Singled Out For Bad Treatment

Here's one big reason African Americans continue to face health care disparities.

March 7, 2016 By Kate Ferguson

At age 64, Lionel Washington (not his real name) suffers from chronic hypertension and severe and painful migraine headaches that, improperly treated, can trigger sudden blackouts. For Washington, deportation detention pitted him against medical staffers who refused to fulfill his repeated requests for the medication his doctor prescribed. Even though his medical records noted the drug was prescribed to treat his condition, one physician's assistant at the jail accused him of "only having blackouts and needing this medication when you're in detention," Washington says.

Washington is among many individuals who, numerous studies show, may be victims of health care professionals' biases based on a patient's race, ethnicity, socioeconomic status, age, gender, sexual orientation, or similar factors.

What's more, the problem isn't simply a matter of white doctors who have internalized racial biases dispensing subpar care to black patients. African-American health practitioners are also guilty of harboring hidden prejudices that color their treatment of patients who are of the same race.

These findings prompted Thomas Fisher, MD, MPH, an African-American ER doctor on Chicago's South Side, to admit that he also has to be careful not to let subconscious assumptions about his patients affect decisions he makes about their health care. "If anybody argues they have no social biases that sway clinical practice, they have not been thoughtful about the issue or they're not being honest with themselves," he told The Associated Press.

Now, many medical schools are training students to confront their own unconscious biases. Rene Salazar, MD, a professor at the University of California, San Francisco, teaches a class on the topic to pharmacy residents. Salazar was featured in a recent news report on new approaches to diversity training in medical schools.

He asked students to take an implicit association test, or IAT, a measure of implicit, or unconscious, attitudes we all have toward people, places, things or ideas. IATs are a way for researchers to learn about the biases that shape what we think. These tests have been used to uncover people's thoughts and feelings that reside outside of their conscious awareness and control.

When he invited students to share the results of their tests, Salazar was met with silence. He then shared the results from his first IAT. Like 70 to 80 percent of those who took the test on the Project Implicit website, according to Mahzarin R. Banaji, PhD, and Anthony G. Greenwald, PhD, authors of the book Blindspot: Hidden Biases of Good People, Salazar found he harbored a preference for white people.

Salazar said his students were as surprised as he was about their test results. The class then broke into small groups to discuss their newly revealed biases.

Many believe these types of trainings are a good starting point to arrest the biases that continue to fuel health care disparities in our medical system. But the success of this new approach to diversity training can only be measured by how well medical students contain their biases once they begin treating patients in any number of health care settings.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.realhealthmag.com/article/singled-bad-treatment