Racial Disparities and the Duty to Care: Effects on Obstetric Outcomes of Pregnant Black Women

In this paper, I discuss the experience of pregnancy from the black female perspective in the United States, employing the use of studies on false beliefs about the black body and obstetric outcomes to demonstrate the iniquitous handling of black women throughout and after their pregnancy. I refer to Principlism as it relates to the duty physicians hold as primary caregivers to treat, and the violation of one's duty demonstrated by the prominence of racial disparities in healthcare, specifically as it relates to the negligence towards the health of black expectant mothers and the contribution this makes to their increased mortality and morbidity. I argue that physicians violate their Hippocratic duty to care by under-treating black women during pregnancy, which in turn jeopardizes the life of the mother and the fetus or newborn child, and the reputation of the American medical system ultimately.

Word count: 1930

Introduction

The foundation of modern patient care and treatment is rooted in themes of beneficence and nonmaleficence, however, the under-treatment of black women, which may manifest in numerous ways like under estimating the gravity of presented signs and symptoms or prioritizing non-colored patients, indicates that there is an imbalance of value, with black lives being on the lower end of the scale. These and other biases perpetuate the racial disparities I discuss in this paper that ultimately impede patient care and diminish the physician-patient relationship.

The centuries old Hippocratic Oath has been revered as a dictum of ethical tenets for physicians, as they are expected to care for and inspire others. The Oath speaks of abstaining from harm or wrongdoing and the ability to provide treatment in such realities, but over time the Oath seems to have been minimized to a verbal rite of passage possessing minimal practical value to practicing physicians.

In this paper I argue that the negatively impacted obstetric outcomes for black women correlates in part with a disregard for the theme of 'care' central to the Hippocratic Oath, due to implicit biases, which effectively compromise black lives from their conception. To support my argument, I will discuss the perception of black patients and black bodies, obstetric outcomes of black expectant mothers, and Principlism's beneficence and nonmaleficence in relation to the Hippocratic duty to care.

Principlism and the Hippocratic Oath

The Hippocratic Oath is a promise, "do no harm", generally believed to be a vow recited by all practicing physicians – which is not always the case. For this reason, the Oath is emblematic of the physician's role and image in society – a healer, a teacher and a lifelong student of medicine. Beauchamp and Childress (2012) define Principlism as the ethical action guide for all medical personnel, wherein the principles of beneficence and nonmaleficence speak directly to the prevention and treatment of that which harms the body. However, in cases of pregnancy for black women, there are numerous instances of detrimental outcomes for the mother and/or her child that may be attributed to negligent or ignorant behavior.

When referring to themes of 'care' associated with the Hippocratic Oath, it is to the *prima facie* obligations assumed when one holds the position of a physician- to protect and defend the rights of others, to prevent harm, to remove conditions that may cause harm, to assist the disabled, and to aid those at risk of peril (Beauchamp & Childress 2012, 204). The Hippocratic Oath's promise to 'care' seems unrelated to the

physician-patient relationship for black women during pregnancy and postpartum, as women are frequently at risk of harm without successful medical intervention, if any.

False Perceptions of the Black Body

In antiquity the black body was used and abused for the advancement of the agendas of those in power, some of which had been based on false beliefs about the black body (Trawalter & Hoffman, 2015) , and unfortunately these beliefs continue to inform the behaviors and opinions of many people. These errs in judgement have contributed to the justification of inhumane treatment of black people and although it has been said that the racial attitudes leading to these beliefs are not rooted in racism (Trawalter & Hoffman, 2015) the historical and present day effects remain indifferentiable– black individuals are dying from circumstances otherwise avoidable.

The consensus seems to be that black bodies and white bodies are biologically and fundamentally dissimilar; a theory that is in essence misleading and imaginative (Hoffman et al., 2016). According to Trawalter and Hoffman (2015), many scholars and lay people alike perceive black people as harnessing the ability to withstand more pain than the 'regular human'. This statement seemingly empowers black people, claiming they have superhuman abilities, however in essence it is truly an act of dehumanization. For instance, Jon Simms, a physician regarded as the father of gynecology, is known to have conducted experiments on black females with the justification that "Negresses…will bear cutting with nearly, if not quite, as much impunity as dogs or rabbits" (Trawalter & Hoffman, 2015), and according to recent studies black patients are even given lower amounts of medication for pain than their white counterparts, if given any at all (Hoffman

et al., 2016). Similar to this finding, a study conducted by Todd et al. (2000) concluded that black patients were only 54% likely to receive analgesics for their fractures as opposed to the 74% of white patients (Hoffman et al. 2016). As such, Trawalter and Hoffman (2015) conclude there are two explanations for this disparity, firstly, a black individual's pain is unrecognized or second, black individual's pain is recognized, but not treated, i.e. black patients are handled with ignorance or neglect. A result of these attitudes can be indifference wherein the black patient is poorly cared for either based on a lack of knowledge or implicit or explicit biases. Nonetheless both actions should cause one to reflect on the central theme of 'care' stated in the oath recited. Suffice it to say these rationales may be partially responsible for the lack of care and medical attention provided to black expectant mothers.

In addition to these slants, physicians often stigmatize black women, causing their false beliefs to manifest in detrimental behaviors (Martin et al., 2017). For instance, a pregnant black woman from Arizona was believed to smoke marijuana due to the style she wore her hair, another from Florida was told by her doctor that her shortness of breath was solely due to her obesity, when in reality she was experiencing heart failure and pulmonary edema (Martin et al., 2017). Studies conducted to control for extenuating factors such as socioeconomic status, education, healthcare access and the like, determined that there is an implicit belief about black lives being less valuable than that of white lives, and these entrenched unconscious biases in the medical system perpetuate the racial disparities responsible for the stark difference in mortality and morbidity for black expectant mothers (Martin et al., 2017). The racial disparities of today have not appeared at random, but rather have been a manifestation of historical transgressions

informing egregious ideologies that have unconsciously embedded themselves in the current medical system.

Obstetric Outcomes and the Racial Divide

It has been said that one of the likely causes for increased mortality rates in the US is the increased ability to collect data accurately (Howard, 2017). Although this may be true, it does not account for the disparity demonstrated statistically. There are also many influential risk factors contributing to the difference in obstetric outcomes of black and white women, such as level of education, age, socioeconomic status etc., however many scholars may focus on black people characterized by such factors or even medical conditions prevalent in the African American race, such as diabetes, and conclude racial disparities are unrelated to the damaging and perpetual effects of racism (Bryant et al, 2010), such as implicit bias.

According to research, the rate of childbirth complications observed in white women pales in comparison to that of black women when such factors are taken into consideration. Based on data obtained in 2004, the rate of fetal death was approximately 11.3 black babies vs. 5.0 white babies for every 1000 live births (Bryant et al, 2010). Another statistic contributing to the black-white disparity is attributable to low preterm birth weight, which occurs at a rate of 18.4% in black populations vs. 11.7% in white populations (Bryant et al, 2010). Additionally, maternal outcomes are persistently declining. (Bryant et al, 2010). Based on data from 2005, maternal mortality for white women occurred 11.7 times in every 100,000 live births and 39.2 times for black women (Bryant et al, 2010). More recently black women are found to be 243% more likely to die

from childbirth or pregnancy related complications than their white counterparts (Martin et al., 2017).

While the statistics indicate that pregnancy related complications are due to multiple risk factors, the prevalence of the issue when all factors are controlled for continues to present skewed data. Based on a 2016 analysis it was found that black women who gave birth at local hospitals, despite being college-educated, suffered severe pregnancy/childbirth complications (Martin et al., 2017). The case of Erica Garner, daughter of the police brutality victim Eric Garner, is one of many who suffered a cruel fate post-delivery (Novoa & Taylor, 2018). She had two heart attacks; the second resulted in a coma she did not wake up from (Novoa & Taylor, 2018). Other highly educated, powerful and otherwise healthy women, like Shalon MauRene Irving, Kira Dixon Johnson and Serena Williams are not exempt from the prejudiced treatment exhibited in hospitals that lead to complications or death. These cases are yet another demonstration of how the prevalence of racial disparities and the stresses of racial discrimination have a morbid impact on the black population.

Based on our knowledge of the Hippocratic Oath and its *prima facie* obligations to treat with care, outcomes of these cases can be partially attributed to the lack of care provided to black expectant mothers from their physicians, whether due to ignorance, neglect, or other factors. Considering pregnant women present as two patients in one, the treatment of one simultaneously affects the other, jeopardizing the lives of both.

Conclusion

Implicit racial bias plays a significant role in the racial disparities observed in the modern medical system. As it relates to the Hippocratic Oath, physicians seem to neglect their duty to care for patients in an equitable fashion, leading to the differential treatment of African Americans based on various false beliefs and biases towards black people and the black body.

Racial disparities become an increasingly crucial topic of discussion when this ethical issue applies to the salience of new life. The reality that black babies have a decreased potential for life and black expectant mothers have an increased risk of fatality is disheartening and terrifying for black women and their families. It is also unethical for the reasons it is true. As such I conclude that if the Hippocratic Oath is to be maintained as a medical doctrine of ethics for physicians, it ought to be valued and equally demonstrated. A lack of worth in its ethical framework diminishes its value to those who recite it and the patients who ought to benefit from it.

It is also important to note that I do not conclude that every physician must believe in the Hippocratic Oath as it has deficiencies and is truly not universal. Rather the significance in medical practice ought to be placed on the central theme of patient ‘care’. Whether that framework is inclusive of the Oath or not, physicians, and medical staff alike, are expected to care for all patients equally. It is inequitable practice when one group of patients are dying at increasingly alarming rates when compared to another group with similar medical conditions. This disparity, as such, also elucidates the importance of representation in the medical field.

The centrality of the argument rests in the general belief that the physician's role in society to care and treat does not seem to sufficiently lend itself to the black expectant mother, and this is an ethical issue because it goes against the fiduciary relationship between the physician and their patient and the tenets of the medical field itself, which cannot claim to be accomplished or valued if women and children are dying at such alarming rates. As such, it is important to remember that unchecked bias is just as deadly as untrained surgeons in the operating room; and this is proven in the data.

Works Cited

Beauchamp, T. L., and Childress J.F., *Principles of Biomedical Ethics*. 7th ed., Oxford University Press, 2012.

Bryant, Allison S., et al. "Racial/Ethnic Disparities in Obstetric Outcomes and Care: Prevalence and Determinants." *American Journal of Obstetrics and Gynecology*, vol.202, no. 4, 2010, pp. 335–343., doi:10.1016/j.ajog.2009.10.864.

Butler, Kiera. "Pregnant While Black." *Mother Jones*, 2018.

Hoffman, Kelly M., et al. "Racial Bias in Pain Assessment and Treatment Recommendations, and False Beliefs about Biological Differences between Blacks and Whites." *Proceedings of the National Academy of Sciences*, vol. 113, no. 16, Apr. 2016, pp. 4296–4301., doi:10.1073/pnas.1516047113.

Howard, Jacqueline. "Giving Birth in America." *CNN*, 15 Nov. 2017, www.cnn.com/2017/11/15/health/black-women-maternal-mortality/index.html.

Martin, Nina, and Renee Montagne. "Lost Mothers." *ProPublica*, 7 Dec. 2017, www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth.

Novoa, Christina, and Jamila Taylor. "Exploring African American High Maternal and Infant Death Rates". *Center For American Progress*. 1 Feb 2018,www.americanprogress.org/issues/early-childhood/reports/2018/02/01/445576/exploring-african-americans-high-maternal-infant-death-rates/.

Trawalter, Sophie, and Kelly M. Hoffman. "Got Pain? Racial Bias in Perceptions of Pain." *Social and Personality Psychology Compass*, vol. 9, no. 3, 2015, pp. 146–157., doi:10.1111/spc3.12161.