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VIEWPOINT

Race, Ethnicity, and the Patient-Physician Relationship

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- At the time of this web posting, the estimated US population was 284,721,575. The US Constitution states that "the actual enumeration [of the US population] shall be made within three years after the first Meeting of the Congress of the United States, and within every subsequent term of ten years, in such manner as they shall by law direct." Based on the actual enumeration by the 2000 US Census, the racial/ethnic breakdown of the US population was as follows: White (72%), Black (12%), Hispanic (11.8%), Asian or Pacific Islander (4.1%), and American Indian (1.2%).
- Of the 17,538 applicants accepted to US medical schools in 2000, 11,112 were White (63.4%), 1,168 were Black (7.6%), 1,082 were Hispanic (6.2%), 3,457 were Asian or Pacific Islander (19.7%), and 126 were American Indian (0.7%). In the year 2000, medical school acceptance rates for applicants of various racial/ethnic backgrounds were as follows: White (49%), Black (39.8%), Hispanic (47%), Asian or Pacific Islander (46.9%) and Native American (46.2%).
- Studies have found that minority patients are much more likely to select physicians of similar racial and ethnic backgrounds. For example, an Hispanic patient is 19 times more likely to identify an Hispanic physician as his or her regular doctor than non-minority patient is[1]. Minority patients seek care from physicians of their own race because of personal preference and language, not solely based on geographic accessibility[2]. In addition, patients report receiving higher quality care from physicians of a similar race or ethnicity[3], as well as being more involved in medical decision making[4].
- Efforts to increase the number of those from underrepresented minority groups who enter the US physician workforce may partly address some of the issues raised by race and ethnicity in the patient-physician relationship. However, given the growing differences between the racial mix of the US population and the composition of the physician workforce, strategies other than changes in medical school admissions policies must be pursued. Greater emphasis on teaching those skills and competencies such as improved communication that will neutralize the consequences of racial/ethnic discordance will likely have more immediate, broader, and more permanent impact on strengthening patient-physician relationships.

References

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