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MED-MAL MATTERS

LACKING IN JUDGMENT

Implicit bias plays a detrimental role in care

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More than 12 million Americans go to the doctor every year and receive the wrong diagnosis.

The main cause? Bad judgment.

In a review of more than 55,000 medical negligence claims, the Armstrong Institute of Patient Safety and Quality at Johns Hopkins Medical University found that judgment errors accounted for 86% of misdiagnosis claims that led to death or disability. Bad judgment, the study found, is related to a number of different acts or omissions, including inattention, misinterpretation, and knowledge gaps. But, for certain patient populations implicit bias figures prominently.

In the absence of complete information, human beings use mental shortcuts — heuristics — to make decisions all the time. Human beings, including physicians, however, also harbor racial, gender, age, and other kinds of implicit bias toward other people. A compelling body of research suggests when these biases creep into doctors' heuristics, patient safety suffers.

Studies conducted by Dr. Stephen Strakowski from the University of Texas indicate that Black patients with severe depression are four to nine times more likely to be misdiagnosed with schizophrenia compared to white patients with the exact same symptoms. Though the rate of schizophrenia is consistent among all races, doctors consistently put more emphasis on the psychotic symptoms rather than the depressive or manic symptoms of Black patients. According to Dr. Strakowski, this "almost certainly" comes from implicit bias.

A meta-analysis and systematic review published in 2019 in the *American Journal of Emergency Medicine* found that Black and Latino emergency room patients are less likely than white patients to receive adequate relief for acute pain. A study in the Journal of Cardiopulmonary and Acute Care found that compared to white patients, persons of color receive their first echocardiogram later and are less thoroughly worked-up for suspected coronary artery disease. According to the CDC, Black women are more than three times likely than white women to die from complications of pregnancy and childbirth, a disparity many attribute largely to implicit bias.

Racial bias is not limited to the implicit attitudes and stereotypes of clinicians but extends to the very technology they use to diagnose and treat patients. In a letter to *The New England Journal of Medicine*, a group of physicians led by Michael Sjoding, M.D., recently reported serious concerns about the accuracy of pulse oximetry readings in Black patients. Pulse oximeters provide a measurement of the amount of oxygen dissolved in the blood. The devices, typically clamped on a finger, shine small beams of light that measure the amount of oxygen in the blood. Oxygen is among the most frequently ordered medical therapies and providers depend upon pulse oximeter readings to determine whether to administer it and to adjust the levels given. The technology was developed, however, in populations that "were not racially diverse," so Sjoding and his colleagues set out to quantify any potential racial bias in pulse oximeter readings.

In their study, they compared tens of thousands of pairs of pulse oximetry readings versus arterial blood gas results taken from the same patients within 10 minutes and found that Black patients had nearly three times the frequency of occult hypoxemia (i.e., an actual oxygen saturation less than 88% with a pulse oximetry reading between 92%–96%). The difference in those levels would almost certainly lead to different treatment. These results, the authors conclude, suggest reliance on pulse oximetry readings to triage patients and adjust oxygen levels may place Black patients at an increased risk for hypoxemia, a particularly worrisome finding during the COVID-19 pandemic.

Susan Moore is perhaps the most recent victim of implicit bias. She was a Black woman who went to an Indiana hospital to be treated for COVID-19. Even though she was a physician herself, the ER doctor ignored or refused to believe her complaints of shortness of breath and initially downplayed her pain complaints and implied that she was engaging in narcotic-seeking behavior. Prior to her death, she shared her experience on social media and it quickly went viral.

When a patient is harmed by a misdiagnosis, "clinical judgment" is often the defense. Defense attorneys love to argue that a physician should not be liable for exercising judgment. But bad judgment is negligence and the growing body of research on implicit bias may very well help explain the cause of some of that bad judgment. CL

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