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The Unicorn: the Journey for Black Doctors

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The Unicorn: the Journey for Black Doctors

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“Wow, I don’t mean to be rude, but you’re the first black doctor I’ve ever seen,” said a 13 year old Caucasian patient during her annual well child visit. As a minority doctor, this was not the first time I’ve heard this come from a patient. Many times I may not hear the words spoken like my young patient so eloquently did, but I see surprised facial expressions of happiness or dismay when I walk into the patient room and introduce myself as Dr. Robins. Although I was first startled by my patient’s burst of excitement that day, I related to her sentiment and expressed to her that I felt the same way when I had my first black doctor.

It took me many years to have a black doctor care for me as their patient. I was a 27 year old medical student about to graduate and go into residency. I remember having the feeling of excitement when my doctor walked through the door. During that time, I was curious to know her lived experience. The journey of becoming a doctor for me and my colleagues of color in medical school was challenging to say the least. I wanted to understand if this was common and what my future in medicine had in store. That day I admitted to my doctor that she was the first black doctor to be my physician. She became my role model just from her existence. She became a visible statistic of the very few black doctors in medicine. Now several years later, there still has not been a drastic change of black physicians practicing in the United States.

Though African Americans make up 13.4% of the United States population, there are only 5% of all practicing physicians who identify as African American, according to a survey published by the Association of American Medical Colleges (AAMC) in 2018.¹ This group, along with Hispanics, Native American and Pacific Islanders, are considered underrepresented minorities in medicine (URiM). The AAMC refined this term in 2003 to include “those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.”² When first applying to medical school, I did not understand what it meant to be an underrepresented group in medicine. At my alma mater, Xavier University of Louisiana, it was part of the culture to apply, be accepted, and matriculate into medical school. Xavier is a historically black institution where the majority of students are African American, many of whom become doctors.

I quickly identified what it felt to be a minority in medicine when I stepped into a classroom of 105 students and only 15 of us were underrepresented minorities. Coming from a historically black institution, I instantly felt isolated, as if I was an outsider. I was one of the unicorns of our class. But even in those moments, I knew my black patients would need to see someone who looked like me. I understood that having the opportunity to relate to a doctor with similar cultural and racial/ethnic background was a valuable part of creating a trusting patient-doctor relationship. Now, researchers are defining this as racial concordance and finding how it can be beneficial in the healthcare of the patients we serve.

Racial Concordance and Diversity in the Physician Workforce

Increasing cultural diversity in healthcare is an area that has gained more attention over the past several decades. “Studies show that racial, ethnic and gender diversity among health professionals promotes better access to health care, improves health care quality for underserved populations, and better meets the health care needs of our increasingly diverse population. Yet, our physician workforce does not adequately reflect the actual racial, ethnic or gender makeup of

the patients in the communities we serve,” said American Medical Association (AMA) Board of Trustee Member Jesse M. Ehrenfeld, M.D., M.P.H.³ The evidence is clear that having a diverse physician workforce can create more trusting relationships between doctor and patients along with helping improve our knowledge of minority health through research. Studies have found that having racial concordance is a way to create opportunities to provide research in these more underserved areas.⁴

In 2017, a systematic review of the literature analyzed 40 research studies comparing racial concordance among physicians and patients.⁵ Patient communication satisfaction along with partnership building regarding patient decision making were found to be beneficial with racial concordance. Another study found that when there is racial concordance, patients give doctors high Press Ganey survey scores displaying the patients’ satisfaction with their medical services.⁶ For minority patients, both through studies and my own personal experiences show that it is common for black patients to seek black doctors for their care. In my personal life, my friends and family often ask to which what black doctors I would refer them. There also have been several websites created to cater to black patients by providing a directory for black or more culturally competent doctors throughout the country. With more evolving data supporting the positive influence of having a more diverse physician workforce along with having racial concordance, it is clear that in medicine there needs to be a continued and more potent effort in increasing all URiMs in medicine.

Efforts to Increase African American Physicians

Notable efforts to increase blacks in medicine have been made since the 1970s by the AAMC and other organizations. There were times where the increase of African Americans in medicine was more swift. From 1969 to 1974, more minority students were successfully recruited into medical school. During that time period, the enrollment of black medical students more than tripled.⁷ This may have been attributed to several factors: affirmative action enacted in the late 1960s and an increase in minority college graduates after World War II who then were eligible to apply to medical school.⁷ The schools that had the most change in enrollment were those medical schools that were traditionally filled with all-white students. Other schools, such as Howard University in Washington, D.C., and Meharry College in Nashville, TN, which are considered historically black institutions, also continued to enroll black students. Both of these schools are still among the top schools to educate the most African Americans doctors in the United States since the 1950s.

Other organizations have ventured to create pipeline programs starting from grade school to college to help improve the number and success of black students who apply to medical school. These pipelines were designed to help overcome barriers of admission like the MCAT or lack of clinical experience. Even with these attempts, the number of African American medical students and physicians has not increased at a significant rate. In fact, there are fewer black men applying to medical school.⁸ The number of black men medical school applicants throughout the years “has not exceeded 1,410 since 1978,” according to the AAMC paper entitled *Altering the Course: Black Males in Medicine*.⁸ Contributing factors to these low applicant numbers included limited knowledge about the career pathway, poor access to African-American role models, finances, and attractiveness of other careers that were less educationally intensive.⁸

Understanding the complexity of what it takes to become a black physician in America both through research and personal experiences, it is not surprising that patients do not expect to have black physicians as doctors. For some areas of the country, it is a rare experience that I hope can improve. As black physicians, we are often the unicorn of the bunch. We are rare and hard to find. Efforts have been made throughout several decades, but the numbers have not significantly improved. Having more black doctors in medicine starts with having the role models available to help show that this career choice is possible. As a young girl, I was able to grasp onto books and television shows that showcased black physicians. I believe we have the opportunity of doing more: advocating for my black physicians, mentoring more minority students, and having institutions sponsor additional medical school positions for URiMs. Our population is becoming more diverse each day. It is our time in medicine to follow suit and do the same. For now, I will keep surprising one patient at a time hoping that through my existence in medicine I can pave the way for change for future generations.

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