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FOR IMMEDIATE RELEASE

When Bias Makes Care Unsafe: Surgeon Panel Discusses How to Protect Patients and Defend the Diversity of a Team

Chicago, Illinois – After meeting his surgical team, a severely ill patient complains that he doesn't want to be under the care of the team's general surgery surgical resident, a woman of color, and he utters a racial slur and states that he only wants to be treated by "real doctors." A roundtable of cardiothoracic surgeons discussed how, in a specialty where every member of the team is crucial, a situation like this can pose a safety threat to both the provider and the patient—and they explored the best ways to stand up for their team members while providing the patient with optimal care and an excellent outcome.

As cultural and gender diversity are improving within the cardiothoracic surgical workforce, patients can increasingly expect a more diverse surgical team, stated the discussion group, represented by members of The Society of Thoracic Surgeons (STS) Workforce on Patient Safety and STS Workforce on Diversity, Equity, and Inclusion.

"This clinical scenario and robust discussion brings up three important issues," said Robbin Cohen, MD, Director of Cardiac Surgery at Cedars-Sinai at Huntington Health in Pasadena, California, and principal author of the manuscript. "The first is the trend toward increasing diversity in the cardiothoracic surgical workforce, the second is how we deal with bias on both sides of the patient/provider relationship, and the third is how patient safety can be impacted when an episode like this occurs."

"Changing our routine protocols puts the patient at risk and in harm's way," said Africa Wallace, MD, director of thoracic surgery at Capital Health Surgical Group in Pennington, New Jersey. "You can't change all of the patient safety and quality systems that you have set in place for this one biased person."

Whereas all panel members felt that achieving the best possible clinical result was of primary importance, there was disagreement regarding the most appropriate way to deal with the patient's bias. Most felt that confronting the patient directly regarding his unacceptable attitude was not only justified but exhibited effective leadership.

The manuscript includes an instructional table exemplifying priorities regarding dealing with patient bias, along with communication examples. "I think that this paper is really unique for *The Annals of Thoracic Surgery* because it contains a verbatim panel discussion, a referenced

description of the issues, and examples of effective responses when faced with similar situations,” said Dr. Cohen. “As a result, I feel better equipped to deal with similar situations in the future.”

A transcript of the full discussion, along with the team’s commentary and the table of communication approaches, is freely available in the March issue of *The Annals of Thoracic Surgery*.

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Founded in 1964, The Society of Thoracic Surgeons is a not-for-profit organization representing more than 7,700 cardiothoracic surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lung, and esophagus, as well as other surgical procedures within the chest. The Society’s mission is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.