



The Partners for Advancing Health Equity Collaborative hosted the 2022 Summit, *On the Front Lines of Equity & Justice*, December 4-6, 2022. The Summit brought together leaders in health equity and justice to foster collaboration across sectors, and to promote action in advancing health equity in research, practice, and policy. This report provides a synthesis of key takeaways from the breakout session, *The Use and Misuse of Race in Medicine* with Harold Neighbors, Vence Bonham, and Neil Powe, hosted by Thomas LaVeist.

Session Voices



Thomas LaVeist, [Dean, Tulane School of Public Health and Tropical Medicine](#)



Harold Neighbors, [Senior Advisor for Public Health Research & Training at Tulane University School of Public Health and Tropical Medicine](#)



Vence Bonham, [Acting Deputy Director & Associate Investigator at National Human Genome Research Institute](#)



Neil Powe, [Chief of Medicine at Zuckerberg San Francisco General Hospital & Professor of Medicine at University of California, San Francisco](#)

Key Takeaways

Understand the various ways in which race affects medical decision-making. The [racial lens influences all aspects of the clinical decision-making process](#). Identifying the circumstances in which race plays a prominent role is critical for reversing biased outcomes in healthcare. Oftentimes, when clinicians don't have sufficient time for care or are cognitively overburdened, they are more likely to factor race into their decisions by relying on cognitive shortcuts and stereotypes. This also holds true when clinicians experience feelings of uncertainty. This has serious implications for patients like inaccurate diagnoses and [unequal care](#). Our ability to identify these circumstances can help us avoid them in the future.

Offer an equity-based approach to address medical needs. Each patient has a unique background and lived experiences that impact medical needs. Clinicians should [consider the individual patient](#) before subjecting them to treatment based on averages/assumptions. Careful consideration is needed [before incorporating a race adjustment](#) in medical tests to ensure clinical practices do not inadvertently perpetuate inequities. When ["color-blind" approaches](#) determine patient care, resource distribution can become inequitable. Each patient's unique needs and the [intersectionality of their identities](#) must be considered.

Utilize a transparent and nuanced understanding of the term "race" in medical practice. Without a [comprehensive understanding of terms like race and ethnicity](#), medical professionals face the risk of inappropriately applying them in ways that influence medical decisions. This is largely due to a lack of understanding in the [socially-constructed](#) nature of these terms, the distinctions between them, and [how to best apply them](#). Biological differences across racial groups is not a consequence of race, but a consequence of [racism and its impacts on health](#).

Share your thoughts!
What did you think of this topic? Would you like to hear more from these speakers? Do you have any resources you would like to share with us?

Interested in hearing more? The full recording from this session is available [here](#). For more Partners for Health Equity content including more summit sessions, past, webinars, and a resource library, visit the P4HE [website](#).