

Physician implicit racial bias does not impact their clinical decision making

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A doctor's racial preference does not necessarily mean he or she will order more or fewer diagnostic tests or treatments based on race. That is the primary indication of a study to be published in the August 2017 issue of *Academic Emergency Medicine (AEM)*, a journal of the Society for Academic Emergency Medicine.

The study, by Dehon, et al., found the prevalence of implicit racial bias among physicians to be at levels similar to the general population and comparable across all medical specialties.

The lead author is Erin Dehon, PhD, an assistant professor of clinical psychology in the Department of Emergency Medicine, University of Mississippi Medical Center, Jackson, MI. Dr. Dehon's study suggests that while no evidence was found of a direct relationship between physician bias and disparate treatment decisions, physician bias may indirectly contribute to healthcare disparities and therefore further studies are needed.

Ian B.K. Martin, MD, MBA, FACEP, professor and chair, Department of Emergency Medicine. West Virginia University School of Medicine commented:

I commend Dehon et al for tackling such an important topic as the impact of implicit racial bias on clinical decision-making in Emergency Departments and in other clinical settings. Interestingly, in their rigorous systematic review of the topic, the authors conclude that while many physicians across specialties have an unconscious preference for white patients their bias does not seem to impact their clinical decision-making. These conclusions are dubious given the use of simulated, "not-real-life" cases to measure the impact of racial [bias](#) on physician clinical decision-making. As is often the case, this manuscript raises more questions than it answers—highlighting the need for more research in this important area of clinical medicine.

More information: Erin Dehon et al. A Systematic Review of the Impact of Physician Implicit Racial Bias on Clinical Decision Making, *Academic Emergency Medicine* (2017). [DOI: 10.1111/acem.13214](#)

Provided by Society for Academic Emergency Medicine

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