

# When patients are prejudiced, here's what physicians should do

NOV 16, 2020

**Kevin B. O'Reilly**

News Editor

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About 70% of Black physicians have reported hearing offensive comments based on their personal characteristics, according to survey research cited in an AMA Council on Ethical and Judicial Affairs report adopted at the November 2020 AMA Special Meeting.

Overall, nearly six in 10 doctors have had such discriminatory patient encounters. In reference-committee testimony, physicians said the unacceptable behavior seems to be on the rise. The council's report details the problem and offers ethics guidance for physicians.

The AMA House of Delegates adopted the report's recommendations, which update advice previously published in the AMA *Code of Medical Ethics* as opinion 1.2.2, "Disruptive Behavior and Discrimination by Patients."

"Disrespectful, derogatory, or prejudiced, language or conduct or prejudiced requests for accommodation of personal preferences on the part of either patients or physicians can undermine trust and compromise the integrity of the patient-physician relationship," the council's report says. "It can make individuals who themselves experience (or are members of populations that have experienced) prejudice reluctant to seek care as patients or to provide care as health care professionals, and create an environment that strains relationships among patients, physicians, and the health care team."

According to the updated ethical opinion, physicians should:

- Recognize that disrespectful, derogatory, or prejudiced language or conduct can cause psychological harm to those who are targeted.
- Always treat patients with compassion and respect.
- Explore the reasons for which a patient behaves in disrespectful, derogatory or prejudiced ways insofar as possible. Physicians should identify, appreciate, and address potentially

treatable clinical conditions or personal experiences that influence patient behavior.

Regardless of cause, when a patient's behavior threatens the safety of health care personnel or other patients, steps should be taken to de-escalate or remove the threat.

- Prioritize the goals of care when deciding whether to decline or accommodate a patient's request for an alternative physician. Physicians should recognize that some requests for a concordant physician may be clinically useful or promote improved outcomes.
- Not forgo valuable trainee learning opportunities solely to accommodate prejudiced requests.
- Make patients aware that they are able to seek care from other sources if they persist in opposing treatment from the physician assigned. If patients require immediate care, inform them that, unless they exercise their right to leave, care will be provided by appropriately qualified staff independent of their expressed preference.
- Terminate the patient-physician relationship only when the patient will not modify disrespectful, derogatory or prejudiced behavior that is within the patient's control, in keeping with ethics guidance.

Further, the ethical opinions says, physicians—especially those in leadership roles—should encourage the institutions with which they are affiliated to:

- Be mindful of the messages the institution conveys within and outside its walls by how it responds to prejudiced behavior by patients.
- Educate staff, patients and the community about the institution's expectations for behavior.
- Promote a safe and respectful working environment and formally set clear expectations for how disrespectful, derogatory or prejudiced behavior by patients will be managed.
- Clearly and openly support physicians, trainees, and facility personnel who experience prejudiced behavior and discrimination by patients, including allowing physicians, trainees, and facility personnel to decline to care for those patients, without penalty, who have exhibited discriminatory behavior specifically toward them.
- Collect data regarding incidents of discrimination by patients and their effects on physicians and facility personnel on an ongoing basis and seek to improve how incidents are addressed to better meet the needs of patients, physicians, other facility personnel, and the community.