/r1746.