

Facing Implicit Bias in Healthcare

EXPERIENCES OF A BLACK FEMALE PHYSICIAN

Lisa Herbert, MD



As a little girl growing up in the inner city of Brooklyn, New York, I knew at age 5 that I wanted to be a doctor. Raised by a single mom with a high school diploma, I defied the odds. I was accepted to college at the age of 16 and started on my journey to become a physician. I was always told by my family that I could be and do anything I set my mind to. There was no glass ceiling in my home, so setting my sights on becoming a physician did not seem like a daunting task. I was driven, committed and had the grades and wisdom to see my dream become my reality. I didn't have mentors who looked like me and I didn't always have the support of counselors or teachers. I learned that if I wanted to become a physician, it was going to be up to me to seek the resources I needed to succeed. I needed to quickly step up and become a leader.

My leadership journey began as a young college student. Frustrated by the lack of resources and support for minority students who wanted to get into the health field, I and three other students established an organization on campus called Minorities in Medicine. This organization has served as a support group for thousands of pre-med and pre-health students that lasted for 19 years. This would become part of my legacy. I successfully graduated college and was accepted into medical school at the age of 20. I was accepted to my first-choice family medicine residency program, got married, and had my first child as a third-year resident. Here again, I didn't see many physicians who looked like me. There were very few African American physicians and even fewer who were women. To date, according to the U.S. National Library of Medicine, National Institutes of Health, only 4 percent of physicians are African American, and only 2 percent of all physicians are African

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American women. Because of this lack of representation, I was often mistaken as the food service provider, the nurse, or some other worker in the hospital. A young, African American woman doctor was an unheard-of concept in the minds of those who had their own biases or who had never seen a person of color. Therefore, I had to wear my badge and have a stethoscope around my neck at all times, but that wasn't enough.

Along with not being recognized for my qualifications, I found myself having to fight for things that my male colleagues got without question — simple requests such as taking patient orders, accepting my expert opinion as a physician, or just simply being heard. One case I still remember as a young doctor was when I diagnosed

a young African American patient with Lupus; everyone else thought the patient's swollen knee was a joint infection. I guess they thought I was a first-year resident (and a woman of color), so what did I know? What others seemed to overlook was the change in the patient's skin—that was the first clue to my diagnosis. Since darker-skinned patients tend to not appear like the textbook version of dermatology cases, I had to push for her to be tested.

Practicing and raising a family also had its challenges. Women physicians are often the primary breadwinner as well as the primary caregiver. The caregiver role not only encompasses caring for your children and spouse but also caring for elderly parents. African American women culturally have been taught to be strong. To bear the burden. To raise a family (mostly without help) and have a career. That, coupled with not having a support system of women physicians who were going through the same challenges that I was in my community, in my home and on the job, made it extremely difficult to function without stress. I was often faced with two choices: assimilate and

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These experiences were the driving forces that pushed me to make a change where I could. To pursue goals that brought me joy and to provide training and support by volunteering in areas where I could influence the lives of other African American students who wanted to become physicians. When grade-school students, medical students, and residents can see doctors who look like them, they are more likely to pursue their goals and become leaders themselves. It's the old saying, 'They did it and so can I.'

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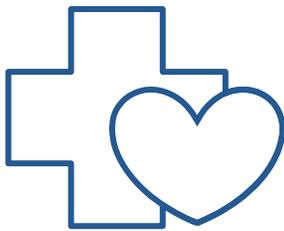
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Lisa Herbert is a physician executive coach who is founder and CEO of Just the Right Balance, an organization aimed at helping women physician leaders redefine work-life balance and advance as healthcare leaders.

So, it's important that we have the difficult conversations. We can't be silent about the things that make us uncomfortable. Difficult conversations require leaders who will show up and listen, leaders who will show up with the intent to make a change for the better. Diversity in medicine is change for the better. It is also part of the solution to addressing healthcare disparities. In order to have strong healthcare organizations and build healthy communities, we must make the environment conducive for minority physicians to thrive and succeed. We can't have leaders on a healthcare team who feel left out or are being ignored. We must have conversations about implicit biases and workplace culture.

“A diverse mix of voices leads to better discussions, decisions, and outcomes for everyone.”

-SUNDAR PICHAI



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