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“What Race Are You?”

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Abstract

This comic shares a true story of a physician’s fraught interaction with and examination of a patient and prompts consideration of how context, empathy, and emotional intelligence play key roles in how well patient-physician conversation is likely to go in the moment and when replayed by a patient after an awkward, uncomfortable encounter.

Figure. “What Race Are You?”



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Sometimes a story can be captured in a single image, and this is one such story. So, when a patient seems phenotypically multiracial, we might consider that, clinically and ethically, there's no reason to **ask about race** when that patient is in pain and when the clinician's head and hands are between a patient's legs.

Physicians aren't always between our legs, but they can get incredibly personal when gathering information, so *when* they ask a question and *what* they ask are important to how comfortable a patient might feel when responding. Questions about one's relationship or marital status, sexuality, sex-assigned at birth, age, or employment don't seem necessary from a patient's perspective and can feel intrusive, interrogative, and like superfluous fodder for unwelcome judgment about matters that aren't clinically relevant at the moment.

For me, this situation was odd because I identify as mixed-race, so I'm accustomed to people constantly asking about my heritage. But, for some reason, I was caught off-guard when the question, "What race are you?," emanated from beneath the drape and filled the room. My first thought was "I'm Fuchsia," which informed me that I immediately felt weird and nervous. My legs were open, naked, and I couldn't see the physician's face. I answered with honesty before even questioning why my racial identity would matter, especially right now.

Patients don't have to be in extremely **vulnerable physical positions** for a clinician to hold power over their body and safety. Small talk can be helpful in distracting patients from their anxiety and can give well-intentioned, emotionally intelligent clinicians an opportunity to establish their interest, sincerity, competence, and trustworthiness. But a poorly timed question, ill-informed comment, or unnecessary joke is a source of risk that can make an already stressful trip to urgent care even more stressful.

Over the following few days, I wondered whether I should have declined to answer or simply lied. This self-doubt exacerbated the pain of having to replay the whole uncomfortable scenario in my head again. If I had said I was white, would I have gone home with an appropriate, helpful intervention instead of continuing to suffer whatever condition I had that this physician did not properly diagnose? Although clinicians' personal questions can be relevant to collaboratively resolving a health problem, some questions express bias and social prejudice that can make the clinical encounter itself a source of iatrogenic harm.

If physicians aren't aware of their capacity to do this kind of harm when they're between your legs, what else might they miss?

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