

Recognizing Implicit Racial Biases in Kidney Care

Two men with advanced chronic kidney disease (CKD) walk into a physician's office. They are alike in almost every way: same age, same height, same weight; identical laboratory reports. Yet only one was referred for a transplant list. The other was not – because he is Black.

In this scenario, the physician harbored implicit biases that affected their ability to treat both patients correctly and equitably.

WHAT ARE IMPLICIT BIASES?

Implicit biases – sometimes referred to as implicit attitudes – are internalized stereotypes. Many people are not aware of the underlying biases that they feel toward others, yet these prejudices can have a direct influence on our perceptions, actions and decisions.

“In contrast to explicit bias, implicit bias operates outside of our awareness and, without our intent, can impact our judgment,” said Anthony Muiru, MD, University of California, San Francisco.

Yet, like explicit bias, implicit biases can lead to the unequal treatment of people based on race, ethnicity, age, disability, gender identity, sexual orientation, and health status.

“ When thinking about implicit bias, it's important to remember that your intention is not the same as your impact.”

– ANTHONY MUIRU, MD
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Implicit biases are often “at odds with our conscious beliefs and values,” explained Dr. Muiru, “which makes them difficult to recognize.”

WHAT CAUSES AN IMPLICIT BIAS?

There is no single cause of implicit biases. In fact, many factors shape implicit biases as we go about our everyday lives. As we navigate the systems and culture around us, we subconsciously form and internalize associations with groups – including the ones we are a part of.

THE PREVALENCE – AND IMPACT – OF IMPLICIT RACIAL BIAS IN HEALTH CARE

Just like most people, health care providers can hold negative biases, both implicit and explicit, about racial, ethnic, and other marginalized groups. In fact, research has shown that two-thirds of health care providers

WHAT ARE MICROAGGRESSIONS?

Microaggressions are everyday comments or actions that are dismissive, invalidating, or belittling of the experiences or identities of marginalized groups.

Examples of microaggressions:

- Pronouncing someone's name incorrectly
- Using the wrong pronouns
- Making racially insensitive comments (ex. “I don't see color”)

While microaggressions may seem subtle to some, they contribute to an environment that all too often leads to inadequate care for many patients – especially when coupled with implicit bias.

had implicit biases toward Black and Hispanic/Latino patients – despite self-reporting that they had very little explicit bias.

When left unexamined, implicit bias can lead to racial disparities in health care, including how patients are diagnosed and treated. This is because implicit biases influence how health care providers make decisions and interact with patients, which negatively impact the quality of care patients receive and result in poor patient outcomes.

IMPLICIT BIASES, RACIAL DISPARITIES, AND KIDNEY DISEASE

When it comes to CKD, there are several significant categories of racial disparity:

Unequal disease burden:

Anyone can develop CKD. Currently, about 15 percent of the general population has CKD and about 20 percent are at risk for developing the condition. However, Black Americans and Hispanic/Latino Americans are at greater risk of developing CKD and kidney failure than their white counterparts. Indeed, Black Americans are 4 times more likely than white Americans to require dialysis or a kidney transplant.

Lack of access to specialized care:

Despite experiencing higher rates of CKD than other racial or ethnic groups, Black patients are less likely than white patients to receive care from a nephrologist before beginning dialysis.

“It took crashing into dialysis to finally see a nephrologist for the first time,” said Crystal S., who was diagnosed in 2012 with kidney disease. Crystal had repeatedly told her

primary care doctor about troubling symptoms she was experiencing, but he dismissed her concerns.

Lack of access to treatment:

Patients who belong to different racial or ethnic groups receive different treatment. Black patients, for example, are more likely to begin dialysis with a catheter, which is less invasive than having an arteriovenous fistula – which must be placed surgically. Black patients are also less likely than white patients to undergo kidney transplantation. Black patients are less likely to receive dialysis at home, though receiving dialysis at home is associated with better outcomes.

“In-clinic dialysis never felt right to me. I was the youngest person in the waiting room by decades,” said Leigh-Ann W., a Black woman who was diagnosed with acute kidney failure as a college student. “I was not informed when I first began dialysis that there were more options for me,” Leigh-Ann said. After advocating for herself, Leigh-Ann underwent training to perform her dialysis treatments at home, with the support of her mother. “As someone who is always on the go, home dialysis gives me more time to do the things I want to do. It’s about quality of life.”

Lack of access to clinical trials:

In the United States, racial and ethnic minorities are consistently underrepresented in clinical trials related to kidney disease. For example, Black and Hispanic people are less likely to take part in clinical trials than white people despite being more likely to have kidney failure.

WHAT TO DO: RECOGNIZING OUR IMPLICIT BIASES

Being aware of and taking action to eliminate our biases can help create a more equitable health care system. Doing so requires time, intention, and training.

Here are some actions you can take to address personal biases:

- Try to pay closer attention to your mistaken assumptions
- When you notice you or others have behaved with bias, take a moment to reflect on that interaction or experience
- Seek out and attend an anti-bias training or workshop

“ Everyone has implicit biases. It’s what you do about it that matters.”

– DR MUIRU

EXAMPLES OF IMPLICIT BIASES IN ACTION

The following examples illustrate ways in which a healthcare provider acts unintentionally as the result of their implicit biases:

- Adopting a dominant or condescending tone with patients of color or those who belong to other marginalized groups
- Providing different treatment plans and options for patients based on assumptions about their ability to follow treatment instructions
- Granting certain patients special privileges, such as family visits outside of visiting hours

Find opportunities to learn and improve.

Examples include:

- Undergo training aimed at eliminating negative patient characterizations
- Take the Harvard Implicit Association Tests: implicit.harvard.edu
- Take active-bystander training to learn how to address or interrupt harmful incidents as they happen
- Once you’ve made progress against your own implicit biases, model bias-free behaviors for others

REMOVAL OF RACE FROM THE EGFR CALCULATION

Estimated glomerular filtration rate (eGFR) – or how well a patient’s kidneys filter waste and toxins out of their blood – is commonly used to help diagnose kidney disease. Until recently, results of an eGFR test would include two ranges for what is considered normal: one range for non-Black patients, and one for Black patients.

However, the range used for Black patients could overestimate kidney function by as much as 16 percent. This led doctors to believe a patient’s kidney was performing better than it really was, leading to delayed treatment and insufficient monitoring of a patient.

A task force led by the National Kidney Foundation (NKF) and the American Society of Nephrology (ASN) in 2021 recommended removing Black race as a factor in the eGFR calculation. While most labs have made this shift to update their lab value reports, check with your lab to ensure it is not using race-based equations.

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