

DOW JONES, A NEWS CORP COMPANY ▼

DJIA ▲ 26252.12 0.16%

Nasdaq ▼ 7415.06 -0.61%

U.S. 10 Yr ▼ -9/32 Yield 2.648%

Crude Oil ▲ 65.89 2.20%

Euro ▲ 1.2402 0.85%

This copy is for your personal, non-commercial use only. To order presentation-ready copies for distribution to your colleagues, clients or customers visit <http://www.djreprints.com>.

<https://www.wsj.com/articles/how-doctors-deal-with-racist-patients-1516633710>

HEALTH | YOUR HEALTH

How Doctors Deal With Racist Patients

Hospitals are reshaping their policies to protect their employees' rights while giving all patients the treatment they need



Dr. Farzon A. Nahvi, a physician at NYU Langone, grew up in New York with his Iranian parents. He says one of his patients told him, 'You look like someone who's going to blow this place up. You're not a doctor.' PHOTO: ANGELA OWENS/THE WALL STREET JOURNAL



By

Sumathi Reddy

Jan. 22, 2018 10:08 a.m. ET

Darien Sutton-Ramsey walked into a patient's room at Bellevue Hospital in Manhattan a few months ago. The mother of the patient demanded that a physician come in.

"Well, you've got it, I'm here," responded Dr. Sutton-Ramsey, a third-year resident in the emergency medicine department at NYU Langone Health.

The mother didn't believe that Dr. Sutton-Ramsey, who is African-American, was a doctor. She asked to talk to the physician-in-charge. His supervisor was also black. The patient ended up refusing medical care and left the emergency room.

"I've had patients request reassignments since I was an intern," Dr. Sutton-Ramsey says. He says he's been called the N-word way more at work than out in the world. Patients have handed him trays when he walks into the room, assuming he's there to clean it.

Patient discrimination against physicians and other health-care providers is an oft-ignored topic in a high-stress job where care always comes first. Experts say patients request another physician based on race, religion, gender, age and sexual orientation.

No government entity keeps track of such incidents. Neither do most hospitals. But more trainees and physicians are coming forward with stories and more hospitals and academic institutions are trying to address the issue with new guidelines and policies.

The examples span race and religion. A Korean-American doctor's tweet about white nationalists refusing treatment in the emergency room went viral in August.

A trauma surgeon at a hospital in Charlotte, N.C., published a piece on KevinMD, a website for physicians, last year detailing his own experiences with discrimination given his Middle Eastern heritage.

Penn State College of Medicine adopted language into its patient rights policy in May that says patient requests for providers based on gender, race, ethnicity or sexual orientation won't be honored. It adds that some requests based on gender will be evaluated on a case-by-case basis.

The college began to consider the change about a year ago when a patient's daughter requested that his Indian doctor be replaced by an American one, says Brian McGillen, director of hospital medicine at Penn State Health Milton S. Hershey Medical Center.

— ADVERTISEMENT —





At the University of Chicago Medicine, Elizabeth Blair, a professor of surgery, is working on a simulation program that would help train medical professionals on how to respond to scenarios where patients discriminate.

And at Stanford, a pediatrician published a paper in 2016 in the journal *Academic Medicine* that outlined strategies to address patient and family discrimination toward trainees.

The four-step process includes assessing the illness of the patient, developing a rapport with the patient and family, depersonalizing the event and maintaining a safe learning environment.

Uché Blackstock, an assistant professor in the department of emergency medicine at NYU School of Medicine, says after doctors reported several incidents, she and others decided it was time for a conversation in her department.

“What is really important for us is to find a way to better support our trainees, our interns and residents, because they are the ones coming to us and talking about these experiences,” Dr. Blackstock says.

Farzon A. Nahvi was among the physicians who raised the issue. The 32-year-old grew up in New York, but his parents are from Iran.

“I had a patient one time who immediately said, ‘You look like someone who’s going to blow this place up. You’re not a doctor.’ ”

He recalled another instance from when he was a resident. His female supervisor had a patient who insisted that a man confirm her findings of a chest X-ray. He had to step in.

Dr. Nahvi is one of a number of medical professionals and administrators at NYU working on devising an institutional response to patient discrimination.

Dr. Blackstock, NYU Langone’s director of recruitment, retention and inclusion in the office of diversity affairs, invited Kimani Paul-Emile to speak at the hospital earlier this month.

Dr. Paul-Emile, an associate professor at Fordham University School of Law, published a piece that appeared in the *New England Journal of Medicine* in 2016 called “Dealing with Racist Patients.”

Dr. Paul-Emile calls patient requests for a doctor of a different race or ethnicity “one of medicine’s open secrets,” but says hospitals are starting to pay more attention to the problem.



Dr. Ashira Blazer, a rheumatologist and instructor of medicine at NYU Langone, says a patient once asked her to prove her literacy. PHOTO: KELLY MARSHALL FOR THE WALL STREET JOURNAL

Patients have the legal right to informed consent, which includes the right to refuse medical treatment. That does not include the right to be treated by a particular physician.

Physicians face the moral and ethical obligation to treat all patients, but the 1964 Civil Rights Act also protects employees from experiencing overt discrimination. That physicians aren't being discriminated against by their institutions complicates matters. "So it manifests more as a hostile work environment claim if it were to be brought," Dr. Paul-Emile says.

She is working with a collaborator on creating model protocols and policies to help hospitals address instances of discrimination against health-care providers.

At the end of the NYU session, she asked attendees to come forward with their own stories.

Ashira Blazer, a rheumatologist and instructor of medicine at NYU Langone, recalled an incident from five years ago when she was a resident at another hospital. A patient in the emergency room who was very ill and having a heart attack questioned her literacy.

"He tried to make me read his chart in front of him in order to prove that I was literate, because he thought black people couldn't read," she said.

She used her dry sense of humor to make it clear that this was an emergency situation.

"Eventually, he got the point that the situation was a bit grave and that we needed to work together," Dr. Blazer said.

In the end, her patient thanked her for her treatment, she said. "So I guess some things are more important than prejudice at the end of the day," she said.

Write to Sumathi Reddy at Sumathi.Reddy@wsj.com

MORE ON YOUR HEALTH

- Stem Cells for Knee Problems? U.S. Doctors Investigate January 8, 2018
- Diet Strategy That Counts Time, Not Calories January 2, 2018
- Six Health Stories to Watch in 2018 December 24, 2017
- Which Heart Patients Need Stents? Study Stirs Debate December 4, 2017
- New Evidence for Critics of Weight-Loss and Sports Supplements November 20, 2017

Copyright ©2017 Dow Jones & Company, Inc. All Rights Reserved

This copy is for your personal, non-commercial use only. To order presentation-ready copies for distribution to your colleagues, clients or customers visit <http://www.djreprints.com>.