



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

NOTICE OF ADOPTION OF A POLICY STATEMENT

Title of Policy Statement: Discrimination in Health Care | POL2022-01

Issuing Entity: Washington Medical Commission

Subject Matter: Sets the conduct expectation for MD and PA licensees to provide discrimination free health care.

Effective Date: March 4, 2022

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Policy Statement



WASHINGTON
**Medical
Commission**
Licensing, Accountability, Leadership.

Title:	Discrimination in Health Care	POL2022-01
References:	RCW 18.130.180(4)	
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Approved By:	John Maldon, Chair (signature on file)	

Policy

Discrimination in health care violates the standard of care and presents a risk of harm to patients and is unprofessional conduct under RCW 18.130.180(4). The Washington Medical Commission (WMC) recognizes that discriminatory behavior can encompass a broad continuum of behavior, ranging from unintentional behavior, to conduct taken with reckless disregard for the dignity of the patient, to deliberate discriminatory behavior.

The Washington Medical Commission is committed to establish and maintain an environment for patients and practitioners free of discrimination. The WMC sets the expectation for all licensees that everyone shall be treated with dignity, respect and provided with equal opportunities in the healthcare delivery system. For further discussion, see the WMC Position Statement “Racism in all its forms is a public health issue”.¹ To mitigate the impacts of discrimination and promote a culture of inclusion, the WMC adopts this policy to consistently apply the included framework to reports of discrimination.

Key Terms

The following definitions are intended to provide a common understanding within this Policy and provide a context for discrimination in healthcare.

Bias: Tendency to favor one group over another; biases can be favorable or unfavorable and implicit or explicit.

Discrimination: Unfair treatment characterized by implicit and explicit bias, including microaggressions, or indirect or subtle behaviors that reflect negative attitudes or beliefs about a non-majority group. Discrimination in healthcare are differences in the quality of healthcare

¹ <https://wmc.wa.gov/sites/default/files/public/Newsletter/RacismInAllItsForms.pdf>

delivered that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.

Explicit Bias: The attitudes and beliefs we have about a person or group on a conscious level, that is we are aware and accepting of these beliefs, and they are usually expressed in the form of discrimination, hate speech or other overt expressions.

Health disparities: A health difference that is closely linked with social, economic, and environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group or other characteristics historically linked to discrimination or exclusion.

Health inequities: Systematic differences in the health status of different population groups. Health differences that are avoidable, unnecessary, and unjust.

Implicit Bias: subconscious feelings, perceptions, attitudes, and stereotypes that have developed as a result of prior influences and imprints. It is an automatic positive or negative preference for a group, based on one's subconscious thoughts. However, implicit bias does not require animus; it only requires knowledge of a stereotype to produce discriminatory actions.

Microaggression: Brief and commonplace daily verbal/nonverbal behavioral, and environmental indignities whether intentional or unintentional that communicate hostile, derogatory or negative racial/ethnic, gender, sexual orientation, and religious slights and insults.

Prejudice: An unfavorable opinion or feeling formed beforehand or without knowledge, thought, or reason; a primary determinant of discriminatory behavior.

Social determinants of health: The conditions in the environment where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Background

Discrimination is a social determinant of health that violates fundamental human rights and impedes access to quality and equitable healthcare. It is present across medical specialties and takes many forms, from overt prejudice or explicit bias to more subtle microaggressions to implicit bias. Research shows that the vast majority of health care provider discrimination is the result of implicit, not explicit bias. Implicit bias is present in all human beings and operates at the subconscious level, resulting in unintentional behavior toward certain groups of people. In health care, implicit bias results in health disparities and health inequities.²

² Matthew, Dayna. *Just Medicine*. New York, New York University Press, 2015.

Discrimination in health care disparately impacts different population groups, including people of color, ethnic origin, religious beliefs, sexual and gender preferences, and other minorities.

The impacts of discrimination have been studied and documented in the healthcare system. Discrimination is associated with both increased incidences and adverse outcomes for a number of disease processes such as: the development of mental health issues, hypertension, cardiovascular disease, obesity, breast cancer, substance abuse, worse perinatal outcomes and pre-mature mortality.³ It may trigger negative emotional reactions, leading to changes in health behaviors, such as avoiding medical care, decreased adherence to medical regimens, and engagement in high-risk behaviors.⁴ There is an association between reports of discrimination and adverse cardiovascular outcomes, body mass index (BMI) and incidence of obesity, hypertension and nighttime ambulatory blood pressure, insomnia, engagement in high-risk behaviors and alcohol misuse.⁵ Discrimination may lead to the development of inappropriate alterations of treatment regimens as has been seen with pain management, admission algorithms, and care management programs.⁶

Framework

Discrimination violates the standard of care and is unprofessional conduct. If discriminatory behavior is identified in a report or investigation, the WMC will take appropriate action based on the severity of the conduct. Discrimination types include but are not limited to the following:

- Age
- Race
- Ethnic origin/ Place of origin
- Citizenship/ Immigration status
- Religion/ Ideology
- Sex
- Weight
- Socio-economic / Housing Status
- Relationship/ Marital arrangement
- Disability (including mental, physical, developmental or learning disabilities)
- Criminal Record

³ Williams, D.R., Mohammed, S.A. Discrimination and racial disparities in health: evidence and needed research. *J Behav Med* 32, 20–47 (2009). <https://doi.org/10.1007/s10865-008-9185-0>

⁴ Aronson, J., Burgess, D., Phelan, S.M. and Juarez, L 2013: Unhealthy Interactions: The Role of Stereotype Treat in Health Disparities *American Journal of Public Health* 103, 50_56, <https://doi.org/10.2105/AJPH.2012.300828>

⁵ Lewis, T. T., Cogburn, C. D., & Williams, D. R. (2015). Self-reported experiences of discrimination and health: scientific advances, ongoing controversies, and emerging issues. *Annual review of clinical psychology*, 11, 407–440. <https://doi.org/10.1146/annurev-clinpsy-032814-112728>

⁶ Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., Eng, E., Day, S. H., & Coyne-Beasley, T. (2015). Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review. *American journal of public health*, 105(12), e60–e76. <https://doi.org/10.2105/AJPH.2015.302903>

- Sexual orientation
- Gender identity/ Expression
- Language/ Accent
- Close relationship with a person identified by one of the above types

WMC Action

Discrimination in health care violates the standard of care and presents a risk of harm to patients and is unprofessional conduct under RCW 18.130.180(4).

All WMC commissioners, attorneys and investigators are required to receive training to identify discriminatory behavior by health care practitioners and the understanding of its impact on the delivery of care.

Discriminatory behavior can encompass a broad continuum of behavior, ranging from unintentional behavior, to conduct taken with reckless disregard for the dignity of the patient, to deliberate discriminatory behavior. At one end of the continuum, the behavior may be remediated with education and guidance. At the other end of the continuum, when the behavior is deemed reckless or intentional, the WMC may consider stronger measures, such as a restriction of practice, a mental or physical examination, and letters of apology to the patient and others impacted. In serious cases, if the practitioner cannot be rehabilitated, the WMC may choose to revoke the practitioner's license to practice medicine in accordance with the Uniform Disciplinary Act (Chapter 18.130 RCW) to protect the public from harm.

Practitioners should be aware that discriminatory behavior may also violate both state and federal law, including the Washington Law Against Discrimination (Chapter 49.60 RCW), the Civil Rights Act of 1964, and the Americans With Disabilities Act.