

## Prejudices and discrimination

As doctors, you will encounter a wide range of people from different backgrounds and cultures during your professional careers. These people may live quite varied and colourful lifestyles, and hold beliefs or practices that may not necessarily be in harmony with your own. There may even be times when the patient's beliefs may directly oppose particular beliefs that you hold dear. This predicament should not be allowed to interfere with how you go about treating and managing your patient. You should recall the moment when you qualified as a doctor and promised to treat all people equally according to the Hippocratic Oath, '*I will treat without exception all who seek my ministrations, so long as the treatment of others is not compromised thereby*'.

Doctors, like everyone else, inevitably have their own opinions and perceptions about different groups and individuals. These may be formed as a result of past experience, due to religious beliefs or even stem from hearsay or conjecture. More often than not, people's ideas and opinions are derived from depictions in the media, which can be misrepresent and be ill-informed, creating stereotypes. When such stereotypes are acted upon or cause a change in behaviour towards an individual, this is known as discrimination and the person acting this way is prejudiced.

Prejudice can be defined as holding a preconceived idea, judgement or belief towards an individual or group of people because of their ethnicity, gender, age, class, religion or other specific characteristics. In the context of the medical profession, holding a prejudice may mean a doctor assuming something about a patient that is incorrect and allowing this assumption to cloud or affect their judgement towards them. In essence, a patient is discriminated against and treated differently simply because of a prejudice held against them.

### Discrimination

Although prejudice may simply be a belief or opinion that you hold, when it unfairly affects your judgement towards an individual it is known as

discrimination. Discrimination may manifest simply as a change in attitude towards the patient, or be more insidious, such as reducing access to services or withholding treatment altogether.

There are numerous studies that have shown disparity between the quality of healthcare of ethnic minorities compared with the indigenous (or dominant) population. Other studies highlight a tendency to more actively treat and engage with the higher social economic classes as opposed to the working class and the unemployed.

When most people think of discrimination in the health sector they think of overt forms, such as withholding expensive treatment from the elderly due to an assumption that it is not 'cost effective'. However, subtle forms of prejudice are more common, such as believing unemployed patients are feigning illness to get statutory sick pay.

Although no one is immune from holding prejudices, you should make every attempt to reflect on your own behaviour and try to prevent your prejudices from interfering with your medical judgement and performance.

## The consultation

Prejudices may arise even before the patient sets foot into the consulting room. A doctor may have access to the patient's notes detailing their name, age, gender, ethnicity and sexual orientation. This information has the potential to trigger prejudices in the mind of the doctor before even meeting the patient. Although these details are important, you should be careful not to form any assumptions regarding the patient at this stage.

Prejudices may also manifest when the patient enters the room. Their skin colour, appearance, speech and mannerisms may arouse a deep-seated prejudice and cause you to discriminate against them.

When a doctor holds a prejudice against a patient, for whatever reason, it may become apparent to the patient during the consultation. It may be quite obvious – in the form of your facial expression, such as being startled, shocked or frowning – or more subtle, through the tone of your voice or the haste with which you end the consultation. You may even become dismissive, obstructive and adopt a closed posture towards the patient. All of these cues can be picked up by the patient and may cause offence.

Consider the following example of an Asian woman who has come to see the Psychiatrist regarding treatment for her son's newly diagnosed schizophrenia.

*Doctor:* 'So, you understand that your son has been diagnosed with paranoid schizophrenia?'

*Mother:* 'Yes.'

*Doctor:* 'What do you know about the illness?'

- Mother:** 'Well, actually my priest believes my son has been taken over by evil spirits.'
- Doctor:** (*Doctor tuts*) 'I see . . . well, isn't it better to take your son to the priest then instead of wasting my time?!'
- Mother:** 'But . . . aren't you going to do anything to help?'
- Doctor:** (*Annoyed*) 'Well, what can I do if your son has been possessed as you say? Who do you think I am? I'm a medical healer, not a spiritual healer!'

## Different types of prejudices

Prejudices against people are commonly held on grounds such as race and ethnicity, gender, age, sexual orientation, and religious beliefs. Below we will consider a few examples of these.

### Race and ethnicity

Probably the most commonly held prejudice in society is one against race, ethnicity and skin colour. Some people may assume that individuals of a certain race or ethnicity are less intelligent, poorly spoken and unskilled. One may go further and associate certain behaviours, such as drug taking, gun crime and criminal activity, with specific ethnic groups. Consider the following example of Mr Jermaine Walsh, a 19-year-old African–Caribbean man who attends his local casualty department after sustaining a large gash to his forearm. The doctor notices he is wearing a baseball cap and several gold rings on each hand.

- Doctor:** 'Hello, I'm Dr Jones. Are you Mr Walsh?'
- Mr W:** 'Yes.'
- Doctor:** 'I understand you've injured your arm?'
- Mr W:** 'Yeah, there's a big cut there.'
- Doctor:** 'When did it happen?'
- Mr W:** 'This evening.'
- Doctor:** 'Do you know what caused it?'
- Mr W:** 'Well, actually . . .'
- Doctor:** 'It looks like a knife wound. Were you attacked with a knife?'
- Mr W:** 'No. I was just in the garage . . .'
- Doctor:** 'This area, unfortunately, has noticed a lot of gang crime recently and I have seen my fair share of stabbings.'
- Mr W:** 'I am not part of any gangs. You got me all wrong . . .'
- Doctor:** 'Don't worry everything you tell me today is held in the strictest of confidence.'

- Mr W:* 'No, Doc. It's not what you think.'  
*Doctor:* 'You were lucky you were not shot. I've seen a lot young lives wasted because of this!'  
*Mr W:* 'That's it! I'm going somewhere else!'

Other ethnic groups are often tainted with different brushes. Asian families may be assumed to be involved in consanguineous marriages from overseas, whilst Roma people may be unfairly associated with truancy, unemployment and lacking fixed abode. Consider the following case of an Irish man who attends his GP with a history of epigastric pain.

- Doctor:* 'So, you've been having this pain just under your chest bone for several months?'  
*Patient:* 'Yes, Doctor.'  
*Doctor:* 'And what makes it worse?'  
*Patient:* 'It seems to get worse after a heavy meal or when I am hungry.'  
*Doctor:* 'And after a drink?'  
*Patient:* 'I don't drink, Doctor.'  
*Doctor:* 'You're Irish, correct?'  
*Patient:* 'Yes, Doctor.'  
*Doctor:* 'And you don't drink? I am sure you have a tippie now and then.' (*Laughing*)  
*Patient:* 'No, Doctor. I don't touch the stuff!'  
*Doctor:* 'Come on. Not even on St Patrick's Day?'  
*Patient:* 'Pardon me?'

In the example above the doctor's mistake was not his initial suspicion that alcohol could play a major factor in this patient's symptoms. Rather, it was his insistence on believing that the patient drank alcohol because of his ethnicity.

## Gender

Despite it being almost 100 years since the Suffragettes managed to gain the right for women to vote, gender discrimination still plays a prominent part in today's society. Women are still perceived to be less intelligent than their male counterparts, indecisive and governed by their emotions. It is still a commonly held belief that women's place is in the home performing household chores and looking after the children.

Consider this example of a 36-year-old woman who attends her GP complaining of pain in her upper limbs.

- Doctor:* 'Hello Miss Tate. What can I do for you today?'

- Patient:** 'I've been having these pains in my arms, particularly in the hands and fingers.'
- Doctor:** 'I see. How long has this been going on for?'
- Patient:** 'For about three to four months. It started off happening at any time but now it occurs mainly in the evening.'
- Doctor:** 'Hmm. Is it made worse when you're carrying the kids or changing them?'
- Patient:** 'I'm sorry? What kids?'
- Doctor:** 'I mean your family . . . your children.'
- Patient:** 'What children? I don't have any children. I work full time in IT.'
- Doctor:** 'Oh . . . You're cutting it a bit fine, aren't you?'
- Patient:** 'I don't understand what you saying? How is that related to my pains?'
- Doctor:** 'The computer says you are 36 years old. Don't you know that as you get older your fertility drops and makes it more difficult for you to conceive?'

In this example, the doctor's assumption that a woman aged 36 should have children has completely digressed from the patient's presenting complaint. The patient is taken aback by the doctor's line of questioning and is likely to feel offended by his comments. The patient's reasons for not having children are entirely personal and have no role to play in this consultation.

## Age

Age is another factor which is commonly discriminated against. Elderly people are almost universally thought of as being confused, dependent and in need of carers. When speaking to them, most people will raise their voice believing that they are also hard of hearing. Unfortunately, they are also thought to be at 'death's door' with any money spent on them being not 'cost effective'. As a result, a number of treatment options may be unfairly withheld.

In the following example, a 76-year-old man attends his local casualty department presenting with a large bruise on his head.

- Doctor:** (*BELLOWS*) 'Hello, Mr Jenkins, I'm Dr Williams. Oh dear, what have you done to yourself?'
- Patient:** 'I'm not entirely sure, Doctor . . .'
- Doctor:** (*BELLOWS*) 'Where is your hearing aid? Can you hear me alright?'
- Patient:** 'No need to shout, I can hear you perfectly well!'
- Doctor:** 'Not to worry, my dear sir. Oh dear! Oh dear! What a nasty bruise. So, how did you fall at home, sir? Was it down the stairs?'

- Patient:* 'I didn't have a fall.'
- Doctor:* 'Of course you haven't, of course. Perhaps you don't remember? People often don't remember these things at your age. Don't worry we'll soon have you patched up and back in front of the fireplace.'
- Patient:* 'I'm telling you I didn't fall over!'
- Doctor:* 'It's alright, Mr Jenkins, you're in safe hands now. Do you know where you are?'
- Patient:* 'Yes, of course I do. I'm in St John's hospital, London. I took the 62 bus down here.'
- Doctor:* 'And do you know who I am?'
- Patient:* 'You are Dr Williams. Are you having a laugh?'
- Doctor:* 'That's very good, Mr Jenkins. I see you are quite a witty old thing. No it's not a joke. It's alright to be a little bit muddled at your age.'
- Patient:* 'What on earth are you talking about? I'm not confused at all. I'd like to speak to someone in charge. I'm perfectly fine. I was brought here after something hit me whilst I was on the seventeenth hole at the golf club. I'm not sure if it was a ball or the swing of a club . . .'

By the time the truth has come out and the doctor has finally learnt that his patient is not cognitively impaired and is in fact an extremely fit and active 76-year-old, the doctor–patient relationship has been damaged beyond repair.

At the other end of the age spectrum, young people (particularly youths and adolescents) are often stigmatised and portrayed as being unemployed and uneducated. In addition, they may be assumed to be involved in gangs and criminal activities. The media also renders them as being promiscuous and involved in risky social behaviours such as drug taking and binge drinking.

Consider the example of this 16-year-old Caucasian girl complaining of thrush-like symptoms.

- Doctor:* 'What seems to be the problem?'
- Patient:* 'I'm getting itching down below, and this cheesy whitish discharge. It's really irritating me. I've had thrush several times before and I think I've got it again.'
- Doctor:* 'I see. I'm going to have to ask you a few personal questions about it.'
- Patient:* 'OK.'
- Doctor:* 'How many sexual partners have you had recently?'

- Patient:* 'None actually!'  
*Doctor:* 'Are you sure?'  
*Patient:* 'Yes.'  
*Doctor:* 'Are you sure it's just itchiness and the discharge? Is there nothing else?'  
*Patient:* 'Yes. There's nothing else, Doctor.'  
*Doctor:* 'I just want to reassure you that everything you say is confidential. It is fine to tell me how many partners you have slept with.'  
*Patient:* 'I've told you, I'm not in a relationship at the moment. I haven't even had sex yet!'

It is evident that in the example above, the doctor has assumed that there is more to the patient's symptoms than what she is letting on. Even though the patient repeatedly denies this, the doctor persists in pursuing this line of questions. His assumptions have caused him to fail to ask important questions relating to thrush and adopt a very narrow approach in taking the history.

## Religion

Religious discrimination usually takes the form of incorrect assumptions about what a person believes. Misconceptions are common, because although most people know something about the practices of the main religions, not all adherents strictly follow these religious precepts. Common misconceptions include believing all Muslims and Hindus have forced or arranged marriages, that Jews do not permit autopsy on their deceased, and that Christians refuse blood transfusions.

Consider the case below whereby a 25-year-old Muslim woman attends her GP with a facial bruise.

- Doctor:* 'Right, Mrs Khan. Can you tell me how you sustained that bruise to your face?'  
*Patient:* 'Oh, it's nothing. I just slipped on the rug yesterday.'  
*Doctor:* 'Really? It looks like a quite nasty bruise to me. I am not sure that a simple fall can explain it.'  
*Patient:* 'But that's what happened, Doctor.'  
*Doctor:* 'Didn't your parents marry you off recently, abroad?'  
*Patient:* 'Well, I did get married. But in this country and to someone I chose.'  
*Doctor:* 'As you know I am here to help. Whatever you tell me will remain within these four walls.'  
*Patient:* 'Yes, I know that . . .'

- Doctor:* 'I can only help you if you tell me what REALLY happened.'
- Patient:* 'I am not sure what you are talking about?'
- Doctor:* 'I understand it may be a stigma in your community to talk about these things. If you change your mind you are more than welcome to come back and see me. In the meantime if it happens again here is the domestic violence helpline for you to call.'

Whilst domestic violence is an issue that blights society at large, the doctor incorrectly assumed this Muslim woman's bruise was due to it. Again, the doctor has completely ignored the patient's problem and broached an extremely sensitive matter tactlessly. In so doing, he is likely to have incensed the patient and may have deterred her from seeking medical advice from him at a later date.

### Sexual orientation

Prejudices have been held against people of different sexual orientations for many centuries. Although such prejudice is most often directed at homosexuals it can, less commonly, be against heterosexuals. Predominant stereotypes include assuming that such people are more promiscuous, engage in risk-taking behaviour and have increased incidence of sexually transmitted infections, including HIV.

Consider the example of a 35-year-old man attending with his partner, to the GP.

- Doctor:* 'Hello, Mr Williams. Come in and take a seat. Your friend can sit over there . . .
- 'How can I help you today?'
- Patient:* 'It's a bit embarrassing. I am experiencing pain after doing a number two.'
- Doctor:* 'I see. Are you sure you want to discuss this in front of your friend? Maybe it is an idea if your friend waits outside?'
- Patient:* 'Don't worry it is OK. He is my partner.'
- Doctor:* 'Sorry?'
- Patient:* 'He is my boyfriend. We got married recently.'
- Doctor:* 'Oh . . . OK. Err . . . hmm . . . Perhaps you can try some lactulose. It's a bit busy today so I won't be examining you. If it doesn't get better you can go to the local sexual health clinic.'

Undoubtedly, certain practices or lifestyles may seem shocking to many people. As doctors, however, it is not our role to judge these or to allow our own personal beliefs to affect our judgement when treating such patients.

### **Lifestyle: smoking and alcohol**

Taking a history of alcohol and tobacco use is often an important part of the consultation. Prejudice in these areas often relates to assumptions regarding habits and consumption, particularly in certain social classes. It may be assumed that a social smoker or drinker is equally as blameworthy for their illness as a heavy smoker or binge drinker.

Consider the case of a 20-year-old student who is found to have elevated liver enzymes and is called in by his GP for an appointment to discuss the results.

**Doctor:** 'A recent blood test has shown that you have had some damage to your liver. I need to ask you some questions about your health. How much alcohol do you drink?'

**Patient:** 'Maybe one or two pints at the weekend.'

**Doctor:** 'Right. I see. I've been a student myself and I know how much you guys can drink. Your blood tests show your liver is currently working too hard. It's best just to be honest with me and tell me how much you really drink.'

**Patient:** 'No, seriously. I only drink one or two pints during the football on Saturdays. Sometimes not even that.'

**Doctor:** 'What about when you go clubbing? Surely you get plastered each time?'

**Patient:** 'I don't go clubbing, loud music just gives me a headache.'

**Doctor:** 'Oh come on. You're a student for God's sake! Now tell me, how often do you go on a binge, or a pub-crawl?'

**Patient:** 'Never have, never will.'

**Doctor:** 'Well, until you face up to the fact that you have an alcohol problem we can't help you. Now, do you use alcohol in the morning as an eye opener?'

It may be tempting to be judgemental about patients who suffer from diseases or illnesses that are perceived to be caused by lifestyle choices. One may be less empathic and more accusatory towards the patient implicating their lifestyle as the primary cause of their medical problems.

Consider the example of a 50-year-old patient suffering from COPD and complaining of shortness of breath.

**Doctor:** 'I've just done your spirometry reading and it shows that

you suffer from chronic lung disease. The main cause of this is smoking. Do you smoke, sir?’

*Patient:* ‘Yes, I do. I have been smoking 40 a day.’

*Doctor:* ‘For how long?’

*Patient:* ‘Almost 35 years.’

*Doctor:* ‘Good God. Don’t you know what you have done to your lungs, smoking like a chimney?’

*Patient:* ‘Well, I’ve been trying to quit. I have cut down recently.’

*Doctor:* ‘Well, it’s all too little, too late. What do you expect me to do now? The chances are that you will need oxygen for the rest of your life. You are probably well on your way to getting lung cancer.’

*Patient:* ‘Oh no . . .’

### Tackling prejudices

Most people hold ideas and beliefs that are dear to themselves – on a wide range of issues, such as God, religion, politics, lifestyle and behaviours. As doctors, our primary duty is the health of our patients irrespective of their background or lifestyle choices. This has been clearly stated in the GMC guidance entitled *The Duties of the Doctor*, that proclaims as a doctor you must ‘*make the care of your patient your first concern*’, as well as ‘*make sure that your personal beliefs do not prejudice your patients’ care*’.

Prejudice can adversely affect the consultation in many ways. The doctor may make incorrect assumptions about the patient, examples of which have been outlined above. It also may push the doctor to use inappropriate language and mannerisms towards the patient thus causing stress, offence and ill feeling. More seriously, however, prejudice may lead to discrimination by affecting clinical judgement and restricting treatment options.

Being aware of common prejudices will allow you to empathise with the experiences these individuals encounter on a regular basis. It will also permit you to recognise and accept diversity in the different lifestyles, beliefs and habits that you may encounter. This may also help you overcome any personal prejudices you may harbour.

When consulting with such patients, you should always keep the patient’s care as your main focus and concern. Use open questions where possible and explore sensitive topics in a tactful, non-judgemental way. By doing so you will help the patient relax and feel at ease when discussing their personal problems.

Never allow your own personal beliefs or opinions to influence or prejudice your attitude and dealings towards the patient. Do not allow common media-portrayed stereotypes to cloud or affect your clinical judgement. Such

patients are likely to pick up any negative cues or changes in behaviour that you may display. They are also likely to experience discrimination on a regular basis and would not expect their doctor to behave in a similar way.

Patients who experience prejudice simply request to be treated on an equal footing with any other person. Discriminatory behaviour of any sort is not befitting of a doctor and is not compatible with the GMC guidance on '*good medical practice*'. The doctor–patient relationship hinges on openness and mutual trust between the two parties for it to be successful. Prejudice and stereotyping is likely to damage this relationship beyond repair and must be avoided.