

# Uncovering and Addressing Implicit Bias in Oncology

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## Abstract

Implicit bias affects patient care every day, and not just in oncology. It impacts decision-making in already vulnerable populations such as the historically marginalized racial and ethnic groups, the LGBTQI+ population, patients with disabilities, and patients with low socioeconomic status or low health literacy. At JADPRO Live 2022 in Aurora, Colorado, panelists took a deep look at implicit bias and its impact on health inequities. They then discussed best practices for increasing equity and representation in clinical trials, ways to facilitate equitable communication and interactions with patients, and finally shared steps that advanced practitioners can take to minimize the impact of implicit bias.

**I**mplicit bias in oncology not only undermines fair and equitable health care, but also contributes to the perpetuation of health disparities among marginalized patient populations, according to recent research.

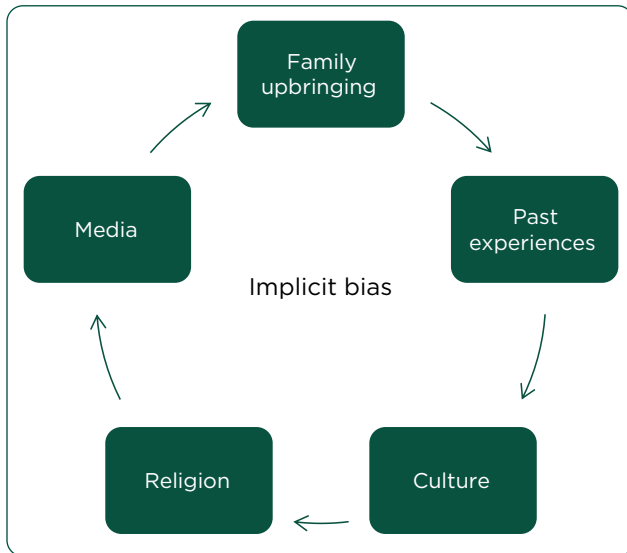
During JADPRO Live 2022, Rose DiMarco, PharmD, BCPS, BCOP, of Sidney Kimmel Cancer Center at Thomas Jefferson University Hospital, Andrew S. Guinigundo, MSN, RN, CNP, ANP-BC, of Cincinnati Cancer Advisors, and Caressa Valdueza, MSN, AGNP-C, of Weill Cornell Medicine, explained the concept of implicit bias and its impact on health inequities. The presenters also identified ways to increase equity and representation in clinical trials and developed a plan to facili-

tate equitable communication and interactions with patients. Finally, the presenters discussed steps that advanced practitioners can take to minimize implicit bias in patient care and in the workplace.

## WHAT IS BIAS?

As Dr. DiMarco explained, bias is a preference or aversion to a certain person or group, and it can be reflected in attitudes and actions. Implicit bias is a bias that occurs unintentionally but can still affect judgment, decisions, and behaviors (Figure 1).

“Implicit bias is usually a rapid judgment that might not align with conscious beliefs, often leading to a negative evaluation or association and can manifest in physical



**Figure 1.** Where does implicit bias come from?

behaviors,” said Dr. DiMarco. “It is influenced by family upbringing, past experiences, culture, religion, and media.”

According to Dr. DiMarco, implicit bias affects patient care, particularly in vulnerable populations such as marginalized racial and ethnic groups, the LGBTQI+ population, patients with disabilities, and patients with low socioeconomic status or low health literacy. An example of how implicit bias is formed is how media portrayed ultra-processed foods as healthy in the 1990s and 2000s and how it took some people years to realize that it was not an ideal diet.

“This is how stereotypes portrayed in the media can unconsciously affect how we view and treat other people,” she said.

### INEQUITY IN CLINICAL TRIALS

According to Mr. Guinigundo, inequity in clinical trials, including the lack of diversity in research subjects, is a crucial issue that needs to be addressed.

“[The lack of diversity] can be attributed to several factors, including the reluctance of minority individuals to enroll in clinical trials and the lack of diversity training among the research team,” Mr. Guinigundo explained. “This can lead to a lack of representation of certain populations in research studies, which can ultimately result in treatments that are not effective for all patients.”

One way to address this issue is through mandatory training for researchers, such as the CITI (Collaborative Institutional Training Initiative) program. This program highlights the historical context of unethical research practices, such as the US Public Health Service study on untreated syphilis, which was closed due to public outcry in the 1970s. The CITI program also focuses on the importance of ethical considerations and understanding implicit bias in research.

“It is important that researchers understand that patients are more than just numbers or subjects; they are human beings,” said Mr. Guinigundo. “Anonymizing trials and treating patients as subjects rather than individuals can lead to a lack of understanding of the unique needs and experiences of different populations.”

According to Mr. Guinigundo, a recent survey presented at the 2022 American Society of Clinical Oncology (ASCO) Annual Meeting by Walker and colleagues (2022) highlights a significant need to increase diversity in clinical trials. The survey, which included 424 respondents (24% self-identified as Black), showed that Black respondents had high levels of trust and satisfaction with their oncology care team (90%) and a high likelihood to consider trial participation (83%). However, 40% of Black respondents also stated that no one had discussed clinical trials with them.

“This could be due to a lack of clinical trials in their area or a lack of outreach to these populations,” said Mr. Guinigundo, who noted, however, that there was no comparator to the responses of White patients.

The survey also found that Black respondents were more likely to be motivated to participate in trials to ensure that people of their racial and ethnic identity would benefit.

“This study highlights the importance of increasing representation of minority populations in clinical trials to ensure that treatments are effective for all patients,” said Mr. Guinigundo.

### What Do We Do?

To achieve diversity of patient enrollment in cancer clinical trials, said Mr. Guinigundo, it is important to address implicit bias. A study published in *Contemporary Clinical Trials* concluded that study staff should receive training on

culturally competent clinical research care, and the diversity of the study teams should be increased (Legor et al., 2021).

“Diverse teams can bring different perspectives and understanding of the communities they are working with, leading to more effective and inclusive research,” Mr. Guinigundo observed.

National organizations such as the US Food and Drug Administration and National Institutes of Health have patient-facing websites and resources, but there is a need for guidance on how to increase diversity in clinical trials. According to Mr. Guinigundo, this includes changing eligibility criteria and enrollment practices to be more inclusive and understanding the barriers that minority groups face when considering participation in clinical trials.

ASCO and the Association of Community Cancer Centers have also implemented training programs, such as the Just Ask program, as a practical way to address diversity, equity, and inclusion within the clinical trials setting. The Just Ask program is a comprehensive training program that can be completed by the entire research team in around 60 to 90 minutes and is designed to provide practical guidance on how to create a more inclusive environment and create a culture of equity in the research setting, said Mr. Guinigundo.

## WORDS MATTER

According to Caressa Valdueza, MSN, AGNP-C, addressing implicit bias in oncology requires increased awareness of the language and interactions used in health care.

“Words are powerful, but they can also be limiting, and it is important to be aware of the words used to describe patients and groups of people,” said Ms. Valdueza. “Health-care professionals can have a significant influence by being mindful of the language used in documents and progress notes, as these documents create narratives in the minds of readers and are often read by other members of the health-care community.”

To avoid reinforcing stereotypes, the American Medical Association and the Association of American Medical Colleges have published a report on language narratives and concepts, which includes examples and recommendations for

using more inclusive and appropriate language (AMA & AAMC, 2021). For example, instead of using the term “nonadherent” to describe a patient who is unable to adhere to the treatment plan, it is recommended to provide context and explain why the patient is unable to adhere, such as transportation or language barriers. Additionally, said Ms. Valdueza, the report recommends avoiding adjectives to describe patients, as it paints a limited picture of the person.

A study of 413 medical students and residents found that exposure to stigmatizing language in chart notes resulted in negative attitudes toward the patient and less aggressive pain management (Goddu et al., 2018). To avoid reinforcing stereotypes, said Ms. Valdueza, providers should practice using more neutral language and avoid stigmatizing phrases.

Additionally, the 21st Century Cures Act, also known as the Cures Act, signed in December 2016, and legally binding in April 2021, mandates that US health-care providers give patients access to all the health information in their electronic health records (EHR).

“Blocking information from patients can result in fines or penalties, making it important for health-care professionals to be conscious and reflective of the language used in their notes, history, physical, assessment, and planning,” said Ms. Valdueza.

## Language and Cultural Barriers

Ms. Valdueza also underscored the importance of considering the impact of technology on health-care access for different populations. Studies have shown that younger, more educated individuals and those with supportive relatives may have an easier time navigating EHRs, while older adults, immigrants with limited English proficiency, and persons with hearing loss may face more difficulties (Dunn & Hazzard, 2019).

“It is crucial for health-care professionals to be aware of these disparities and to ask patients about their preferred mode of communication, including the use of sign language interpreters and alternative forms of communication for those with hearing loss,” said Ms. Valdueza. “Additionally, health-care providers should be aware of the potential for errors and

dissatisfaction when communicating with patients through translation, and work to ensure accurate communication and improve access to care for all patients.”

In addition, health-care professionals should be aware of the pronouns of individuals and use more gender-neutral language when meeting patients for the first time, said Ms. Valdueza.

“It is important to be aware of one’s own assumptions and stereotypes and to provide a safe space for patients to disclose their gender identity,” she added. “To improve language and interactions with interpreter services, all members of the health-care team should be trained on how to access these services, and not rely solely on on-line platforms.”

### STEPS TO MINIMIZE IMPLICIT BIAS

To minimize the effects of implicit bias in oncology, advanced practitioners can take steps outlined by the American Academy of Family Physicians using the acronym IMPLICIT (Table 1; Edgoose et al., 2019).

The first step is introspection, Dr. DiMarco explained, which can be done by taking the Implicit Association Test (IAT). The IAT is a widely used tool that measures implicit biases by assessing associations between concepts (e.g., individuals who are Black, individuals who are gay) and evaluations (e.g., good, bad) or stereotypes (e.g., athletic, clumsy). Practitioners should also consider taking these tests regularly to track their own progress and see if they are making changes.

Another important step is practicing mindfulness and meditation to increase awareness and reduce judgmental thoughts. Mindfulness practices

can help practitioners become more aware of their thoughts and actions, which in turn can help them reduce their judgmental thoughts and improve their overall sense of well-being. Many free mindfulness apps are available to help practitioners get started, said Dr. DiMarco.

Perspective taking is another important step.

“Practitioners should explore a different point of view and interact with people different from themselves, and conferences such as JADPRO Live are a great opportunity to do this,” said Dr. DiMarco. “Also, try to engage in diverse media, such as podcasts that are written by people of color and talks about their experiences in the workplace.”

Slowing down is another important step. Practitioners should try to think about their biases before interacting with people from certain groups.

“When watching TV or listening to music, practitioners should actively acknowledge the stereotypes that are being portrayed and use counterstereotypes to break that influence,” said Dr. DiMarco. “This can be difficult at first, but it is important to actively question the stereotypes and think about whether they apply to everyone in a certain group.”

Individuation, the process of evaluating a person’s individual characteristics instead of leaning on stereotypes, is also an important step. Practitioners can do this by considering mutual goals, such as trying to treat a patient’s cancer or improve their quality of life. They can also try to bond over shared interests, such as sports teams, to help patients feel more comfortable and trust practitioners more.

Finally, practitioners should check their messaging to avoid color-blind statements such as “I don’t see color” or “Race doesn’t matter.”

“These statements can be harmful because they deny the reality of a person’s experiences and can lead to further marginalization,” said Dr. DiMarco. “Instead, practitioners should acknowledge and address differences and strive to create a more inclusive environment for all patients.”

The speakers provided a list of resources for further review (Table 2). ●

### Disclosure

The presenters have no relevant financial relationships to disclose.

**Table 1. Steps to Minimize Implicit Bias**

Introspection
Mindfulness
Perspective-taking
Learn to slow down
Individuation
Check your messaging
Institutionalize fairness
Take two

Note. Information from Edgoose et al. (2019).

**Table 2. Resources on Implicit Bias**

Implicit Association Tests (IATs)	<a href="https://implicit.harvard.edu/implicit/takeatest.html">https://implicit.harvard.edu/implicit/takeatest.html</a>
NIH Implicit Bias Training Course	<a href="https://diversity.nih.gov/sociocultural-factors/implicit-bias-training-course">https://diversity.nih.gov/sociocultural-factors/implicit-bias-training-course</a>
National Center for Cultural Competence (Georgetown University)	<a href="https://nccc.georgetown.edu">https://nccc.georgetown.edu</a>
ASCO's Strategic Plan for Increasing Racial and Ethnic Diversity in the Oncology Workforce	<a href="https://ascopubs.org/doi/10.1200/JCO.2017.73.1372">https://ascopubs.org/doi/10.1200/JCO.2017.73.1372</a>

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