

Overlooked & Misdiagnosed

Bias in medicine hurts Black Women

By Laura Onyeneho

Imagine experiencing persistent pain, debilitating fatigue or concerning new symptoms, only to be told by a doctor that you're overreacting. Unfortunately, this isn't just a dramatic plot device - it's a harsh reality for many women and minorities navigating the healthcare system.

A concerning trend reveals a significant disparity in diagnoses: women and minorities are far more likely to be misdiagnosed compared to white men. This isn't just anecdotal; studies paint a clear picture. A recent Johns Hopkins University study found that women were 20% more likely to experience a misdiagnosis, and racial and ethnic minorities faced an even higher risk, with rates 30% higher than white men.

These misdiagnoses can have devastating consequences, leading to delayed treatment, unnecessary procedures, and even worsening of the underlying condition.

A LEGACY OF UNEQUAL CARE

Medicine has a long and troubled history of racial and gender-based bias. A 2016 study published in a medical journal revealed that nearly half of first and second-year medical students subscribed to the myth that Black people feel less pain than white people. This prejudice has its origins in the horrors of the 19th century, where enslaved Black people were subjected to barbaric experiments to justify racist ideologies.

Dr. James Marion Sims, considered the "father of gynecology," performed surgeries on enslaved Black women without anesthesia. This not only inflicted unimaginable suffering but also shaped a distorted view of pain tolerance in Black women, a view that persists today. Critics argue that medical ethicists and historians criticized Sims for using enslaved Black bodies as test subjects, prioritizing experiments over treatment.

Sexual and reproductive abuse of enslaved Black women and their partners was a common kind of race-based cruelty throughout the 246-year captivity (1619–1865), which frequently resulted in sanctioned exploitation. Not only were women and girls enslaved, but they also had no control

over their sexuality, were frequently sexually abused, and their reproductive rights were prohibited.

During an interview on New Hampshire Public Radio, Dr. Colene Arnold, a gynecologist who specializes in pelvic pain, and Dr. Keisha Ray, assistant professor at the McGovern Center for Humanities and Ethics, part of the McGovern Medical School at the University of Texas Health Science Center at Houston, shared their takes on the history, and personal biases that contribute to these disparities we see today.

"There's an assumption that Black women don't know their bodies," she said. "They don't understand, that they're not educated about their bodies. And so there's an assumption that what they're coming and presenting with may not be the correct diagnosis."

Dr. Ray agreed and said, "[Many in society hold] this idea that Black women have to be still weak and have to take pain and have to keep going and ignore that pain signal that their bodies are telling them. And so, when they enter a clinical setting, they hold on to this stoic attitude, and doctors mistake it for not being in pain. So, their pain is not treated adequately. They're given ibuprofen or something rather than a recommendation, especially for a stronger pain medication."

STORIES OF PAIN AND DISMISSED CONCERNS

On March 11, beauty influencer Jessica Pettway died from cervical cancer. Pettway was initially diagnosed incorrectly to be suffering from fibroids.

In July 2023, she told her more than 158,000 Instagram followers that she had been diagnosed with cancer. Social media users were stunned by her death, particularly given that she was misdiagnosed numerous times. Before her condition got worse, doctors thought that her "intense vaginal bleeding" was a sign of fibroids.

"My Gyno made it seem like it was so normal and common," explained Pettway in the post. "I didn't think much of it. However, I was passing clots the size of a placenta, which was really alarming."

She added, "I was told I could not get surgery to remove this 'fibroid' due to my lack of blood supply... They recommended I do a biopsy." By the time she received her results, she had stage 3 cervical cancer.

Actress Kyla Pratt was candid about her experience being dismissed by care providers during an episode of the Daytime Emmy-Award-winning series "Recipe for Change." Pratt, a mother of two, shared her encounter with a dismissive care provider who disregarded her concerns during the birth of her second daughter.

"I remember for my second pregnancy, I went into labor early," "The Proud Family" star said. "Being in the hospital, I told the nurse there I was having contractions; she looked at

the machine and said, 'No, you weren't,' and I said, 'Yes, I am. I've done this before; go get my doctor.'"

Her doctor told her that she was six centimeters dilated and had to do an emergency C-section.

"But because I was so small, it wasn't showing up on the machine. In that moment, I didn't recognize when people weren't listening to me because I was young, because I am Black, because I am a woman."

Dr. Omolola Adepoju, Ph.D., the director of research at the Humana Integrated Health Sciences Institute at the University of Houston, also experienced a similar situation during the pregnancy with her third child in 2018. She noticed some blood spotting and went to her doctor to run some tests. She was told that everything was fine, but Adepoju noticed how physically exhausted she was becoming, and it was well beyond the normal pregnancy exhaustion.

"Fast-forward to 28 weeks, I was told the baby had to be taken out immediately. I knew something was wrong with me initially so I wasn't surprised at their response," she said. "When you hear stories like Serena Williams, this isn't the issue about being underserved. It isn't about me not being educated; something else is going on as to why my concerns are not being regarded."



Dr. Omolola Adepoju

MITIGATING BIAS IN MEDICINE AND ADVOCACY

Adepoju broke down a few likely root causes of this problem.

"The first is we lack representation in medicine. Houston is a majority-minority city. Sixty percent of our residents identify as minority, but when you go into the hospitals, the ratios are predominately white," she said. "The likelihood of finding a doctor with similar lived experiences and looks like you are very small."

She also argues that healthcare providers should do more outreach to marginalized communities, especially when it comes to preventative check-ups, and policymakers should share the responsibility. Texas has the highest rate of uninsured people in the country, double the national rate.

"It's said that Black people are less likely to access care because they don't trust the system, but what about if they don't have health-care? And many places don't take Medicaid," she said. "All these barriers to access need to be addressed. Providers may be unable to fix insurance, but policymakers should act fast. We shouldn't be dealing with this in the richest country in the world."



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DR. OMOLOLA ADEPOJU, PH.D.

Overhauling an entire system will take a lot, so Black women must advocate for themselves and take some power back in the doctor's office. Understand your body and what you consider to be normal. Learn the basic tests and procedures for different stages of your life, and don't ignore pain.

"When I go into the doctor's office, I come ready with my list of priorities to review with my physician. I want to ensure I have some skin in the game," Adepoju said. "It feels good participating in my own health."

