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Does Race Interfere With the Doctor-Patient Relationship?

Much has been written about the doctor-patient relationship and its many challenges and ramifications.[1] However, almost nothing is written about the effects of race on this relationship. This is unfortunate, since we live in an era of increasing concern for community medicine and for improving the delivery of medical care to all people. In discussing the effects of race on the doctor-patient relationship, our aim must not be merely to accuse or to place blame but to analyze critically the problem, with the goal of improving medical care delivery. Our silence on this issue tends to deny that we see racism as a major barrier to good medical care for many people in our society.

We live in a racist society, and all around us the forces of racism help to determine the course of our lives and the nature of our relationship.[2] Unfortunately, racism knows no geographic or academic boundaries. One need only look casually at the medical profession to see how potent a force racism has been in its development. It was primarily the discriminatory practices of local chapters of the American Medical Association that led to the birth of the predominantly black National Medical Association (NMA) in 1895—13 years before the founding of the National Association for the Advancement of Colored People (NAACP).[3] As late as 1968, a careful evaluation showed that while the black population was approaching 13% in this country, only about 2% of physicians were black, and of these, 50% had been trained at our two predominantly black medical schools—Howard University in Washington, DC, and Meharry Medical College in Nashville, Tenn.[4] It certainly seems that despite superior academic training, the medical profession has been as severely victimized by racism as other groups in this country. With this background we may now look at the black-white encounter in the delivery of medical care.

The Black Physician-White Patient Relationship. In general, not many white patients seek black physicians, and this black physician-white patient relationship is more likely to occur in a hospital or medical clinic than in private practice. It is in this setting that I have known it during the past four years. The white patient, faced with a black physician in this setting, is frequently surprised and sometimes even shocked. In addition to his medical illness, he suffers from "stereotypism." If he has been led to believe that blacks are all ignorant, lazy, and irresponsible, he is now forced to re-examine his feelings, for in order to be comfortable and respond to therapy, a patient needs to trust his doctor. The way white patients deal with this situation varies widely. My first such patient was from Mississippi, and he signed out of the hospital a few hours after our initial encounter. Other patients just find it difficult to communicate with a black who is not working *under* them. Most frequently, however, the white patient immediately starts to question his old stereotypes. He may then put great trust in the black physician and become his strong advocate, telling everyone within his reach "how great my doctor is." Associated guilt feelings about old stereotypes may even push this "greatness" beyond reality. The black physician has to deal with his own stereotypes. History may be too much with him. Expecting prejudgment and bigotry from his white patient, he may develop some hostility within himself. This hostility may also inhibit communication with the white patient. The real challenge to the black physician in this situation is to be always mindful of his own stereotypes and to treat racism with the same objectivity and concern that he treats other problems encountered in practice.

The White Physician-Black Patient Relationship. In the white physician-black patient relationship, the situation is different. First, the black patient is not surprised when he encounters a white physician. For years, 98% or more of physicians in this country have been white. In many areas, there are no black physicians. Like the landlord, the policeman, and the judge, the physician is almost assumed to be white. But the traditional social relationship of blacks and whites has been carried over to the white physician-black patient relationship. In many cases, the white physician is looked upon as an authority figure whose decisions may not be understood but are not to be questioned. This is the master-servant relationship. This feeling has inhibited communication between physician and patient for many years. Black patients frequently do not admit that they do not understand the physician's instructions. Likewise, black patients often do not express their dissatisfaction with their care. Instead, their response is noncompliance with the physician's instructions.

Many white physicians with whom I trained preferred black patients because they believed the black patient was less likely to be critical and to express dissatisfaction or to question procedures. Most white physicians interpreted the master-servant relationship as a good doctor-patient relationship. Their patients were "happy." Black patients are almost invariably called by their first names and they are frequently exploited for teaching sessions. One black woman related to me that she had had nine pelvic examinations by physicians and students and had never been told whether her pelvis was normal or abnormal. Responding to this kind of story, my friends and I interviewed several black patients who were clinic patients at a large university hospital in Ohio in 1969. In general, they were unhappy about their care, but believed that they did not have a genuine choice. It was poor medical care or no medical care at all. They assumed their

physicians to be the authorities with whom they could not communicate effectively.

Fortunately, the psychological revolution that started among blacks in the early 1960s has changed the attitude of many blacks toward medical care.

Blacks are beginning to expect and demand first-class medical care. They are determined to understand what is happening to them. However, the psychological revolution goes even further. Some blacks, mindful of the fruits of white power, now distrust whites in any positions of authority over their lives. Many black patients are thus suspicious of and distrust white physicians as individuals, and the predominantly white medical profession in general. This has led to a cold reception for many community health programs. Cries of exploitation and genocide are becoming more common.[5] There are both pros and cons to this situation. It is good in that it assures close scrutiny of medical programs by the community. It creates a problem when the community lacks the expertise to evaluate proposed programs properly and must cancel or sacrifice some programs that are critically needed. But the challenge is clear. The community must develop trustworthy and competent personnel to help plan for better health care, and the medical profession must undo years of exploitation and discrimination that have brought us to this point. While the black-white encounter is perhaps the best example, racism in medicine is obviously even more far-reaching than this.

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