Assignment 3: The Application Paper

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Author Note

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In the article, *the unexpected influence of physician attributes on clinical decisions: results of an experiment,* the authors attempt to find an answer to a sociological problem of health care staff of being influenced by non-clinical factors such as personal attributes or socio-economic status (SES) when making clinical-decisions regarding their patients. For this purpose, McKinlay, Lin, Freund, and Moskowitz (2002) designed an experiment to assess the extent to which a patient’s gender, SES, age or race could influence clinical decisions and whether characteristics such as race, age, expertise or gender of the physician can solely or in combination with patient characteristics, affect their decision making. Through this, they sought to establish if a significant change in medical decisions occurred as a result of these non-clinical characteristics or influences. Generally, it is regarded that a patient’s SES, quality of life, interactions, or ethnicity should not influence what professional decision is taken regarding their treatment; however, a number of earlier and recent studies have pointed to the existence of this problem. In effect, it can serve as a considerable obstacle in establishing evidence-based clinical practice and has to be understood in the way it affects decisions, to be able to devise effective strategies in ensuring that these influences do not influence evidence-based clinical practice.

The experiment was designed in a way that 16 different videos were randomly showed to 128 physicians in the U.S., which portrayed interactions between physicians and patients regarding the two conditions of depression and PMR. In each video, four different combinations of patient characteristics were used, for instance, white or blue-collar occupation, white or black, female or male, age between 65 to 80. For the selected physicians, the characteristics were the same except for their time since graduation, and their status as a practitioner. The measured outcomes included certainty with regards to adhering to a particular diagnosis, most likely diagnosis and the number of screenings and tests recommended.

The findings showed that the characteristics and attributes of the patients such as their SES, gender, race or age did not affect the outcomes which were studied in both medical conditions. However, physician characteristics such as their age, race, specialty, and status significantly affected their clinical decision making. This showed that those characteristics that are considered to be inessential or non-consequential clinically played a significant role in influencing decision making among practitioners whereas patient characteristics did not considerably affect the outcomes.

In my view, the findings from the study are highly relevant to the healthcare industry since it is generally thought that each doctor, regardless of their status, race would apply the same evidence-based clinical approach to treatment and diagnosis regardless of it. Other studies have similarly found that female physicians have a greater likelihood of being affected by the patient’s expectations and psychosocial factors when they make decisions, spending more time with them and providing them a longer consultation when they provide it to the patient of the same gender (Hajjaj, Salek, Basra, & Finlay, 2010). Likewise, hospitals are under pressure from employers, insurance companies to make cost considerations, while cost-sharing with patients can also play a role (Pham, Alexander, & O’Malley, 2007). In this study, another significant aspect was that younger and more inexperienced physicians tended to order more tests than older ones. Although, it is assuring that patient attributes did not affect decision making, however, I feel there is a clear risk that such influences may interfere with the quality of care provided. Physicians, in my view, should be provided with a greater awareness of the presence of such biases and made aware of the consequences and potential implications of these differences with regards to patient outcomes. I believe it should be a part of their professional training to consider these biases at play and take appropriate measures to ensure that such non-clinical social and physical characteristics do not interfere with practice.

# References

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