Trans-Ethnic Medical Practice in the United States and Europe

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ABSTRACT

The great majority of publications on racial bias in medicine have originated in the United States. (1) Over the past thirty years many hundreds of these publications have demonstrated the prevalence of racially motivated diagnoses and treatments (or failures to treat) in every major medical subspecialty: cardiology, obstetrics and gynecology, dermatology, psychiatry, organ transplantation, hip and knee replacements, and others. Analyzing racially distorted diagnoses and misguided therapeutic procedures can enable doctors to avoid predictable medical errors and thereby prevent harming patients while developing a better understanding of how to treat them effectively. These diagnostic and therapeutic errors result from the conversion of societal racial folklore about non-white groups into the medico-racial folklore that infiltrates itself into clinical thinking and practice.

These research findings can be applied to trans-ethnic medical relationships in European societies. For example, relationships between German doctors and Turkish patients have demonstrated, far outside the American context, a standard repertory of problems that can affect trans-ethnic medicine in many societies. Misdiagnoses are common. For example, a patient can wake up with surgical scars he cannot explain. One German doctor, lacking more rational alternatives, diagnosed pain experienced by a Turkish patient as the result of "an Anatolian stomach." Depression and schizophrenia are routinely

misdiagnosed, as is also the case in the United States when diagnosing black patients. Like black men in the United States and the United Kingdom, immigrants are over-prescribed psychiatric drugs. (In the United States, this is often in lieu of psychotherapy.) As in the case of African-Americans, immigrant patients show a disproportionate tendency to somaticize psychic problems and convert them into physical pain. Turkish women present in disproportionate numbers with "hysterical" or "psychogenic" attacks. Culturally determined conceptions of illness can differ and perplex European doctors unfamiliar with the cultures of these new patients. Once again as in the case of African Americans, immigrants often delay seeking care and consequently present with more advanced disease. Doctors' resentment of foreigners can also play a role in clinical care. One Turkish patient was told to learn German before he would be eligible for a heart transplantation. In the United States, racial aspects of organ transplantation decisions are more subtle, but they persist. (2, 3)

In summary, Western doctors – German, Danish, American, and others – confront an entire repertory of diagnostic and therapeutic decisions that are complicated, or even rendered impossible, by racial and ethnic factors. Historical analysis of such medical errors and conundrums as recorded in the medical literature can illuminate the causes of these problems and thereby predict and prevent some medical errors that originate in an ethnocentric medical perspective. (4, 5)

(1) Raj S Bhopal, "Racism in health and health care in Europe: reality or mirage?" *European Journal of Public Health* 17: 3 (June 2007).

(2) "Anatolischer Bauch," *Der Spiegel* (June 19, 2000); "Mein Nabel ist gefallen," *Der Spiegel* (January 5, 2004).

(3) Natasia K. Jensen et al., "Providing medical care for undocumented migrants in Denmark: what are the challenges for health professionals?" *BMC Health Service Research* 11 ((2011).

(4) John Hoberman, *Black & Blue: The Origins and Consequences of Medical Racism* (Berkeley: University of California Press, 2012).

(5) John Hoberman, "Medical Education and the Challenge of Race," in *Teaching Health Humanities*, Olivia Banner, Nathan Carlin, Thomas R. Cole, eds. (New York: Oxford University Press, 2019): 111-128.