

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY
HOUSE OF DELEGATES

Resolution 3-21

INTRODUCED BY: Medical Student Section
Emily Daniels, University of Maryland School of Medicine

SUBJECT: Protections for Healthcare Providers: Preventing Patient-Based
Racism & Discrimination

Whereas, The University of Maryland Medical Center outlines various Patient Rights and Responsibilities which all patients are expected to follow, which include the right of the patient to “receive respectful, considerate, compassionate care, and to be treated without discrimination, regardless of race, color, religion, ethnicity, culture, national origin, language, age, gender, sexual orientation, gender identity or expression, physical or mental disability, or ability to pay”¹; and

Whereas, The Patient Rights and Responsibilities includes the responsibility of the patient to “act in a considerate and cooperative manner and respect the rights, safety and property of others”¹; and

Whereas, There is currently no responsibility of the patient to treat their physician or any healthcare provider assigned to them with respect regardless of race, color, religion, ethnicity, culture, national origin, language, age, gender, sexual orientation, gender identity or expression, physical or mental disability; and

Whereas, Similarly, Johns Hopkins University School of Medicine also outlines various Patient Rights and Responsibilities, which include the right of patients to “be treated without discrimination based on race, color, national origin, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, ethnicity or language”²; and

Whereas, There also exists no language requiring patients to treat their healthcare providers with the same respect that they are expected to receive, beyond that patients have a responsibility to “be respectful of [their] health care team, from the doctors, nurses and technicians to the people who deliver your meals and the cleaning crew”²; and

Whereas, Racism directed from patients is something that physicians frequently report. A 2011 UK study found that three-quarters of black and ethnic minority general practitioners report having experienced racial discrimination from patients³; and

Whereas, Dr. Lachelle Dawn Weeks, a Black female physician-scientist, wrote that as a fourth year medical student, she was told by an elderly, white female patient that she should “not waste her affirmative action”⁴; and

Whereas, Dr. Farzon A. Nahvi is a physician who grew up in New York, but his parents are from Iran. He states, “I had a patient one time who immediately said, ‘You look like someone who’s going to blow this place up. You’re not a doctor’”; and

Whereas, Due to the lack of policies and procedures surrounding this issue, attending physicians, residents, medical students, and other healthcare providers have very little guidance on how to respond to racist comments or racist behaviors by patients. This puts providers in an uncomfortable position and frequently leads to the comments being brushed off or ignored, which leads to isolation; and

Whereas, As a medical student on her internal medicine rotation at University of Virginia, Dr. Jennifer Adaeze Okwerekwu states that a patient called her a “colored girl” three times in front of the attending physician. She states, “the doctor did not correct the patient, nor did she address the incident with me privately”; and

Whereas, Dr. Lachelle Dawn Weeks emphasizes the importance of addressing this, stating “Through silence and inaction on this issue, hospitals may reinforce the isolation that clinicians of racial and religious minorities can sometimes feel in medicine. Particularly at a time when some Americans feel emboldened to speak and act in bigoted ways, clinicians need support managing patients who make derogatory and abusive remarks”; and,

Whereas, Other medical institutions have taken steps to address this. In 2018, Penn State College of Medicine adopted language into its patient rights policy that says patient requests for providers based on gender, race, ethnicity or sexual orientation won’t be honored. Some requests based on gender are evaluated on a case-by-case basis; therefore be it

Resolved, that MedChi, The Maryland State Medical Society, communicate a request to the University of Maryland Medical Center, Johns Hopkins University, and all other medical centers in the state of Maryland (if not already included) to revise their Patient Rights and Responsibilities policy to include the patient’s responsibility to treat their physician, nurses, medical students, and any other healthcare provider assigned to them with respect and without discrimination, regardless of race, color, religion, ethnicity, culture, national origin, language, age, gender, sexual orientation, gender identity or expression, physical or mental disability, or ability to pay. MedChi encourages these medical institutions to create policies and procedures to address such situations, including adequate training for providers on how to facilitate dialogue to challenge racist behavior from patients.

Fiscal Note: No significant fiscal impact.

References:

1. [University of Maryland Medical Center Patient Rights and Responsibilities](#)
2. [Johns Hopkins University School of Medicine Patient Rights and Responsibilities](#)
3. [Three-quarters of black and ethnic minority GPs say they have experienced racial discrimination from patients](#)
4. [When the patient is racist, how should the doctor respond?](#)
5. [How Doctors Deal With Racist Patients](#)
6. [The patient called me ‘colored girl.’ The senior doctor training me said nothing](#)
7. [Penn State Health a National Model for Anti-Bias Policy Protecting Providers](#)