There’s no question that physicians want to provide the highest quality care for each of their patients. But sometimes, with packed schedules and fast-moving days, physicians may be unconsciously influenced in how they interact with patients and deliver their care. Learn how this happens and what you can do to prevent it.

Experts explain that people are implicitly and unintentionally biased. The problem lies in how much information human brains must process: When there’s too much to take in, humans rely on mental shortcuts, falling back on unconscious categorizations and preferences. This is even more likely to occur when someone is stressed, under time constraints, multi-tasking and needing to move quickly from one thing to the next—all factors physicians routinely experience.

Research supports the existence of unconscious bias and its effect on patient care. A 2012 study found that primary care physicians with an unconscious bias toward white patients tended to dominate conversations with black patients during routine visits and pay less attention to these patients’ social and emotional needs. In another study, black and Hispanic patients were less likely than white patients to receive pain medication, and more likely to receive lower doses of pain medication, despite higher pain scores.

“Patients of color have a radically different experience from the moment they enter the hospital to their discharge,” said David B. Hunt during a recent education session hosted by the AMA Minority Affairs Section. Hunt is a leading expert on cultural competence in health care and diversity-related issues in law and business. “Unconscious bias is like a chronic illness. It needs constant caring, and we all have the disease.”

According to Hunt, physicians can help counter unconscious bias in three ways:

1. **Explore your own potential for implicit bias.** The Implicit Association Test, a free online tool from Harvard, measures how quickly you associate good or bad words with people from each race.
2. **Slow down when providing patient care.** This won’t be easy, but shifting from “think fast” to “think slow” can help you take deeper consideration of the patient in front of you.

3. **Ask for feedback from a diverse mix of employees and colleagues.** Hearing different perspectives can help shed light on factors you may take for granted.

Within medical practices and institutions, there are even more strategies to combat unconscious bias. For example, the Commission to End Health Care Disparities is helping practices test better ways to collect race, ethnicity and language data and how to use this data to change practice policies. Practices and hospitals also can collect other metrics, such as patient satisfaction reports, and stratify that data with patient demographic data to see patterns, Hunt said.

Medical schools are helping to address unconscious bias by educating students that it exists in the first place. Some solutions schools have put in place include cultural competency training, a student-run course in medical Spanish, and special mentoring and counseling.

Interested in learning more? Hunt recommends two books: *Thinking, Fast and Slow* by Daniel Kahneman and *Blink: The Power of Thinking Without Thinking* by Malcolm Gladwell.

Read more about health disparities and diversity in health care at [AMA Wire®](https://www.ama-assn.org/delivering-care/patient-support-advocacy/3-ways-battle-unconscious-bias).