

Q&A: This Latina ob-gyn helps other physicians know their worth

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Latina obstetrician-gynecologist Claudia López, MD, knows what it's like to face the “minority tax”—the extra work expected of a physician from an historically excluded racial or ethnic group.



Claudia López, MD

You are matched into a residency program, and the next thing you know you're asked to bear the immense burdens of residency training while heading a diversity, equity and inclusion committee and serving as a mentor for medical students who identify as Latinx, a gender-neutral term to describe people with Latin American heritage.

“That might not be asked of for someone else who looks different than you, has a different name than you,” said Dr. López, who finished her ob-gyn residency training at the University of California, Davis, in June.

Dr. López isn't one to shy away from responsibility. As AMA's Resident and Fellow Section Representative of the AMA Minority Affairs Section Governing Council, she has helped shape AMA policy and was actively involved in advocacy groups during medical school.

But there are times when you must advocate for yourself. “You have to be able to say no,” said Dr. López, who is Puerto Rican and Vietnamese. Leadership in medicine could also do more to recognize the value of students from historically marginalized racial or ethnic groups.

“They need to be able to say: We’ll pay you for half an admin day so you can keep doing these things. I think a lot of time people who are underrepresented and do this work aren’t always compensated for what they do. They’re just expected to volunteer,” Dr. López said. “We all want to give back to our community, but we need to also take care of ourselves and make sure we don’t get burned out.”

In an interview, Dr. López discussed the community projects she fostered during medical school, what inspired her to form a journal club, and what improvements are needed to address disparities and language barriers in obstetrics and gynecology.

AMA: Let’s discuss your accomplishments with the AMA Minority Affairs Section. Your term ended in June. Any reflections on the experience?

Dr. López: I’ve been on different committees and I’ve participated in obstetrics and gynecology focus groups. For me, this was the first time participating in organized medicine at such a national level. It was eye-opening to learn about how to write resolutions, the process on voting and advocating for them. Although a lot of it was through Zoom and virtual meetings, I felt like it was a really good experience to learn about that and how change could occur at a more systems-wide level.

AMA: Tell me about your involvement with the Latino Medical Student Association (LMSA) during medical school.

Dr. López: I went to medical school at Oregon Health & Science University. There weren’t many Latino students, and not a lot of Black students. As you get higher in medical and graduate education, I feel like it can become a little bit less racially and ethnically diverse. For me, it was nice to have this new community where I felt like I could relate to a lot of people.

Our work started at a community level just within our medical school in Oregon. We also partnered with the Student National Medical Association, and the LMSA in Seattle at the University of Washington, collaborating with them on different community programs. Between the University of Washington and Oregon [OHSU], we didn’t have as many students who identified as either Latinx or Black or African American. We created a larger network, gaining support from our schools to do more regional work so that we could be better connected and tap into resources that we weren’t able to get locally.

Eventually, I ran for a regional education position with LMSA, representing most of the states on the West Coast. I was able to represent Oregon at a regional level, which was a really good experience. In this new position, I thought about creating more education around what it’s like to be underrepresented

in medicine.

AMA: What about the journal club you started?

Dr. López: We have a shared Google drive and different articles that touch upon things that people could relate to, like minority tax or the burnout that one might feel being underrepresented in medicine. What is asked of you in a very demanding training program and as a representative for a community that doesn't have many people in medicine. This can be taxing, trying to navigate these different worlds and do all these things at once on top of trying to become a physician.

We pooled a lot of articles from *JAMA* and *The New England Journal of Medicine* and created discussion questions. We discuss these articles at our regional meetings to test them out, make sure that people found them easy to read. It's something that people can do in their local chapters at meetings that doesn't take very long but could generate discussion.

What are things that we can do as we go from trainee to eventually being a mentor for someone else who looks like us? What lessons can we take from breaking down our personal stories and then understanding what the trajectory is for professorship for someone who identifies as underrepresented? How do we advocate for being compensated for all the extra work we do that we're expected to volunteer to do? How do we not get burned out when we feel this minority tax or this extra work of minority?

AMA: What was life like as an ob-gyn resident? What are your plans for life in the specialty?

Dr. López: I graduated in June. This year I'm doing a patient safety and quality improvement fellowship at Kaiser in the East Bay. I'm based out of Kaiser Oakland, working with all the Kaisers in the Northern California region. I do plan on doing a fellowship in maternal fetal medicine back at the University of California, Davis, where I did my residency training.

I'm really interested in medical education and I think that stems from my experience in medical education as someone who is Latina. But I do think it's hard to be in academia. You get paid less and you work more. And when you think about the burnout that we're all experiencing—just getting through COVID as a trainee was very difficult, especially with all the disparities you see within COVID. Some of our pregnant patients didn't have good living situations or access to routine care.

AMA: What inequities have you specifically seen within ob-gyn care and how are you working to address them, individually or through advocacy?

Dr. López: I'm really interested in maternal health and high-risk obstetrics and these staggering racial and ethnic disparities we have in maternal morbidity and mortality.

In the Sacramento area, we serve a lot of different types of patients, which I feel very grateful to do. But you see the differences people get in care whether they have private insurance or Medi-Cal, the state or public insurance in California. And when you're pregnant everyone can get Medi-Cal, but even depending on where you're at, providers might only take some types of Medi-Cal; they won't take everything.

That's one reason my fellowship and working with AMA has been eye-opening. It was such a good experience to see what we're doing to advocate for patients at a higher level.

Sometimes patients get the blame. They got here late, or they aren't taking their meds. But maybe someone had to take three buses to get to your clinic. Being a physician means recognizing these things. If you can teach that to your residents or to your medical students, I think that's powerful.

I also serve on the diversity, equity and inclusion committee of the American Congress of Obstetrics and Gynecology (ACOG) in Sacramento. As a group, we do ACOG lobby day. This year, we spoke about abortion care: protecting the right to abortion and being able to seek that care in the state of California. ... We've been sharing patients' stories with senators and congressmen and women in the state capitol. I think it'd be great to do something like that nationally.

AMA: How much of a factor are language barriers when it comes to Hispanic health inequities, compared with other structural and social determinants of health?

Dr. López: It's a huge, huge issue. Let's say you're in triage. Someone comes in, the baby's heart rate is down, and you think you might need to do an emergency C-section. You realize this person only speaks Spanish or they only speak Dari [the variety of the Persian language spoken in Afghanistan]—something like that. You have to get the translator and go through the consent.

This can take a long time and for a busy service, that's a step people skip a lot, which is unfortunate. Physicians are trying to weigh if it's an emergency. If they're going to lose time, does that mean the baby's going to lose oxygen? Does that mean the mom's going to lose blood? And what if we don't have time for those things?

It can be scary for those patients because they don't know what's going on. How do you check in with them? Especially if a physician does a combined spinal epidural and that helps get them numb from the ribs down. You have to check: Are they feeling pain? Are they feeling pressure? An emergency C-section is always traumatizing, but can you imagine how much more trauma it is if you don't know what your care team is saying, if people are doing these things to your body?

AMA: What's a potential solution? Can you do things to ensure that the translator gets there sooner? Or perhaps there's a remote option?

Dr. López: Many hospitals are using iPads with translators. In the hospital, all the phones have cords and you can't move them around. If you have the translator on an iPad, you can roll it to the OR with the patient so it's always with them, which I think is a nice option.

They don't always work—they're still in the rolling-out period. Sometimes there's not always someone on the other line. I think that could be better optimized to make it a little bit more seamless. But I think that's a good option, especially in the era of COVID when you don't have someone in person and having a lot of different languages available quickly.