

2020 FAMILY MEDICINE MIDWEST CONFERENCE



Choosing Wisely-Ish: Confronting Race- Based Medicine in Clinical Care

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THE FLEXIBILITY OF FAMILY MEDICINE IN A CHANGING WORLD

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DISCLOSURE



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Format of today's session

- Brief discussion of how we approach discussing the use of race in clinical decision-making
- Description of our resident project and its metamorphosis into a medical school curricular session
- Breakout session to look at materials and discuss pitfalls
- Wrap-Up discussion and questions

Poll Questions



AMERICAN ASSOCIATION of PHYSICAL ANTHROPOLOGISTS STATEMENT ON RACE

“Race does not provide an accurate representation of human biological variation. It was never accurate in the past, and it remains inaccurate when referencing contemporary human populations. Humans are not divided biologically into distinct continental types or racial genetic clusters. Instead, the Western concept of race must be understood as a classification system that emerged from, and in support of, European colonialism, oppression, and discrimination. It thus does not have its roots in biological reality, but in policies of discrimination. Because of that, over the last five centuries, race has become a social reality that structures societies and how we experience the world. In this regard, race is real, as is racism, and both have real biological consequences.”

Definitions: Race

- The idea that the human species is divided into distinct groups on the basis of inherited physical and behavioral differences
 - [Audrey Smedley, Race, Britannica](#)
- There are no human populations with such a high degree of genetic difference that they objectively fall into races (as found in the Human Genome Project)
- Definitions have changed over time and space and are inherently imprecise - see Dorothy Roberts' [Fatal Invention](#) chapter 1

“Race is not a biological category that is politically charged. It is a political category that has been disguised as a biological one.”

- Dorothy Roberts, sociologist, scholar and author

So should we stop reporting race at all?

Is a race-blind approach to medicine and medical care the right way to go?

No.

Race matters for health because racism matters for health.

It is not “being” a specific race that leads to health inequities.

It is the experience of being “raced” by society.

Definitions - Racism

“Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources.”

-APHA Past-President Camara Phyllis Jones, MD, MPH, PhD

Racism Impacts Health on Multiple Levels

Williams et al, Racism and Health, Annual Review of Public Health, 2019

- Structural racism
 - #housingsegregationineverything
- Cultural racism
- Discrimination

YWCA It's Time to Act program

- **It's Time to Act!**TM is a forum series that engages participants for deeper learning and action planning around issues of race, equity, identity and social justice.

<https://www.ywcampls.org/event/its-time-to-act-forum-series/>

Offered the 2019 workshop series to our faculty and residents

Sessions and breakout groups challenged us to create an actionable plan

The idea of Choosing Wisely-ish was born out of conversations around the use of race in medicine and how we could challenge the status quo

YWCA It's Time to Act program

1. Session 1 – developed the idea to disrupt the traditional use of race in medical decision-making as our intervention project and plan for tracking “incidents” of using race as a variable in clinical calculators or decision tools
2. Session 2 – evaluated the responses to the trackers and developed the idea of creating a “Choosing Wisely” type tip-sheet for the 5 most common/pervasive scenarios of race-based medicine in communicating the pitfalls to colleagues, attendings, patients, and consultants
3. Session 3 – 2-3 residents/faculty self-assigned to each of the 5 scenarios and plan to investigate the primary literature
4. Session 4 – created the Choosing Wisely-Ish framework, with plan to finalize the statements and roll out to the rest of the program

Our approach – Choosing Wisely-Ish

Passively
delivering and
absorbing

Critically
evaluating and
applying

Choosing Wisely-Ish framework

- **Goal**

- Cover 5-10 frequently faced race-based medicine issues
- Something quickly digestible (1-4 lines on an issue)
- Reference evidence, rather than referencing the (false) idea of biologic race to inform care
- A sheet that can be hosted at precepting desk at clinic
- Blurbs that when referenced and read enough, will become tongue-tip tools practitioners can bring out to the world to help reduce race-based medicine

You have the blank Choosing Wisely-Ish framework and 3 samples in your Appendix information

Breakout Groups

Consider and discuss, or practice using the Choosing Wisely-ish framework/format

Consider the questions and your language that you will use to talk about race in medicine with your colleagues, patients, consultants, family/friends, etc.

1. How would you explain your reasoning to a colleague?
2. How might you explain your reasoning to an attending physician or consultant?
3. How would you explain this to your patient who may be affected by the decision?
4. How might you communicate about this issue to your friends and family?

Where were your challenges?

What was helpful?

What more do you want to learn?

Debrief and Summary

- Race is not genetic or inherently biological, and the definitions are historically imprecise.
- Race matters for health because racism matters for health.
- When you hear race being used for treatment decisions, be critical and curious.
- Be ready to have conversations about the fallacies of both race-based medicine/racial essentialism AND why we need to avoid “race-blind” medicine.

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