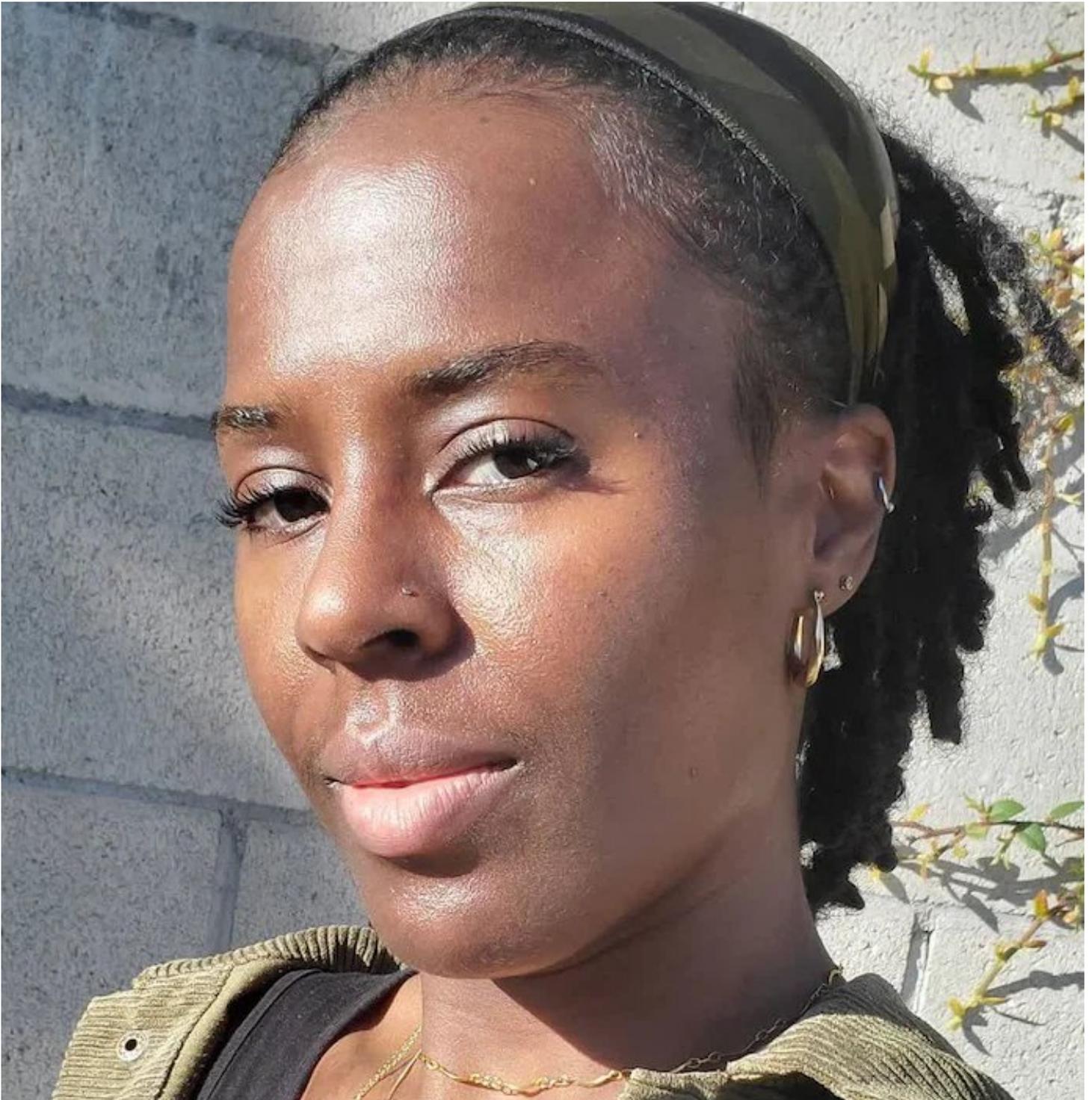




Health

To eliminate bias, some seek out doctors of their own race or ethnicity





Kitten Kuroi cried in the doctor's office when she finally found a female gynecologist who also was a person of color and who listened to her. "[This gynecologist] made me feel safe and heard and walked me through all the options," she says. "She saw me as a person." (Kitten Kuroi)

By Eve Glicksman

Yesterday at 9:00 a.m. EST



Being a racial or ethnic minority in this country is hazardous to your health, studies have shown. [Poorer outcomes for minorities](#) are documented in conditions from pregnancy and heart disease to cancer and [covid-19](#).

FAQ: What to know about the omicron variant of the coronavirus



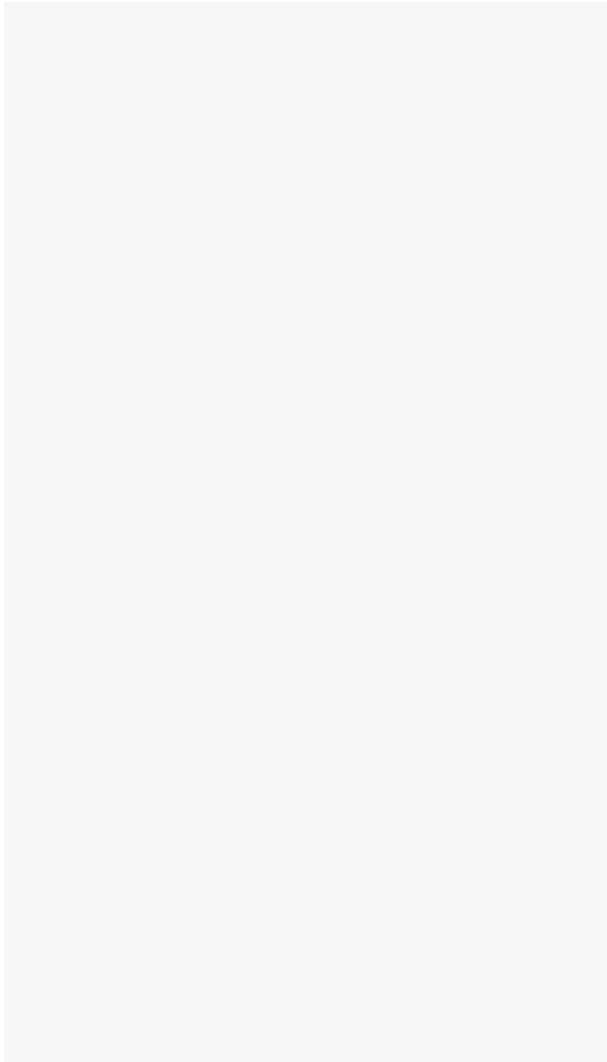
In an attempt to eliminate possible bias and receive better care, some people are seeking out doctors of their own race and ethnicity. Same for women who feel a female physician will be more sensitive to their needs and LGBTQ people who will see only gay doctors.

Will choosing a doctor who looks like you improve the quality of your health care? Seeing a physician who [speaks the same language](#) as you leads to better health outcomes, most studies find, but the research is less conclusive when it comes to race and ethnicity.

[\[Racism in care leads to health disparities, doctors and other experts say as they push for change\]](#)

Raymond Givens, a Black physician in heart failure and transplantation cardiology at Emory Healthcare in Atlanta, hit a nerve on Twitter when he shared a moment with a Black patient. "She praised Jesus for finally sending her to the right doctor," Givens wrote.

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No one had taken the time to explain her echocardiogram results, he said. “I almost had to step outside to compose myself,” he said.

The tweet went viral.

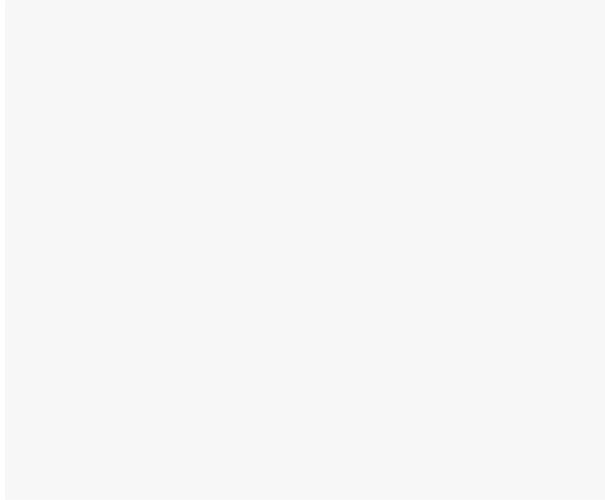
“This is so common,” Kitten Kuroi of Los Angeles tweeted in reply. “Doctors don’t really seem to care to explain. Especially, to us Black women. Quick to write us off and dismiss us.”

Another asked Givens why he noted the patient was Black. Some White patients receive horrific medical care, too, especially if they are poor, Givens responded, but added “I do know that some Black patients relax when they see my face. I think they know they don’t have to prove their humanity.”

Givens was the doctor [who noticed the lack of diversity](#) in some of the nation’s most prestigious medical journals, documented it, and was ignored when he

attempted to promote a discussion about his findings. Controversy over racism at JAMA eventually led to the [editor's departure](#).

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I contacted Kuroi for more about her story. Like Givens's patient, she cried in the office when she finally found a female gynecologist who also was a person of color (POC) and who listened to her. Kuroi had been suffering from painful uterine fibroids for several years. "[This gynecologist] made me feel safe and heard and walked me through all the options," she says. "She saw me as a person."

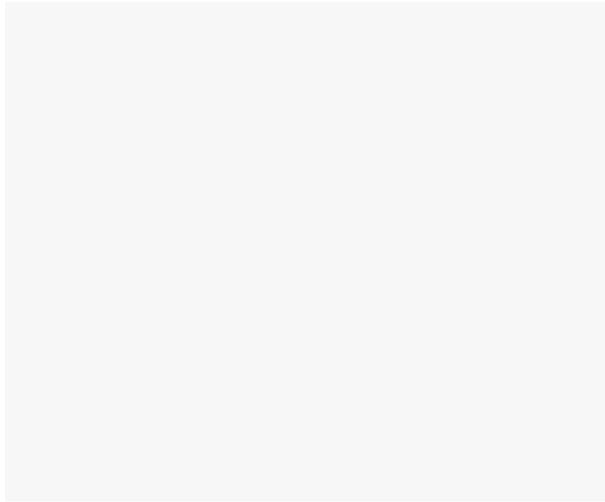
The male gynecologist Kuroi had consulted before her was rough during the internal exam and caused so much pain that she was bleeding profusely when she left, she says. Another doctor asked her questions that made her feel like "another welfare queen, Black woman racist stereotype," she says. When Kuroi responded that she wanted a second opinion about the recommended surgery, the doctor stormed out.

Now Kuroi looks for female or Black physicians exclusively. This is called racial or gender concordance in research exploring physician-patient relationships. In a [study](#) published in JAMA Surgery, researchers found women undergoing surgery had a 15 percent higher risk of death, complications or a hospital readmission in the next month if their surgeon was male vs. female.

[\[Is bias keeping female, minority patients from getting proper care for their pain?\]](#)

Susan Reed-Allen, who is Black, says the White physician attending her labor and delivery dismissed the birth plan she and another doctor had prepared. He did not honor her request for an episiotomy — an incision near the vaginal opening to make it larger for childbirth — and she suffered a painful tear, she says.

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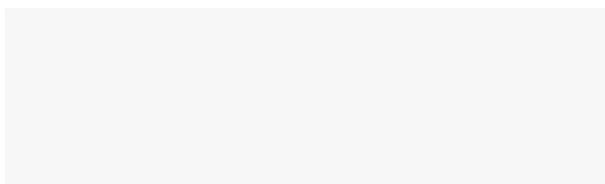


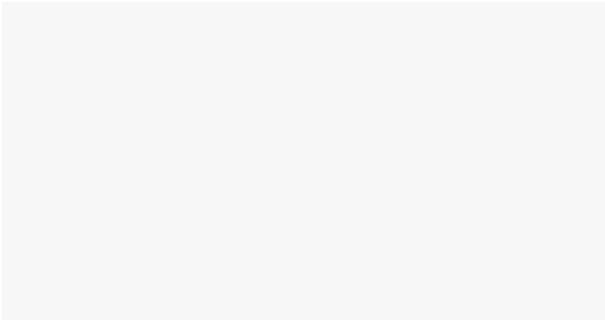
Later in the recovery room, she experienced excruciating contractions and felt fluid gushing from her. As she lay there moaning, she said a nurse barked at her — “Are you really in that much pain?” — making her feel self-conscious.

When the nurse pulled up the blanket, Reed-Allen was hemorrhaging a pool of blood, and the doctor was called in. No one explained what was happening, she says. The doctor had people restrain her while moving his hand around inside her. She nearly passed out from pain, she says. “‘You should feel better now,’” he told her, and walked out. “It was years later,” says Reed-Allen now living in Urbana, Md., “when I realized afterbirth had been left inside me and that I could have died.”

A bad experience in anyone’s book but how does she know it was race-related? “That’s the difficult part,” Reed-Allen says. “We can never ‘prove’ that race is a factor, and what health-care practitioner would admit it?”

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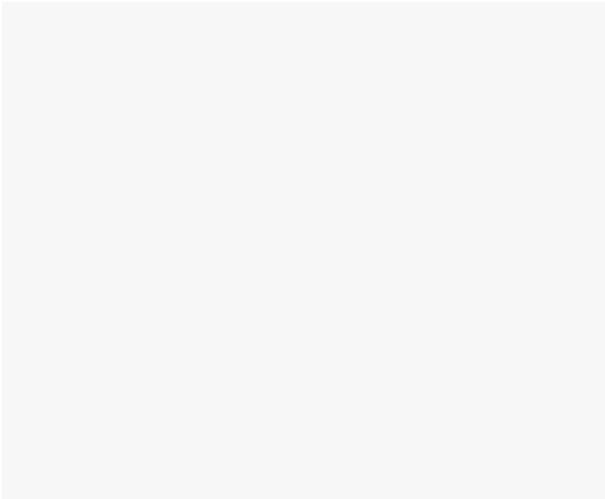


All the same, studies show that Black women in the United States are [two to three times more likely to die](#) after giving birth than White women and pain in African Americans is [not assessed and treated](#) at the same level as that of Whites.

Researchers have documented [associations](#) — not proven effect — that having a physician of your own race or gender results in better communication and, consequently, superior medical outcomes. The [odds of a woman getting screened for breast cancer](#) is higher among all racial groups when her physician is female, for instance. [Black men are more likely](#) to take preventive health measures recommended by Black physicians compared with White physicians.

Sexual orientation can be another point of concordance.

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Kevin Goebel of San Francisco goes to a gay doctor who knows the health questions to ask a gay man in a nonjudgmental way.

“In theory, any doctor could do that, but in practice, I haven’t experienced that as a patient until I got a gay doc,” Goebel says. “[My doctor] understands things like

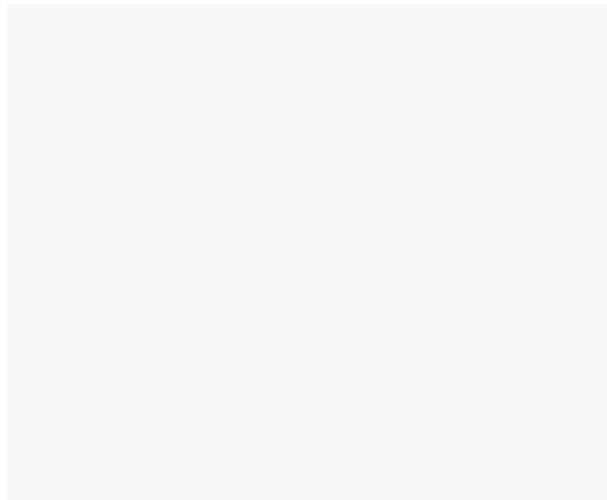
the gay bar culture and that makes it easier to be candid and open.”

Likewise, some women prefer female health-care providers. Brenda, who is Hispanic and lives in Austin, says that female doctors are more understanding and caring. Brenda, who asked to be identified by only her first name to protect her privacy, tells of a male anesthesiologist who ignored her when she told him she was feeling pain during a procedure. She compared him to her female obstetrician who responded, “Your pain is what’s important to me,” when she asked for an epidural sooner than planned during childbirth. Today, she sees only doctors for herself and her children who are women or minorities.

[\[Mortality rate for Black babies is cut dramatically when Black doctors care for them after birth, researchers say\]](#)

Biases can go both ways, meaning that patients make implicit assumptions about their providers, too, says Junko Takeshita, assistant professor of dermatology at the Perelman School of Medicine of the University of Pennsylvania. In a large study she led, patients were more likely to give their provider a [high survey rating](#) if they were the same race or ethnicity.

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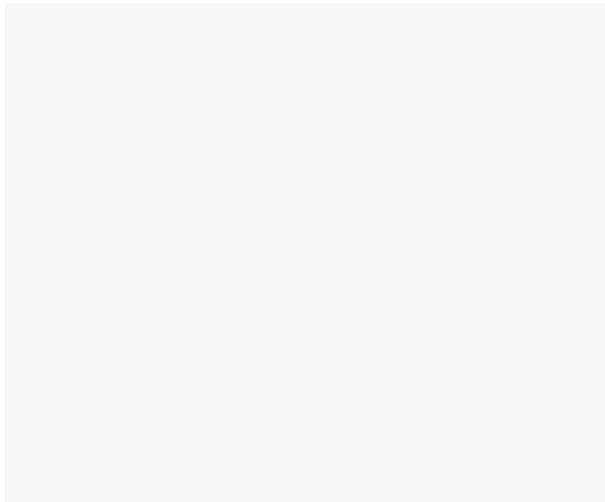


And sometimes the benefit of racial or ethnic concordance is merely perception-based. [Researchers at the University of Miami](#) found that Black subjects paired with Black physicians in a simulated study felt and expressed less pain and anxiety during the same series of heat stimulations as Black patients who were not paired with a doctor of their race.

Ryan Huerto says his immigrant parents from the Philippines drove an hour to downtown Los Angeles to see a Filipino pediatrician when he was a child. “Why go so far?” he thought, since his parents spoke fluent English. Today, as a family medicine doctor and researcher of health-care disparities in San Francisco, he understands. He feels the same connection himself treating a Filipino patient.

Givens has a broader take as a minority.

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“As a Black person, I’m aware that you don’t get the same level of care and attention as people of means,” he says. “Doctors who come from marginalized roots offer the particular value of being someone who knows they are not the center of attention.”

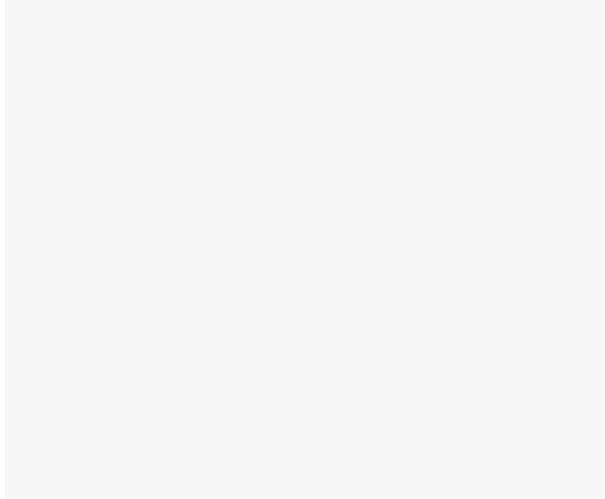
Having that vantage point keeps your focus on the patient, not you, Givens says. You don’t have to be Black to have this skill set, he says, but when you have relatives who died without the care they deserved, “you carry those things with you.”

As to his grateful patient receiving the explanation about her echocardiogram. “Her breaking into prayer. . . . It hit me right in the gut,” Givens says.

Daniel Summers, a White pediatrician in the Boston area, is making small changes to be race-sensitive after a Black colleague suggested he was perpetuating the problem otherwise. “I started asking my BIPOC [Black, Indigenous, people of color] patients and parents if they’ve been affected by

racism, or if there were racism-related health problems I need to be providing care for,” he says.

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Summers, who is gay, already had been asking patients 12 and older about their gender identity, “no matter how [cisgender] they look,” he says. No one has reacted negatively to either question, he says.

[\[For many LGBTQ people, even a routine doctor visit can be a ‘degrading experience’\]](#)

Only [5.4 percent of physicians](#) were Black in 2018 and about [6 percent identified](#) as Hispanic or Latino in 2019. Givens advocates for diversifying the physician workforce but does not endorse “medical segregation.”

“It’s not necessarily the case you’ll get better care from someone who looks like you,” he says. “You want a doctor you feel comfortable with.”

Bias is a reality and a gay or Hispanic physician will probably be more knowledgeable about health issues in their communities.

But tying health-care disparities to a doctor’s cultural competency or implicit bias is a distraction, Givens maintains. Tackle the structural racism baked into the system — income inequalities, lack of care access, transportation issues, food and housing challenges — and health disparities will fade, Givens, Huerto and the [latest research suggests](#).

“Minority patients should be able to trust their White physicians, and White physicians should be able to take equally good care of minoritized patients,” Huerto [wrote](#) in an article last year.

But as long as structural racism exists within the health-care industry?

“A minority patient should consider the benefits of a same-race or same-ethnicity doctor,” Huerto says.

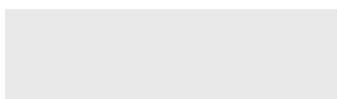
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