Objective: The purpose of this study was to examine physician bias when patients present with cardiovascular disease in a teaching hospital that treats a majority of African American patients. Physician bias was deemed to occur when cardiovascular disease patients did not receive an invasive procedure when needed.

Methods: The hospital in the study was a teaching facility in southeastern Louisiana. We conducted a longitudinal retrospective review of 177 medical records from patients with cardiovascular disease. Patient charts were examined using specific indicators (type of pain, lab work, blood pressure, and x-ray tests) from the Framingham study (1996) to determine whether patients met the criteria for eligibility of invasive procedures, such as percutaneous transluminal coronary angioplasty (PTCA) or coronary artery bypass graft (CABG) and if so, whether they were referred accordingly. Next, these charts were used to obtain confounders (race, sex, income, age, disease severity, and diagnoses) from each patient. Finally, a logistic regression analysis was used to determine the effect of these confounders on a patient being referred by a physician.

Results: The model failed to find a statistically significant disparity between physician referrals for African Americans and Caucasians when cardiovascular disease patients met specific criteria. Therefore, physician referral disparities did not exist among this study population. This occurred despite the fact that the study controlled for primary diagnoses, disease severity, age, income, sex, and race.

Conclusion: This research concludes that physicians’ referral patterns for cardiac procedures were similar for both African Americans and Caucasians. Moreover, this research suggests that referral disparities may not exist at teaching hospitals that serve a majority of African American patients. Future studies should delve deeper into physician/patient interaction at these institutions to understand what they do to reduce disparities in the hope of implementing their methods at other hospitals. (Ethn Dis. 2007;17:461–466)

Key Words: Physician Bias, Disparities, Teaching Hospitals, and Cardiovascular Disease

PHYSICIAN BIAS: DOES IT OCCUR AT TEACHING HOSPITALS THAT SERVE A MAJORITY OF AFRICAN AMERICAN PATIENTS?

James Gerard Caillier, PhD; Sandra C. Brown, DNS, FNP-C; Sharon Parsons, PhD; Phillip J. Ardoin, PhD; Peter Cruise, PhD

INTRODUCTION

One of the main goals of the US Department of Health and Human Services “is to eliminate health disparities among different segments of the population” because research has consistently shown that minorities receive disparate medical care when compared to Caucasians. Researchers have long established that socioeconomic status and lifestyle are contributing factors. However, more researchers are finding that physician bias causes unequal racial medical care despite controlling for socioeconomic status and lifestyle—meaning physicians refer African Americans less often for preferred treatment than Caucasians. For example, researchers have found that a physician’s treatment decisions are influenced, either consciously or unconsciously, by a patient’s race.

This research attempts to further these studies by examining the physician, the gatekeeper, of those services. In doing so, the study examined physician referral patterns in a teaching hospital that treats a majority of African American patients. Following, this research hypothesizes that physician referral patterns for invasive cardiac procedures will be the same for African Americans and Caucasians.

PHYSICIAN BIAS IN TREATMENT

Race and sex differences in cardiovascular disease treatment led Schulman and others to examine the treatment process. In their study, 720 physicians viewed taped interviews and analyzed medical data of eight patients. The patients were actors, four Caucasian patients and four African American patients, and they were equally split between sex and ages of 55 and 70. All complained of the same symptoms. The researchers concluded that a patient’s race and sex were significantly associated with the physicians’ decisions about whether to make referrals for cardiac catheterization, with males and Caucasians more likely to be referred than females and African Americans, respectively. Females were 60% as likely to be referred for cardiac catheterization as males and Caucasians. African American females were referred only 40% as often as Caucasian males.

Another study conducted by Ibrahim and others examined physician recommendations for cardiac procedures according to race at a Veterans Affairs hospital and a university hospital in the Northeast. Cardiologists were interviewed regarding their treatment decisions. The researchers found that African American patients were less likely when compared to Caucasians to be recommended for cardiac care at the VA hospital (27% vs 50%, respectively). However, the study failed to find a statistically significant difference at the university hospital. More-