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Implicit bias in doctors

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Implicit bias in health personnel leads to disparities in the treatment of patients. The Norwegian Medical Association needs to address this issue.

We constantly make more or less well-considered generalisations when interacting with other people. Psychologists refer to such subconscious thought processes based on pattern recognition as implicit bias (1). The phenomenon also manifests itself when doctors, other healthcare workers and clinical researchers meet patients. But are they aware of how this affects their professional practice?

Unequal treatment

A number of studies have shown that doctors treat patients unequally. Factors including the patient's sex and skin colour influence who is referred to coronary angiography and what kind of analgesic treatment is given to patients in accident and emergency departments (2, 3). Such biases may become entrenched and an established part of normal practice. The myth that ACE inhibitors have no effect on black African or Afro-Caribbean people is one such example (4). The guidelines from the British Hypertension Society report this as a fact (5). A systematic review from 2017 found that an increasing degree of implicit bias in doctors leads to poorer medical assistance (6). The degree of implicit bias among health personnel was consistent with that of the population in general.

The year that placed implicit bias on the agenda

In November 2020, the American Medical Association declared that racism was a threat to public health, with reference to implicit bias (7). This came in the wake of this powerful institution's criticism of police violence (in a letter to the US Senate and House of Representatives) in response to the killing of George Floyd by a police officer. The case triggered a wave of popular protest worldwide, including in Norway.

We can learn from the UK

Norway is comparable to the UK in having a well developed public healthcare system. Neither Norway nor the UK face the same social challenges as the United States. However, the British Medical Association (BMA) has made considerable efforts to address implicit bias and racism, and doctors in Norway can also draw a lesson from this. For example, all

members of the BMA are offered an online training course on implicit bias as part of a strategy to promote equality and combat discrimination (8).

A systematic review from 2017 found that an increasing degree of implicit bias in doctors leads to poorer medical assistance

Categorical pattern recognition – also referred to as heuristics – can often be helpful for clinicians with limited time and resources to reach a diagnosis and decide on treatment. In medicine, recognising what is 'typical' is of vital importance, because 'typical' phenomena are also the most common. However, implicit bias may lead to wrong decisions regarding patient treatment, because the doctor sees only the stereotype and not the individual concerned. The earlier we learn to recognise such automatic assumptions, the greater our opportunity to avoid making a wrong judgement, as the Royal College of Surgeons in the UK has pointed out to its members (9, 10).

How can implicit bias be curtailed?

Can the negative effects of implicit bias be curtailed? Studies show that although it is not so easy to change our personalities, we can still become more aware of our behaviour towards our patients. It is important to focus on implicit bias early in medical training, as many universities in the UK have now started doing. Most likely, cultural diversity among the medical staff in a workplace may help counteract biases in individual doctors.

Studies show that although it is not so easy to change our personalities, we can still become more aware of our behaviour towards our patients

The problem of implicit bias is of course not limited to the United States and the UK. Studies from the Netherlands and Norway show that implicit bias in healthcare personnel might help explain the increased risk of adverse pregnancy outcomes among immigrant women (11, 12).

Hopefully, over time more countries will introduce systematic measures to prevent such things from happening. Here in Norway, it is time for the Norwegian Medical Association to take further steps to counteract implicit bias in the Norwegian healthcare services.

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