Student Ethical Viewpoint Paper

When The Doctor Discriminates

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I urge you to picture a world where caste, creed, religion, money, sex, age, etc. did not hold bar for availing medical services.
A world where patients were treated in an equal and fair manner.
A world where we don't judge the patient before treating.

Can you imagine such a world?

Because in this day and age such a world is left to Utopian Ideology and it is this very minute yet contrasting traits that act as hurdles when we treat someone. The very first thing we are taught during History Taking is that name, age, caste, religion, etc. give us valuable insight on a patient's condition and this information is what predisposes a doctors behavior and attitude towards the patient. I would like to share with you all an example where caste was the deciding factor not only in a patient, but in the education and death of a resident
from our fraternity.

Dr. Payal Tadvi was a post-graduate medical student, who joined a premier institute in Mumbai and was ostracized for the very reason that she came from a lower caste. The harassment and casteist slurs used against her from her seniors went to that extent that she became depressed and on one fateful day after performing two surgeries and calling her family to tell them about the anguish she was undergoing, she was found dead in her room.

Dr. Payal Tadvi's suicide shows how deep caste prejudices run within our profession. The sheer irony being that people say so many things against caste-based reservation but no one has the courage to speak out about the caste-based discrimination that goes on in medical colleges all over India.
There have been numerous propositions on how patients as well as doctors should deal with this kind of harassment. Some of these include confiding in parents and friends, maintaining a diary, collecting evidence of discrimination, and so on. Yet I would argue that individuals shouldn't have to learn to cope with this constant berating. There has to be a shifting tide and this will be achieved only by actively including a diverse set of individuals and providing
them with committees which give equal representation on a large scale to manage overt bigotry. Coming from the medical field we should have the basic knowledge that nobody's blood is different be it patients or our own colleagues.

A recent development which in my opinion should be implemented in the admission process of medical students is the 'Implicit-Association Test (IAT)'. The IAT is a computer-based test that measures how quickly a person can categorize various words and images. It works on the fact that most of us identify words and images more rapidly when they come from closely related categories from our memory. For instance, if you associate librarians with intelligence and boxers with violence, you can probably tell in a split-second that synonyms for intelligence like smart and brainy relate to the dual category "librarians or intelligence," and synonyms for violence like aggression and hostility relate to the dual category "boxers or violence.".

But when the elements are switched around, and the dual category "librarians and violence" is compared to the to "boxers and intelligence"? In this case it will take the person longer to match smart and brainy with the category containing "intelligence," because these dual categories contain elements that are not stereotypically related to each other. Hence, by comparing the speed with which people categorize words or images, the IAT indirectly assesses how closely people associate certain elements with each other.
To examine racial stereotypes, the test might replace librarians and boxers with Whites and Blacks and for religious stereotypes, the test might replace it with Hindu and Muslim or any such indigenous word which is country specific. This will help us to understand whether a person is biased to a certain religion, caste, creed, etc.

Another example I would like to share with you is of one such couple who after meeting with nearly dozen doctors, finally decided to settle on a pediatrician in private practice with nearly 19 years of experience. On the morning of their first appointment, however, the doctor refused to see them. The reason: the couple were a same-sex couple.

The doctor apologized and stated that after much deliberation she felt that she would not be able to develop the personal doctor-patient relationship that she normally did with her patients because her religious faith made it hard for her to be comfortable around same-sex couples.
I actually sympathize for the doctor as she clearly felt that she could not give the level of care that the couple deserved. In fact, a strong doctor-patient relationship is the key to quality health care and if the doctor felt uncomfortable in asking them questions about certain aspects of their personal lives that could affect the health of their daughter, she might overlook pieces of information that were important for the child's therapeutic treatment. The couple too might also pick up on the doctor's unease, and would be less forthcoming about their concerns or opinions. Given this, the doctor might not be the right pediatrician for the child.

Ethically, if the doctor felt that she could not establish the necessary doctor-patient relationship with the couple, she shouldn't have taken them on as patient in the first case and should have been upfront with the couple sooner, rather than waiting until the morning of the child's first pediatric appointment to inform them of her reluctance.

Now we have been informed that a doctor has the right to refuse patients. For the most part, doctors are legally bound to treat patients only once they have entered into a care relationship. A physician must provide a reason for terminating the relationship, if he does so, and must ensure continuity of care through referrals.

According to the Federal Civil Rights Act of 1964, it is illegal to refuse a patient based on race, religion or gender. Sadly, this is not the case for sexual orientation or gender identity.

As I said before, the doctor was not the right pediatrician for the child. But she could be, if she learns to look beyond her personal prejudices and see the couple for who they are: human beings with the same needs, fears, and hopes as her. There has to be an implemented legal framework to get doctors to take that first step for equal treatment without sexual orientation and gender identity bias.

The last instance where health professionals lacked in providing uniform treatment is in the case of Juliann Garey, an author who visited the hospital for an ear infection. When the doctor looked at the list of drugs, she had been prescribed for bipolar disorder, he shut her chart and politely declined to prescribe her medication for her current complaints because he was weary of the medication she had been taking. The very next day her eardrum ruptured and she was left with minor but permanent hearing loss.

On subsequent visits to the hospital, doctors passed snide remarks such as:
"You better get yourself together psychologically or you won't get better physically". Despite suffering from Bipolar Disorder, Juliann had gone through most of her life without anyone ever knowing she suffered from mental illness - except when she had to reveal it to a doctor.

There's a specific term which describes this lack lusture attitude which the doctor showed and it is called: "Diagnostic Overshadowing" and is defined as a process where health professionals wrongly presume that present chief complaints are a consequence of the patient's prior mental illness. As a result, people with serious mental illnesses end up with wrong diagnoses or are undertreated and this is a problem, because ever so often these patients also suffer from chronic conditions like migraines, irritable bowel syndrome and mitral valve prolapse but they aren't treated for the same.

To counter this problem, Columbia University Medical Center started with a premise where health care workers need to start listening to what their patients are telling them, and not just looking at what's written on their charts and this is known as the "Narrative Medicine Program". It focuses on paying attention to the words, the silence, the facial expressions instead of the race, the religion and the economic status or any prior mental health condition because the patient is telling you the diagnosis and not his cultural upbringing.

Finally, I again urge you to see the bigger picture, a world where caste, creed, religion, money, sex, age, etc. does not hold bar for availing medical services.

A world where patients are treated in an equal and a fair manner. A world where we don't judge the patient before treating.
Can you imagine such a world?
Because time has come now to stop imagining and start doing. Let us work together to make that imagination a living reality.

RECOMMENDED READING AND REFERENCES

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