Novice, MD

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Oftentimes, we pick up biases without explicitly being taught. We rarely talk about them, despite the significant impact they have on our interactions with the world. In a medical setting, it is particularly dangerous; it affects the way we speak to our patients, the way we perceive what they tell us, and the quality of care we give them.

Growing up, I often accompanied my grandparents to the doctor as their interpreter. My grandfather's turban and my grandmother's salwar kameez (traditional Punjabi clothing) made it clear that they were immigrants from an entirely different culture. During one visit, the doctor was discussing some joint pains that my grandmother was having. She suggested drinking a mixture of turmeric and milk, a common Punjabi remedy. He chuckled, his amusement obvious, and said that wouldn't help—she should stick to ibuprofen and the exercises he was giving her. We didn't go back to visit him. This was not an isolated instance; we often encountered comments that undermined the validity of alternative remedies my grandparents had grown up with. Many years have passed since that time, but I haven't forgotten the difficulty my grandparents faced in finding safe, comfortable care. For precisely this reason, I did not expect to face my own biases so early in my medical education.

During fall quarter of my first year, I became involved in the UCSD free clinic. On my first day, I went to see a patient with the fourth-year medical student. She was dressed nicely, her hair had highlights, and she was wearing make-up; I remember thinking "this is not what I expected."

Almost immediately, I felt guilty. I was deeply disappointed with myself. I try to stay educated about social issues in this country, including the socioeconomic gap and what it means to be poor. I've read countless articles, tweets, Tumblr posts, etc. by those that have struggled with poverty detailing their experiences and the judgment they face from those around them because they don't look "poor" enough. Consciously, I understood their message. Subconsciously, my impression of poverty had not changed. I thought that her clothes, her hair, and her make-up were nice, but only because I had not expected it. Had I walked past her on the street, I would not have thought twice about her appearance. Somewhere inside me, I had expected a distraught, disheveled individual to show up to that appointment, begging for help. I

was harboring a savior complex without even realizing it—subconsciously, I expected to feel gratified and smug, as if I was going to solve all of this woman's problems.

Looking back, that idea is laughable. She presented for an upper respiratory tract infection, but she mentioned chest pain that we focused on to ensure it was not a cardiac issue. She believed the pain was due to stress and detailed the various stressors in her life: she had to do physical labor at her job, her older daughter was starting school at UCSD which left her without a babysitter for her younger daughter, they didn't always have an abundance of food to eat, the political climate was stressful. The list went on. I remember feeling awful. We couldn't change the White House opinion on immigration, we couldn't get her a babysitter, we couldn't get her a better job. In that moment, my distress came from the fact that I felt the only thing we could really do was to give her cough syrup. Reflecting upon this visit, I realized that we had done much more. Asking about her stressors while encouraging her to be open showed that we cared. She wasn't just a patient; she was a person. Each passing tick on the clock seemed to take with it some of her tension. Relieved to know that her chest pain was not a heart problem and grateful to be given medicine, she left a little bit happier than she came in.

As future physicians, it is critical that we be open to confronting and admitting our biases. Whether we admit or not, we all have them. We pick them up subtly as we grow up and oftentimes don't even realize it's happening. It's usually not our fault that we absorb these subliminal messages; our fault is denying that we have them. The only way to change our mindset is to accept that a problem is present. There is a plethora of research on how bias can negatively impact patient care; it makes for suboptimal patient outcomes and can erode trust in the doctor-patient relationship, further exacerbating those undesirable outcomes. As a first-year medical student in this particular encounter, my role was minimal. If I had more influence, however, it's not hard to imagine how bias could cloud that interaction. Passing a judgmental comment about poverty would have been easy and that could put a patient off so much that they might decide not to come back, effectively cutting off a route to accessible and quality healthcare.

In my (limited) experience, it is exposure that helps erode bias. Only when we are faced with certain populations do those thoughts float from the deepest depths of our subconscious to the surface of our conscious—to a place where we can grasp them and realize their existence. But we must go a step further and turn passive awareness into active awareness. By analyzing our thoughts and flagging the bias, I believe we can train our minds to reduce prejudice. In a little over a year, I've noticed my bias shrink considerably, a testament to regular free clinic visits and an effort to be cognizant of my thought content. Being devoid of bias may not be a possibility, but that is the essence of what we should strive for. It is not easy to convict our minds of bias, and yet even more difficult to have that conviction tested—but these are critical steps in the unlearning process.

There is a lot doctors *can* do for their patients and a lot we *must* do to continue to improve the quality of care. Patients face obstacles in life that we cannot cure and upstream

issues negatively impacting health are often beyond our reach. Despite that limitation and the discouraging feelings it brings, we can always work to better the lives of our patients, whether that's just listening to what they have to say, doing the research to refer them to local food banks, diagnosing a condition, or actively working to undo bias that may negatively impact their care. Being a doctor means being a healer, and healing requires much more than medication.