



Correspondence

Consideration of religion as a source of unconscious bias affecting surgical outcomes[☆]

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Complications

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Dear Editor,

Disparities in access to health care and care outcomes exist across racial, ethnic, and other group differences [1]. Research on disparities by religious affiliation is sparse, with very few studies examining group differences in access to health care or care outcomes [2]. Few national surveys collect religious affiliation, which hinders our ability to investigate the impact of religion on care quality or outcomes. The potential role of health care provider implicit (unconscious) bias or other provider attitudes have not been examined, though they have been shown to contribute to racial and other disparities in many types of care, including surgery [3,4].

We set out to assess whether differences in surgical care referral, utilization, or outcomes by patient religion exist at Mayo Clinic, in order to then explore whether health care provider factors, including implicit bias or stereotypes contributed to such differences. Many people want the beliefs and traditions of their religious or cultural group to be honored and considered during clinical decision-making [5]. However, we sought to determine whether differences in surgical care or outcomes would persist independent of patient preferences, suggesting that variation in care quality is related to health care provider factors, and represented inappropriately disparate decision-making or care processes.

Prior to beginning this investigation, we queried our institution's electronic health record (EHR) to see how many surgical patients across Mayo Clinic's three main hospital sites (Rochester MN, Phoenix AZ, and Jacksonville FL) from January 1, 2019 through June 30, 2019 had religion included in their medical record. We identified 91,776 unique patients over this time period; 63,738 patients had their religion documented whereas 28,038 (30.6%) patients had their religion field as blank or unknown (Fig. 1). It is difficult to characterize the patients for whom religion is not known, however, it is possible that staff assumptions about the patient's religion may influence whether it is asked of the patient or recorded, either because of lack of comfort discussing religion or the presumption that it would not be an important factor affecting care. Thus, our next steps include exploring and overcoming barriers to ascertaining and recording religion in the EHR. We encourage Mayo

Clinic staff to query every patient about their religion and record their response in the EHR. Besides aiding the investigation of a possible association between religious differences and care or outcomes, religion is important to many of our patients. Asking about and trying to understand a patient's religious beliefs will help us appreciate the patient's unique background, inform shared decision-making, and prevent incorrect assumptions about the patient's religion from impacting care.

Ethical approval

No institutional review board approval requested or required.

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None.

Author contribution

Steven Porter: Conceptualization, Methodology, Writing – Original draft preparation, Data curation Jenna Lovely: Conceptualization, Methodology, Writing – Original draft preparation, Data curation, Writing- Original draft preparation. Sean Phelan: Conceptualization, Methodology, Writing – Original draft preparation, Data curation, Writing- Original draft preparation.

Guarantor

Steven Porter MD.

[☆] Provenance and peer review, not commissioned, internally peer-reviewed.

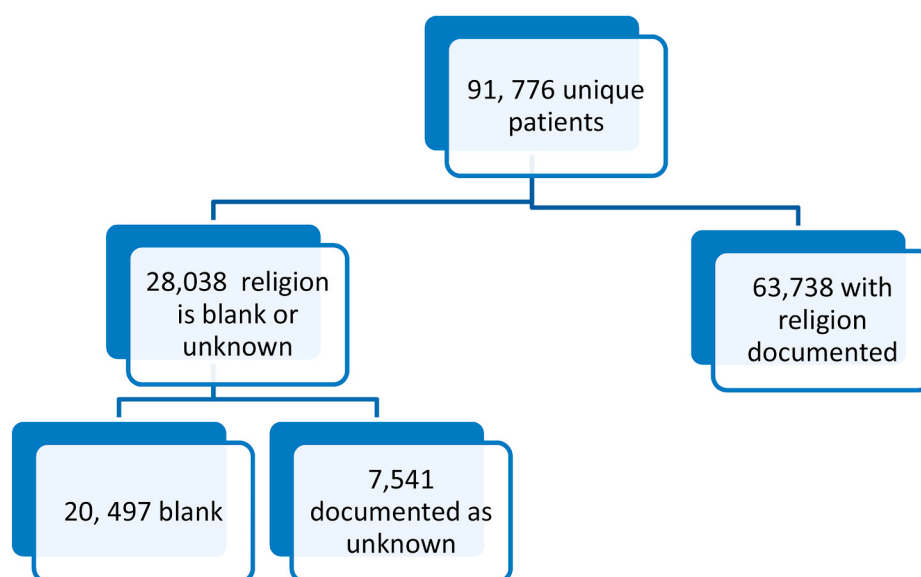


Fig. 1. Number of surgical patients from 1/1/19 through 6/30/19 with and without a completed religion field in their electronic medical record.

Data statement

As the only data presented in this Correspondence is simply a count of patients in different categories, we have no additional research data to share.

Declaration of competing interest

The authors declare that they have no known competing interests or personal relationships that could have appeared to influence the work reported in this paper.

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