

# As bias persists, challenges arise on diversity in medicine

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How can the long-standing goal of enhancing diversity in medicine be achieved? How can female physicians, doctors of color or LGBT physicians overcome the discrimination that still impedes their ability to fulfill their calling?

These and other questions surfaced at the 2016 AMA Interim Meeting in Orlando, Fla. One expert explained the importance of diversity not as a way for people to separate themselves into different “cubby holes,” but rather to inspire them to work together in harmony. And Patrice A. Harris, MD, sat down with Tamika Cross, MD—a physician whose recent encounter amid an in-flight medical emergency went viral on social media—to discuss how nearly all minority physicians experience discrimination and what can be done to move ahead despite that obstacle.

## Adding to the ensemble

“In an orchestra, you can have up to 48 instruments. That is the epitome of diversity,” Cedric M. Bright, MD, told medical students. “But when the conductor stands up and they all commence to playing as one entity, that diversity becomes harmony, and becomes powerful. It fills you with emotion; it moves you. That becomes an excellent experience.”

Dr. Bright is assistant dean of medical education and admissions, director of the Office of Special Programs and associate professor of internal medicine at the University of North Carolina School of Medicine.

Often, when thinking about diversity, people try to “divide things off and put them in cubby holes,” Dr. Bright said. “You don’t do that in an orchestra. The music is all played together.”

The conductor of an orchestra must be a good leader, Dr. Bright said. He asked the students if they’d heard of the bass player Victor Wooten, who he characterized as “bass player extraordinaire.”

Wooten said that a good leader in a band will write a song and then allow others to determine how best to add to the arrangement, rather than instructing them on what to play.

“I advise you as leaders to think of this model as a way of leadership, to allow yourselves to paint a vision and empower people below you or with you,” Dr. Bright told the medical students. “Rather than stifling their creativity in telling them what to do ... allow them to get to that vision as they see fit from their perspective.”

## Diversity and inclusion

Dr. Bright, who is from Winston-Salem, N.C., said he remembers being 5 years old and having to go in the back entrance of a clothing store to get his Easter suit. He remembers drinking from a “colored” water fountain. His first-grade class was the first integrated class in his city.

“I came from diversity 0.0,” he said. “The type of experiences you had growing up where you grew up are different than the types of experiences I had growing up where I grew up. We may have parents who did the exact same jobs at almost the same income, but our experiences will often be diametrically different.”

When Dr. Bright was interviewing for his residency program, he noticed the pictures on the wall and that “nobody looked like me,” he said. “When we talk about diversity, we need to also talk about inclusion.”

Dr. Bright ended up going to that residency program where no one looked like him and, after three years, a handful of African-American residents had joined the program. “It took just one,” he said.

Translating the goal of diversity in medicine to reality means refining the art of the search and selection processes, Dr. Bright said. Some of the barriers and solutions to ensuring inclusive searches inclusive are:

- **Finding candidates.** Where do you look? Who do you ask? How wide do you cast your net? How big is your net? Are you looking for convenience? Are you trying to maintain a comfort zone because you just want to be around like-minded individuals?
- **Familiarity.** “This is what I know and this is what I trust,” Dr. Bright said. “When we’re working on bringing in new colleagues, sometimes that’s our basis for where we start. Sometimes it’s an historical perspective—does past performance predict future returns? Or dogma—this is the way it’s always been.”
- **Breaking from the ordinary.** Finding new directions is important because sometimes we just go through protocol, Dr. Bright said. But sometimes what we need is a change of heart.

“If we’re tired of the same results, change the process,” he said.

A commitment to diversity requires resilience, Dr. Bright said. “In life, you’re always going to get knocked down. Not a question [of] if; the question is when. There’s no shame in being knocked down. The shame is in staying down. So it’s OK to be down today, but what are you going to do tomorrow? What kind of plans are you all going to make to come back? Will you be cohesive? Will you come together and trust each other and work toward a better way? Or are we going to be divisive, fractured, and split? That’s a decision you have to make.”

Dr. Bright noted that 2011 was the first year that the U.S. had more children of color entering first grade than white children. So broad racial and ethnic diversity is coming, he said. “The bottom line is, as a country, are we going to embrace it or not?”

## What a doctor looks like

“Just once, it would be nice to be ‘mistaken’ for a physician,” Patrice A. Harris, MD, a psychiatrist and chair of the AMA Board of Trustees, said during an interview with Tamika Cross, MD, ob-gyn chief resident at the University of Texas Health Science Center at Houston. Recently, a flight attendant was incredulous that Dr. Cross was a physician when she volunteered to help an unconscious patient in need aboard a flight. Both physicians are African-American women and have at one time in their careers had to raise the question: What is a doctor supposed to look like?

Watch the full video interview to see what Drs. Cross and Harris had to say about creating a dialogue to move ahead despite the discrimination that many physicians still encounter. The captivating interview covers the airplane incident Dr. Cross experienced, how bias delayed and endangered patient care and what can be done to transform the system that allowed it to happen.

When Dr. Cross was on the airplane, she was asked to show credentials. One of the solutions that has emerged to address this kind of situation is the concept of universal identification for physicians so they are immediately able to present those credentials without a delay in emergency care for a patient. Having credentials on hand could also remove any opportunity for excuses when discrimination is present, but at least one black physician has mixed feelings about the idea.

“Obviously, identification is important. If we get pulled over by police the first thing they say is license and registration,” said Frank Clark, MD, a psychiatrist at the Carilion Clinic in Christiansburg, Va., and chair of the AMA Minority Affairs Section and its Young Physicians Section representative. “The incident with Dr. Tamika Cross was unfortunate, because not only did the flight attendant not believe that she was a physician, it delayed patient care.

“Could that have been mitigated if she had an ID? It’s a double-edged sword,” Dr. Clark said. “Yes, I carry my AMA identification, but if I’m on a beach, for example, and then there’s a medical emergency, is someone going to say, ‘Dr. Clark, can you show me your credentials?’”

A study in the *New England Journal of Medicine* found that 44,000 in-flight medical emergencies occur worldwide each year. The study also uncovered that in 75 percent of in-flight medical emergencies, there is a medical professional on board to help.

“I don’t think we need to mandate every health care professional carrying a universal ID. We don’t do that for other professions,” Dr. Clark said. “But if it’s going to save a life, or maybe decrease the stereotype or bias that people have of what a doctor looks like and what a doctor doesn’t look like, then it could help.”

Physicians are not always going to be dressed in professional attire on an airplane, Dr. Clark said. “We have to get away from these assumptions of, ‘There’s no way you could be a physician.’ That could be based on the color of your skin or sexual orientation or many other things. We have to be able to trust and say, ‘Oh, you’re a physician? We need help, now.’”

Whether a universal ID comes to pass, and despite what some may think about whether he matches their notion of what a physician looks like, Dr. Clark said he is ready to serve when needed.

“As a physician who has been on an airplanes, you’re off the clock on a flight,” he said, “but if something happens I’m going to be the first person to push the call light and say, ‘I’m a physician, how can I help you?’”