



## Unconscious Bias: How It Impacts Our Professional Lives

By **Bernie Lopez, MD, MS, CPE**

- Women have a higher rate of missed myocardial infarction.
- Black patients with acute myocardial infarction receive percutaneous coronary intervention at a lower rate than white patients.
- A Latino woman does not receive adequate pain medication because “she is being hysterical.”
- At sign out, a female physician’s opinion is dismissed by her male colleague.
- An older physician evaluates residents as “lazy”.
- A residency applicant is scored down during an interview because “He reminds me of someone I don’t like.”

None of these disparities are intentional. Most emergency physicians are rational, fair-minded, educated human beings who are committed to the highest quality level of work. Yet somehow, these disparities continue. Their causes are complex and occur on both a systemic and an individual level. At the individual level, the causes are rooted in our unconscious biases.

Unconscious bias (sometimes known as implicit bias) are attitudes or stereotypes that are outside of our awareness and affect our understanding, interactions, and decisions. We receive an overwhelming number of stimuli and our brains use biases as shortcuts to simplify and understand our surroundings more quickly. Our individual experiences shape these shortcuts (it is an ongoing and continual dynamic process) and create the unique lenses through which we each view the world.

On an evolutionary basis, bias serves to protect us from harm (e.g., a bias against dangerous-looking figures causes us to run to safety). These automatic responses enable us to make fast decisions; they can also prompt us to jump to unwarranted conclusions. As humans, we harbor unconscious associations—both positive and negative—about other people based on race, ethnicity, gender, age, socioeconomic

class, sexual orientation, and appearance. These associations influence our feelings and attitudes, especially under demanding circumstances. The emergency department clinical environment and the residency application process are examples of demanding circumstances. Our biases may inadvertently result in involuntary discriminatory practices and can negatively affect the care of our patients and the function of our organizations.

Does unconscious bias affect patient care? A [study](#) by Green, et al in 2007 used the [Implicit Association Test \(IAT\)](#) to determine whether physicians showed implicit race bias and whether the magnitude of such bias predicts thrombolysis recommendations for black and white patients with acute coronary syndromes. The IAT is a tool that measures the strength of automatic associations between concepts (e.g., black people, gay people) and evaluations (e.g., good and bad). It is the most recognized and most commonly used test to measure unconscious bias. Using vignettes on 287 emergency medicine and internal medicine residents at four academic medical centers, the IAT used in the Green, et al, [study](#) demonstrated implicit preference for white Americans and implicit stereotypes of black Americans as less cooperative with medical procedures and less cooperative in general. As the physicians’ pro-white implicit bias increased, so did their likelihood of treating white patients—but not black patients—with thrombolysis. The authors concluded that unconscious bias may contribute to racial/ethnic disparities in the use of medical procedures such as thrombolysis for myocardial infarction. While the study is dated (PCI is preferred over thrombolytics), it is the one study linking IAT results to treatment choices. A number of other studies have demonstrated the existence of implicit bias in physicians in [race](#), [obesity](#), [gender](#), and [age](#).

Note that the IAT does not measure prejudice; rather, it simply measures associations that may be linked to biases.

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The researchers explain on the site that having an unconscious bias is not the same as being consciously prejudiced or endorsing discrimination.

#### What can we do?

1. Recognize and accept that you have biases. We all have biases! They help us function and serve to protect us and thus are a necessary component of who we are as humans.
2. Reflect on your biases i.e., develop the capacity to shine the light on yourself. Research has demonstrated that a bias blind spot is greater in those with higher cognitive ability, so recognize the tendency we have as physicians to "rationally" explain away our biases.

3. Explore your individual biases and their impact on your interactions and decisions. Recognize that working with your biases is not easy and comes with uncertainty.
4. Engage with people you consider "others." Learn and gain experience from them to change your lens.
5. Finally, get feedback. Ask someone you trust, "How did I do?" ▶

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## Biased? Who me?

All people harbor beliefs and attitudes about groups of people based on their race or ethnicity, gender, body weight, and other traits. What are your biases? Take the [Implicit Association Test \(IAT\)](#) and find out. The fast-moving test takes about five minutes to complete. Even the most consciously tolerant of us hold biases about certain social groups... What are yours?