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Skepticism in HealthCare: An Analyzation of Race Discrimination and Trust in Doctor's Judgement

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ABSTRACT

Historically Black people have experienced extreme experiences of medical mistreatment, one of the most prominent and longest running being the Tuskegee Experiment. Racism is not only apparent in the medical industry it is structurally tied to the foundation of American society and it is non-debatable that Black people are tremendously affected by these structures. Past literature has sought out to examine the connection between Black people and the trust that they have in medical institutions. My research builds on this past work and examines how experience with race discrimination affects the trust that a person may have in their doctor's judgement. Using data from the General Social Survey (N=638) I conducted a multivariate regression. Results showed that having an experience with discrimination because of race was not statistically associated with the trust that someone has in their doctor's judgement. Although the results of this research did not show statistical support for my hypothesis the non-significance of it raises other important points and areas in need of research. It is also important to acknowledge that although there is no statistical significance in this study that does not cancel out the possibility that experience with race discrimination has some effect on trust in doctor's judgement. There is a need to further analyze the causal mechanism behind the difference in Black people and people of colors trust in doctors versus White people.

When you are young there are many things that are scary about going to the doctor. The fear of needles and the usage of medical instruments that you are not familiar with, but fear that you cannot trust your doctor is usually not one of the scary things that come to mind. Nevertheless, the theme of trust becomes an important aspect to consider when you become an adult, it is important in most if not all friendships and relationships, and very important in doctor patient relationships. There is a key factor of trust that is needed between the patient and doctor. A patient has to trust the doctor enough to feel comfortable and vulnerable to be honest about their health whether that be physical or mental. If that trust is not there it is a possibility that health issues will rise, or prevention of health issues may not happen. The patient has to trust that the doctor has the expertise to take care of their health in areas that they may lack the knowledge or expertise. However, how much trust does an individual truly put into their doctor when they have been discriminated against on the basis of their race? There is a robust body of literature on healthcare and medical discrimination (Shippee et al. 2013; Peek and Gorawara-Bhat 2013; Lendro Mena 2017; Mohottige 2020). There is a lack of research addressing how acts of race discrimination may affect the trust that someone puts into doctors and health institutions. This research will analyze the intersection of race discrimination and trust put into medical institutions. Arguably race plays a role in everything from where a student goes to school to the doctor they have. It is important to evaluate the role that race plays, if any at all, in how much an individual trust the health care they are receiving.

There no debate that the treatment of Black and people of color in America is very different from that of White people (Yendelena 2013; Mollborn and Cook n.d). Furthermore, when there is a difference of life experience people may not view “safe institutions” as safe.

What one person may deem as a “safe” and or a “healing” place may very well feel dangerous and harmful to another individual, of a different race. This is the core of this research topic. Does experience with race discrimination have a role in how an individual negotiates their trust in doctors and their judgement to treat them? Are identity and positionality imperative in how often a person decides to seek professional medical attention? The health disparities between Black, People of color and White people are so drastic that there is a need to look at race as a deciding factor of why an individual might have a different experience with trust in health care versus another (Shadi 2010; Abigail 2015; Williams and Clay 2020).

A person cannot drop the identities they hold, or experiences that they have at the door, thus if they have been discriminated against for race it may be reflected in the trust they have in a doctor’s decision making and judgment. Black and people of color that have been discriminated against may be less likely to trust their doctors than White people on the basis of experience. I imagine socioeconomic status could dictate whether a person feels they can trust their medical institution, I think people with a low income will have less trust in their doctor. I hypothesize that people that have faced race-based discrimination will be less likely to trust their doctor’s judgement about their medical care than people that have not faced raced based discrimination.

LITERATURE REVIEW

Current literature points to the major trend that Black people are less likely to trust their doctor than White people (Pawlson et al. 2004., Yamile et al. 2015., Mena 2017). The reason behind this trend has not been as analyzed. My research examines the causal mechanism of discrimination because of race as a reason for the difference of trust in doctors between Black and White people. Through literature many sociologist point to historical medical racism as a

reason that Black people do not have as much trust in doctors as White people. There have been two main ways that theorist have operationalized trust in doctors, one being adherence to doctors' orders and the other being preventative visits to doctors. These three over arching themes are further used in this research to illuminate the race component of trust in doctors. This literature review will investigate the past research of the three themes of historical medical racism, adherence to doctors' orders, and preventive visits to doctor as a way to dig into possible reasons of difference in trust. It is critical to examine the ways in which trust affects patient doctor relationships as a means of assessing healthcare. This section of research will build to current literature about difference in trust in doctors' judgement between Black and White people by hypothesizing that experience with race discrimination impacts this difference.

Historical Medical Racism

Most researchers have noted that there is a stark difference in the trust that Black and People of Color have in their doctor compared to that of White people. One of the reasons that sociologist say that there is a stark difference is because of historical factors of wrongful medical treatment (Peek and Gorawara-Bhat 2013; Mohottige and Boulware 2020). The legacy of the treatment of Black people in the medical system adds to the distrust that they may have for their doctors, historically their bodies have been used for medical experimentation throughout history countless times. The longest experimentation being the Tuskegee experiment where Black men with syphilis were offered compensation to participate in a study where they were told they were being treated but in reality, treatment for the disease was being withheld from them (Russell, Robinson, Thompson 2012). Due to medical racism that Black people have faced through history including the lack of opportunity to see doctors, they have often times began to come up with

their own remedies and medical traditions that have been passed from generations. There is still a looming sentiment that home remedies can fix most medical issues, therefore there is less of a reliance and trust put into doctors (Kennedy., Roberts., Mathis., & Angela, Woods 2007). One study found "the unique and severe forms of racism that African Americans experience, including segregated health-care systems and overt interpersonal racism by providers, can contribute to elevated levels of medical mistrust" (Molina., Yamile 2015). It is important to acknowledge the history of medical racism that Black people have had to endure as a way to possibly get at the root of difference in trust of doctors between Black people and White people.

Trust to Adhere to Doctors Orders

For many years, sociologist have made the connection between patient trust in doctors and adherence to doctor's orders (Hammond and Matthews 2010., Yendelena 2013., Mohottige, D., & Boulware, L. E. 2020). Looking at if how or if patients adhere to their doctors' suggestions and orders has been one of the ways that researchers have been able to operationalize the trust that a patient has in their doctor and their judgement. The logical reason that most researchers make this association is because if a patient trust that their doctor is doing right by them rationally, they will be more likely to be mindful of their directions and do what the doctor says (Schoenthaler and Montague 2014; Yendelena 2013; Shadi 2010). Past literature further found that identities have an enormous impact on in this adherence and specifically there is a great race and gender component that is also intertwined with who is more likely to adhere/trust their doctor's orders. Most researchers come to a similar result in their studies which is that Black and People of Color are less likely to adhere to directions that are given by doctors that are not of the same race as them, in contrast White people are likely to adhere to their

doctor's advice (Hammond and Matthews 2010; Shadi 2010., Yendelena 2013., Wiltshire and Jeroen 2018). However, one study shows that adherence is not a large factor in measuring patient trust in their doctor, but rather the individuals personal experience with health professionals. They implicate that a person's adherence to their doctor is simply a result of their experience with healthcare professionals. This study shows that adherence is not an indicator of trust but rather an indicator of experience with past health professionals. (Mohottige, D., & Boulware, L. E. 2020). This does not take away from previous literature that does acknowledge a racial difference in medical adherence. However, there is not much literature covering why Black and People of Color are less likely to adhere to their doctor's orders, my research aims to fill in this gap.

Preventative Visits to Doctors

Sociologist have also looked at which communities are more likely to visit the doctor because of preventative reasons as a way to operationalize the trust that a patient has in their doctor. The reasoning that most researchers discuss behind this connection is that when a patient trust that their doctor has their best interest in their medical care, they are more likely to have frequent doctor's visits (Musa and Schulz 2009; Hammond and Matthews 2010; Sullivan 2020). In opposition those who do not trust their doctor are less likely to get medical testing and inquiry about issues (Cahill et al. Mena 2017) of course there is a large aspect of access needed to visit doctors. This difference in visitation is important in the analyzation of trust that Black and White patients have in their doctors.

Literature indicates that because Black people are less likely to use preventative services, they are also less likely to trust their doctor (Mohottige, D., & Boulware, L. E. 2020). As an

addition to preventative visits Black people are also less likely to be involved in medical donations than White people because of fear and reality that Black people will be last to receive the donations and get the benefits (Russell, Robinson, Thompson 2012). This idea is not far-fetched, it is true that Black people are among the group to wait the longest on the transplant list (Russell, Emily., Dana, Robinson., Nancy, Thompson 2012). This discrimination of organ distribution is key in analyzing why a Black person may not feel comfortable trusting their doctor, statistics show that maybe there is a reason that they shouldn't (Thom et al. 2004). African Americans are one of the lowest populations to seek medical care, many sociologist links this to the direct result of medical mistrust and historical medical racism (Thom et al. 2004., Russell, Robinson, Thompson 2012). The medical mistrust that African Americans may have does not necessarily have to come from the direct knowledge of the historical medical racism that has repeatably targeted the Black community. Due to the treatment of African Americans in America medical mistrust could surface from the knowledge that race often plays a factor in how someone may be treated.

There is a gap in literature directly addressing the reason behind the mistrust that one may have in their doctor. Multiple studies have shown that there is a difference in the trust that Black and people of color have in their doctors versus White people, but there is limited research on the "why" behind this difference. My research aims to fill a bit of this gap building from past literature and theory. I aim to examine experience with race discrimination as a factor impacting patient trust in doctor's judgement.

Theoretical Framework

Racial and Ethnic disparities in medical care have been talked about by many scholars, many of which discuss the lack of access to adequate care (Musa and Schultz 2009; Pellowski *2017;* Mohottige 2020). These disparities stem from deep systemic and institutional racism that has been crafted into most institutions which have continuality oppressed Black people and uplifted White Supremacy. Black and Brown people have historically been the subjects for medical unethical experimentation and targets of discrimination. Black and Brown people have also put their lives in the hands of doctors and the outcome has been death in large numbers that are a stark result of racism. Public Health officials have painted Black bodies as disease carriers and vessels for disease spread, and therefore Black people have not been given the same medical treatment as people of other races. Experience with race discrimination could result in multiple reasons of distrust in government institutions (Shippee 2013). Seeing as how medical institutions are not cured of racism it is a logical connection between those who have experienced race-based discrimination and mistrust of their doctors' judgements who are mere reflections of the U.S. medical care.

I draw from W.E.B DuBois theory of double consciousness which is sectioned into three main concepts; the veil, two-ness, and second sight. For the purpose of this research, I will mostly be focusing on the concept of second sight which theorizes that Black people are able to see themselves for who they are but are also able to see themselves as White America views them. With this theory in mind in regard to this study I believe African Americans may be less inclined to trust their doctors because they recognize that America does not fully see the humanity in them, nor their health. This feeling may be exasperated when African Americans have been discriminated against because of race therefore leading to distrust in their doctor's

judgement. I also use Talcott Parson's theory of trust which theorizes that experience dictates trust. He declares that one experience of distrust can likely led to that distrust being generalized (Clark 2016). In context to this particular study, it may be that once a person has had experience in discrimination because of their race they lose trust in the ability of others to treat them fairly and without bias. Therefore, if they have been discriminated against they may lose trust in their doctors ability to treat them with full humanity regardless of their race.

METHODS

Data and Sample. This study consists of data from the 2006 General Social Survey (Smith et al. 1972-2018). The unit of analysis is individuals. The sample size for this is data is 4510 individuals with a final number N being 638 because there was a split ballot, so the variable questions were not asked every year. The population consist of a random selection of English and Spanish speakers in the United States. All respondents to the survey were non-institutionalized and 18 years or older. The 2006 Surveys included quota sampling which looks at a certain population in this case it is the United States. Data was collected through interviews that on average lasted about an hour and a half. This data set is best suited for investigating this study because it is nationally representative and uses random sampling. For more information about this dataset go to https://gssdataexplorer.norc.org.

Dependent Variable. This study's dependent variable is trust in doctor's judgement. The exact wording of this variable is in the GSS is "I trust my doctors' judgement about my medical care". This variable is measured on a scale of satisfaction. This is shown as 1= strongly agree, 2= agree, 3=neither agree nor disagree, 4=disagree, 5=strongly disagree, 8=don't know. This variable will be used to evaluate if a respondent trusts their doctor. I first took out the missing values from this variable which changed size of the population from 1719 to 699 because it was

a split ballot. After this changed, I reverse-recoded the variable so that trust in doctor's judgement was valued as higher and distrust was valued as lower. The values of the variable were re-coded as follows 1=strongly disagree, 2=disagree, 3=neither agree nor disagree, 4=agree, 5=strongly agree.

Independent Variable. The independent variable in this study is experience with race discrimination in the workplace. The direct wording of this question is "do you feel in anyway discriminated against at your job because of your race or ethnic origin?". This variable is dichotomous with the values of 1=yes, and 2=no. I am using this variable to point a specific of instance race discrimination for the respondent as a way to assure that they have been discriminated against. This variable will be used to evaluate the respondents experience with racism. I first began by deleting the missing values from this variable which changed the population size from 810 to 699. After doing so I proceeded to dummy the variable so that experience with race discrimination was the main value being assessed. The variable was re-coded as follows 1=yes, and 0=no.

Control Variables. The control variables used are income and race. I will be controlling for income which is coded by number brackets. The exact wording of this variable is "In which of these groups did your total family income, from all sources, fall last year before taxes, that is?". The values of this variable range from less than 1000 dollars to 150000 dollars or more. Depending on income some individuals may have more options in the doctor that they want to go to or care that they want to receive. This variable will be used as a factor to evaluate how income might affect individuals trust in their doctor's judgement. I will also be controlling for race. This is a nominal variable and the values 1= White, 2=Black, 3=Other. The exact wording of this variable is "which race do you consider yourself". This variable will be used to evaluate if there

is a difference in trust in doctors on the basis of different races. I first began by deleting the missing data, I then subset my data for this variable so it just accounted for Black and White people. I then dummied this variable so that I was just looking at Black people, so the values are 1=Black, 0=White.

FINDINGS

Univariate Analysis

As shown in Table 1. with the means, median and standard deviation table the mean for the independent variable which is experience with race discrimination is .04 which means that on average 4% of respondents said that they have experienced race discrimination. This is also expressed in Figure 2. as 96% of respondents said "no", they did not experience discrimination because of their race and 4% said they had. None of the standard deviations for variables are highly skewed in a significant way. The median for the variable race is 0 which means that the average person was White.

[Insert Table 1 here]

[Insert Figure 1 here]

The dependent variable which is the respondents trust in their doctor's judgements has the mean of 4 this distribution is shown in Figure 2. This indicates that the average person agrees with the statement that they trust their doctor's judgement. as 57% of respondents said they agreed with the statement that they could trust their doctor's judgement.

[Insert Figure 2 here]

Bivariate Analysis

Table 2. is a bivariate correlation matrix of the independent and dependent variable. In this case it looks at a person that has been discriminated against because of race, income, their race, and how their trust in their doctor's judgement. The data in this table does not show support for my hypothesis. I hypothesized that people that have been discriminated against were more less likely not to trust their doctor's judgement, however as shown in the table there is no statistical significance between the two. There is a decrease in trust in doctor's judgement by people that have been discriminated against because of race versus people who have not experienced race discrimination, however this decrease is not significant. There was a .249 weak but significant relationship between race/ Black people and experience with discrimination because of race at the .05 level, this however does not bear significance on trust in doctor's judgement. There was also a -.078 significance of income difference of Black and White people, Black people having a decrease in family income compared to White people. These points of significance are not in correlation with my dependent variable of trust in doctor's judgement.

[Insert Table 2]

Multivariate Regression

Table 3. shows that the model accounts for only 1% of the reason behind peoples trust in their doctor's judgement. Contrary to expectations none of the variables were significant in the effect of trust in doctor's judgement. Both the standardized and unstandardized regression coefficients are unsignificant. The F test was 2.154 and non-significant, indicating that the model was also non-significant. This is in correspondence with the results from the Bivariate data.

[Insert Table 3]

DISSCUSSION

The results of my regression do not support my hypothesis that people who have been discriminated against because of race will be less likely to trust their doctor's judgement than those who have not been discriminated against because of race. Being that all of my variables including the control variables only account for 1% of the explanation of my independent variable there is a strong possibility that there are other more suited explanations behind why someone may trust or distrust their doctor's judgement. There may be no statistical significance in my data however there is still a great amount of information that my research adds to this topic. Currently theory and literature support the notion that once someone has been discriminated against because of race their trust in institutions dwindle (Schoenthaler and Montague 2014; Yendelena 2013; Shadi 2010). Perhaps a better way to account for this in the model would have been to look at individuals who have been discriminated against by a doctor before. It is also possible that being discriminated against because of race is too specific of an independent variable, possibly looking at people that simply say they have been discriminated against in a broader sense, then controlling for race will better explain someone's trust in their doctor's judgement.

The non-statistical significance gives a better idea of what should be done to better test the theories laid out in relation to the trust that a patient puts in their doctor's judgement. My research shows that maybe the answer is not in looking at if an individual has been discriminated against because of race, maybe the answer is in how well a patient has been treated by doctors. Maybe the answer is in examining how a patient feels about how well suited their doctor is able to diagnose and treat their health. This research shows that there is most likely a multitude of reasons that Black people and people of color may have less trust in their doctor's judgement,

but the variables shown in the models of this research are not the main reasons. Past literature shows that Black and People of Color tend to have less trust in their doctor than White people (Shippee 2013., Cahill et al. 2017,.Mohottige and Boulware, L. E. 2020) my research is not opposing this, however it raises the question of what is the reason behind that difference.

Limitations

It is important to acknowledge some of the limitations of this research. One being the size of the sample. The sample size was rather small, after taking out missing data and being that the availability of the questions asked in the General Social Survey were limited to the year 2006 it is was tough trying to form strong reliability and validity of the variables. With the sample being so small and only 4% of people saying they had been discriminated against because of race it becomes hard to analyze how experience with race discrimination affects the trust in doctor's judgement, it simply lacks statistical power. It is apparent that examine 4% is not enough to make a justification on just how much race discrimination correlates with trust in doctor's judgement. Having a larger sample size would create a more reliable representation of people that have been discriminated against because of race.

Another limitation was the questions that were available in the General social Survey. The question "do you trust your doctor's judgement?" is very specific, however this was the only question in the General Social Survey that addressed trust in doctors. How a person categorizes their trust in their doctor may not be operationalized as something so specific like judgement. A question like "do you trust your doctor?" would have been broader and more capable of capturing a person's overall trust in their doctor. I believe it would have been better if there were multiple questions available that addressed patient/doctor trust relations. I would suggest that

future research include a wider range of variables including but not limited to gender as well as individuals that have been discriminated against by a doctor before. The data from this research is fourteen years old and there is a need to ask these questions in surveys again so that future research analyzes data that is more up to date.

CONCLUSION

This research aimed to examine one's life experiences with the way they see the world and the trust that they have in it. More specifically it analyzed the experience of racism and the affect that it had on trust in doctor's judgement. I asked the question of; does experience with race discrimination affect the trust that a person may have in their doctor's judgement. I used the 2006 General Social Survey (Smith et. Al. 2006) and had the final sample size of 638 individuals. Data showed that experience with race discrimination was not significant in affecting the trust that a person has in their doctor's judgement. Data also showed that both race and income were not significant in affecting the trust that a person has in their doctor's judgement. Theory and past literature dictate that experience with racism has the ability to shift the way that a person views the world and change the trust that they have in institutions, this supports my hypothesis. However, data shows opposition of this sentiment, perhaps this is because of difference in collection of data while this study is more quantative past research has aimed to be both qualitative and quantitative.

This research although baring no statistical significance is important in the formation of creating change in the medical industry. Black people as well as people of color are less likely to adhere to their doctor's orders as well as visit them for preventative reasons, this weighs heavy on the health of Black and other people of color communities (Russell, Robinson, Thompson

2012). There is a need to examine the causal mechanisms of this trend in order to create change that may be imperative to health of Black people as well as other individuals of color. The future health of the Black and communities of color rely on the deconstruction of White Supremacy structures that create health disparities as well keep them from having access to healthcare. However even with access to healthcare if those communities are not able to be completely vulnerable with doctors and trust them, they are still at risk. The African American community is among one of the most vulnerable populations in healthcare, there needs to be research done as to why they are less likely to trust doctors in order to decrease the health disparities.

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African Americans With Hypertension". *American Journal of Public Health* 103(11), e55–e62.

Table 1. Mean, Median, Standard Deviation (N=638)

Variable	Mean	Median	S.D.
Experience with race Discrimination	.0429	.00	.20
Trust in Doctors Judgements	4.018	4.00	.84
Race	.168	.00	37.4
Income	11.43	12.00	1.57

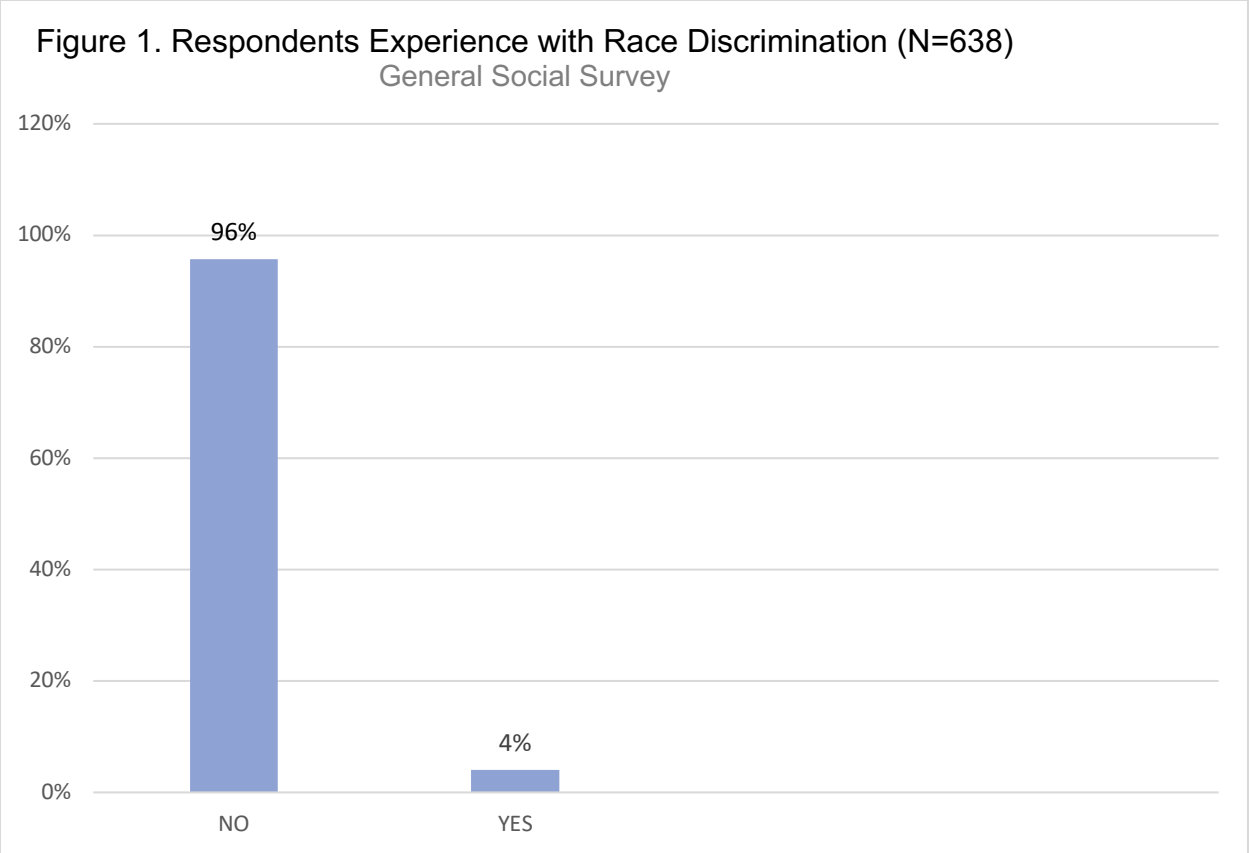
Figure 1. Respondents Experience with Race Discrimination (N=638)
General Social Survey
120%
100%
80%
60%
40%
20%
0%
96%
4%
NO
YES

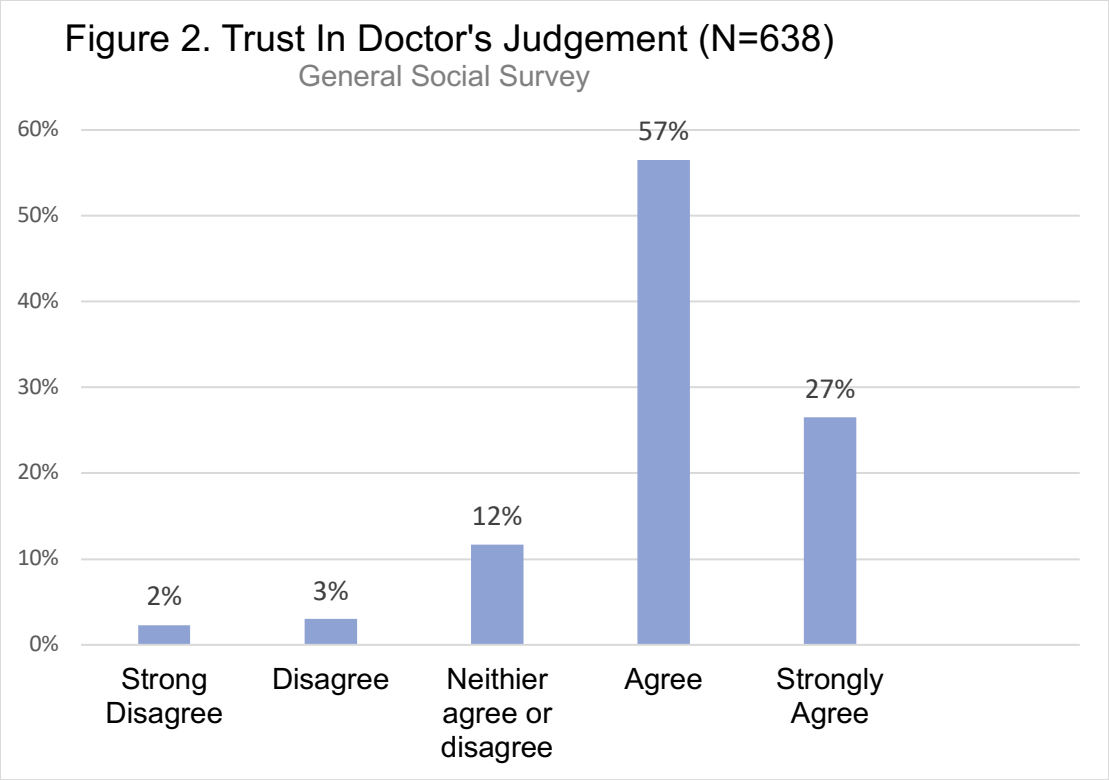
Figure 2. Trust In Doctor's Judgement (N=638)
General Social Survey
60%
50%
40%
30%
20%
10%
0%
2%
3%
12%
57%
27%
Strong Disagree
Disagree
Neithier agree or disagree
Agree
Strongly Agree

Table 2. Bivariate Correlation (N=638)

Variable	Race Discrimination	Income	Black
Trust in Doctor's Judgement	-.062	.075	.003
Discriminated Against because of Race		.001	.249*
Respondents Income			-.078*

*Significant at the $p < 0.05$ level

Table 3. Regression Table of Trust in Doctor's Judgement

	b	β
Feels Discriminated Against because of Race	-0.292	0.173
Income	-0.012	0.006
Black	-0.06	0.092
Constant	2.736	

*$p<.05$; $R^2=.010$; $F(3,637)= 2.154$