

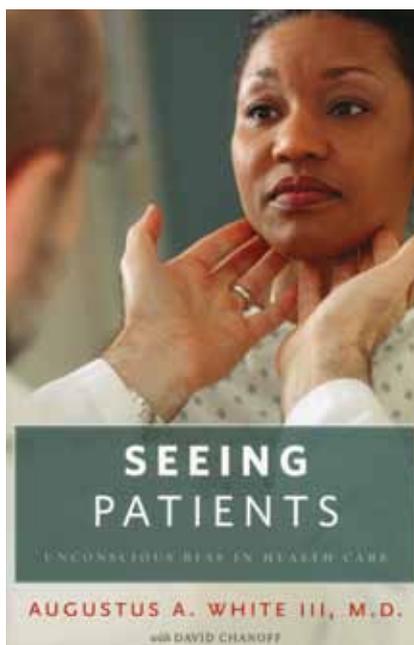
# BEYOND BIAS: PERSONS, NOT CATEGORIES

REVIEWED BY DOLORES L. CHRISTIE, Ph.D.

**S**eeing Patients has two parts — parts so distinct that it is almost two books. The subtitle (*Unconscious Bias in Health Care*) refers to only one part — the second, and the best. The first, longer, part serves up a large helping of White's life story, autobiographical material so heavy in detail that it almost satiates the reader well before the main course arrives.

The author's story begins in Jim Crow Memphis with his childhood, and his decision to become a doctor. Unlike many of his peers, he enjoyed the advantage not only of a middle-class upbringing and light skin color, but of a professional family who valued education. His mother was a college graduate, an uncle a pharmacist, his dad — who died when White was a boy — a physician. During his formative years and professional training, he personally experienced racial bias. Yet, he achieved an enviable level of professional success, including positions at both Yale and Harvard. In turn, he has opened opportunities for promising minority doctors.

The second section of the book is its meaty main course. White relates relevant research that demonstrates how doctors — for the most part without conscious malice — discriminate systematically against racial minorities, women, those from different cultures, the elderly and even the obese. Less time spent with patients, inadequate treatment options, lack of sensitivity to cultural and personal differences all characterize such doctor-patient encounters. White notes a flip side to this patient bias: Patients harbor prejudice for doctors who are not “like them.” Further, along with their baskets of symptoms, patients carry to the doc-



## SEEING PATIENTS: UNCONSCIOUS BIAS IN HEALTH CARE

BY AUGUST A. WHITE III, MD,  
WITH DAVID CHANOFF

Harvard University Press, 2011  
335 pages, \$27.95

tor's office feelings of inferiority and distrust, feelings which have some basis in reality.

Fortunately, White's sense of humor keeps in check the evident pain he feels personally on behalf of himself as well

as others who have experienced discrimination.

In the mature years of his professional life, White has devoted himself to advancing “culturally competent care.” Here he offers not only his own experience trying to achieve this goal, but also professional guidelines and practical suggestions for both doctors and patients. Doctors should expand their personal cultural literacy as well as their awareness of their own biases, he says. They must learn to communicate effectively with different kinds of patients, learn their languages and understand their cultures. They must begin to see patients as individual persons, not simply as individual instances of categories like race, gender and age. Revision of medical education and establishment of a system that includes more minorities on the non-patient side of the desk or the podium are needed.

Patients have a role too. White urges them to “humanize” their doctors, learn about their symptoms and bring a “listener” along for doctor visits. What White calls “humanitarian medicine” benefits both the patient and society. It leads to better medicine, a sense of community and a healing of what he calls an “increasingly splintered and sectarian world.”

In addition to White's disproportionate devotion to memoir, I had an-

### EXCERPT FROM *SEEING PATIENTS: UNCONSCIOUS BIAS IN HEALTH CARE*

*Often when I talk with doctors about health-care disparities, the immediate response is, “Not me. I treat all my patients equally. I give all of them the best care I can.” “That’s wonderful,” I say. “I’m sure you do. But the statistics have to be coming from somewhere.”*

other problem — albeit picky — with the book. While decrying the existence of racial stereotypes, White helps to perpetuate them. This occurs in his recounting of an incident when he and some friends were menaced by some “white boys,” and elsewhere when he affirms the existence of “colored people’s time.” Such inclusions — while they arguably contribute to White’s light tone in addressing heavy ques-

tions — may be off-putting to some readers.

Despite the noted weaknesses, the book is accessible to a general audience and should be required reading for patients and for all medical professionals, including physicians. It raises serious moral considerations about the inequalities in contemporary medical practice, inequalities that must be articulated to be eliminated. It offers a

generous dose of curative medicine to both doctors and patients.

**DOLORES L. CHRISTIE** is the former executive director of the Catholic Theological Society of America and author of *Last Rights: A Catholic Perspective on End-of-Life Decisions* (Sheed & Ward, 2003).

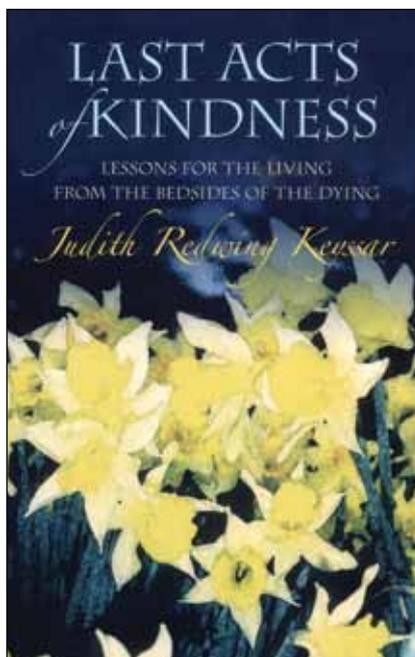
## ACCEPT AND CELEBRATE THE SPIRIT’S NEW PATH

REVIEWED BY JAMES P. RUDDEN, M.S.W., L.C.S.W. AND BONNIE M. RUDDEN, M.A., L.P.C.

Just as we celebrate the birth of a new child, we should also celebrate the death of a person, Judith Redwing Keyssar writes in *Last Acts of Kindness*. The author, a leader and innovator in the field of palliative care, has gathered many stories during her career as a “midwife to the dying.” By sharing some of these experiences, she hopes to change the emotions surrounding dying in our culture from one of fear and anxiety to one of acceptance and compassion. Her nursing expertise, along with her efforts to provide emotional and spiritual guidance to patients, has helped many people to accept and celebrate the end of life.

Hoping for a day when death will be widely understood to be a more natural part of life in Western culture, as opposed to something to be kept hidden from view, she offers readers examples from other cultures. These include non-traditional celebrations intended to assist the spirit’s return home from her own Native American background and from Buddhist traditions.

Our family received a copy of *Last Acts of Kindness* from a caring relative when our daughter, Dana, was at home with hospice care due to inoper-



**LAST ACTS OF KINDNESS:  
LESSONS FOR THE LIVING FROM  
THE BEDSIDES OF THE DYING**

BY JUDITH REDWING KEYSAR, RN

Transformations-in-Care, 2010

216 pages, \$15.95

[lastactsofkindness.com](http://lastactsofkindness.com)

able lung cancer that metastasized to her brain. Many parts of the book were quite validating and educational for us as practicing clinical counselors and, most importantly, as grieving parents. The touching end-of-life stories documented in the book all share beautiful endings.

Despite the tensions that often go hand-in-hand with serious illnesses and decisions around end-of-life care, Keyssar believes the end of life is not the time for family feuds. “When a loved one is dying the past is truly the past and the present is all that counts. The tangle of family dynamics needs to be put aside,” she writes. She encourages people to examine their personal relationships with an eye to healing.

For instance, we had mixed feelings about Dana’s end-of-life challenges. Our daughter had been an enlisted military staff person for the past 26 years. Because of her military assignments, she lived away from the family home, both out of state and many times out of the country. We had minimal contact with her in recent years, leaving much to be desired. Then her illness and imminent death brought intimacy back into our relationship with her. We are saddened

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