



# Diversity, Equity and Inclusion in Pediatric Medicine: An Ethical Discussion

Gabrina L. Dixon, M.D., M.Ed., F.A.A.P.  
Attending Physician

Associate Medical Education Director, Howard Medical Student Inpatient Rotation  
Director, Hospital Medicine Division, Children's National Hospital  
Associate Professor of Pediatrics,  
George Washington University School of Medicine and Health Sciences

Ms. Brigid Herrick, M.P.H., M.S., C.P.X.P.  
Chief Experience Officer,  
Healthcare Ethics Committee Co-Chair  
Walter Reed National Military Medical Center

27 APR 2023  
1130-1300

Army Chaplain Maj. Vincent Bain, Ph.D., M.Div., M.B.E.  
Ethics Advisor,  
Healthcare Ethics Committee Co-Chair  
Walter Reed National Military Medical Center

# Diversity, Equity and Inclusion in Pediatric Medicine

# Presenter

**Gabrina L. Dixon, M.D., M.Ed., F.A.A.P.**

Attending Physician

Associate Medical Education Director, Howard Medical Student Inpatient  
Rotation

Director, Hospital Medicine Division, Children's National Hospital

Associate Professor of Pediatrics,

George Washington University School of Medicine and Health Sciences  
Washington, DC

# Gabrina L. Dixon, M.D., M.Ed., F.A.A.P.



Dr. Gabrina Dixon is a pediatric hospitalist attending at Children's National Hospital in Washington, DC. She is an Associate Professor of Pediatrics at George Washington University School of Medicine and Health Sciences, Washington, DC. She enjoys being able to teach fellows, residents and medical students about general pediatrics and pediatric hospital medicine.

Due to her love of teaching, Dr. Dixon received a Master of Arts in Education from George Washington University in 2018. In addition to her regular responsibilities, she is the associate director of medical education responsible for directing Howard University medical students' inpatient rotation at Children's National.

She is also the director of Advancing Diversity in Academic Pediatrics (ADAP), a program at Children's National aimed to increase medical students underrepresented in medicine to pursue academic pediatrics.

Her research interests include diversity, equity and inclusion, and bias in academic medicine.

# Disclosures

- Dr. Dixon has no relevant financial or non- financial relationships to disclose relating to the content of this activity.
- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.
- This continuing education activity is managed and accredited by the Defense Health Agency, J-7, Continuing Education Program Office (DHA, J-7, CEPO). DHA, J-7, CEPO and all accrediting organizations do not support or endorse any product or service mentioned in this activity.
- DHA, J-7, CEPO staff, as well as activity planners and reviewers have no relevant financial or non-financial interest to disclose.
- Commercial support was not received for this activity.

# Learning Objectives

At the end of the activity, participants will be able to:

1. Describe the current state of diversity in medicine, specifically academic pediatrics.
2. Explain how bias can impact career development.
3. Discuss how bias creates inequities in the care of diverse patient populations.

# Underrepresented Minority (URM) vs. Underrepresented in Medicine (UIM)

- Underrepresented Minorities: African-Americans, Mexican-Americans, Native Americans and mainland Puerto Ricans
- Underrepresented in Medicine: those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population

(Association of American Medical Colleges, 2022)



(<https://betterbikeshare.org/2019/10/24/equity-vs-equality>)



# What is Bias?

- Conscious Bias
- Unconscious or Implicit Bias
- Micro-aggressions

# Implicit Bias

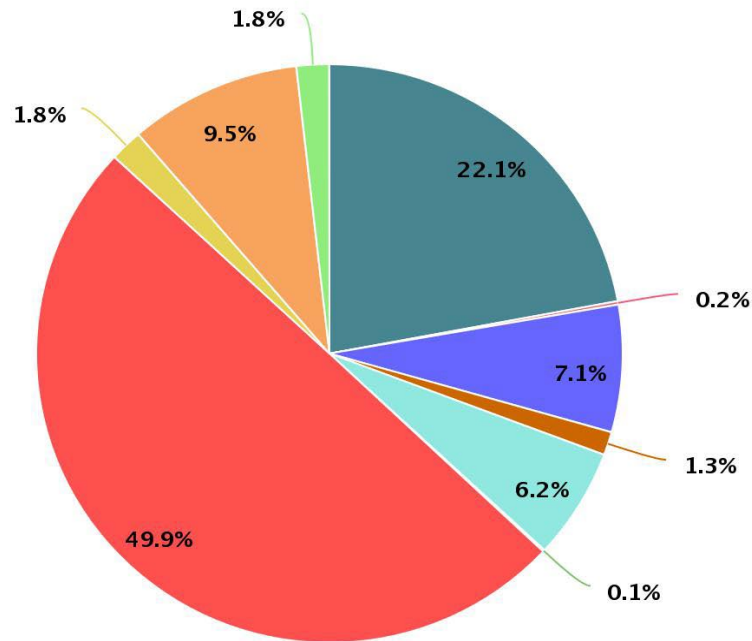
Video:

- <https://youtu.be/1JVN2qWSJF4>





Figure 8. Percentage of matriculants to U.S. medical schools by race/ethnicity (alone), academic year 2018–2019.



*Click on legend item below to add or remove a section from the report.*

- American Indian or Alaska Native (39)
- Asian (4,787)
- Black or African American (1,540)
- Hispanic, Latino, or of Spanish Origin (1,350)
- Multiple Race/Ethnicity (2,045)
- Native Hawaiian or Other Pacific Islander (23)
- Non-U.S. Citizen or Nonpermanent Resident (280)
- Other (381)
- Unknown Race/Ethnicity (394)
- White (10,783)

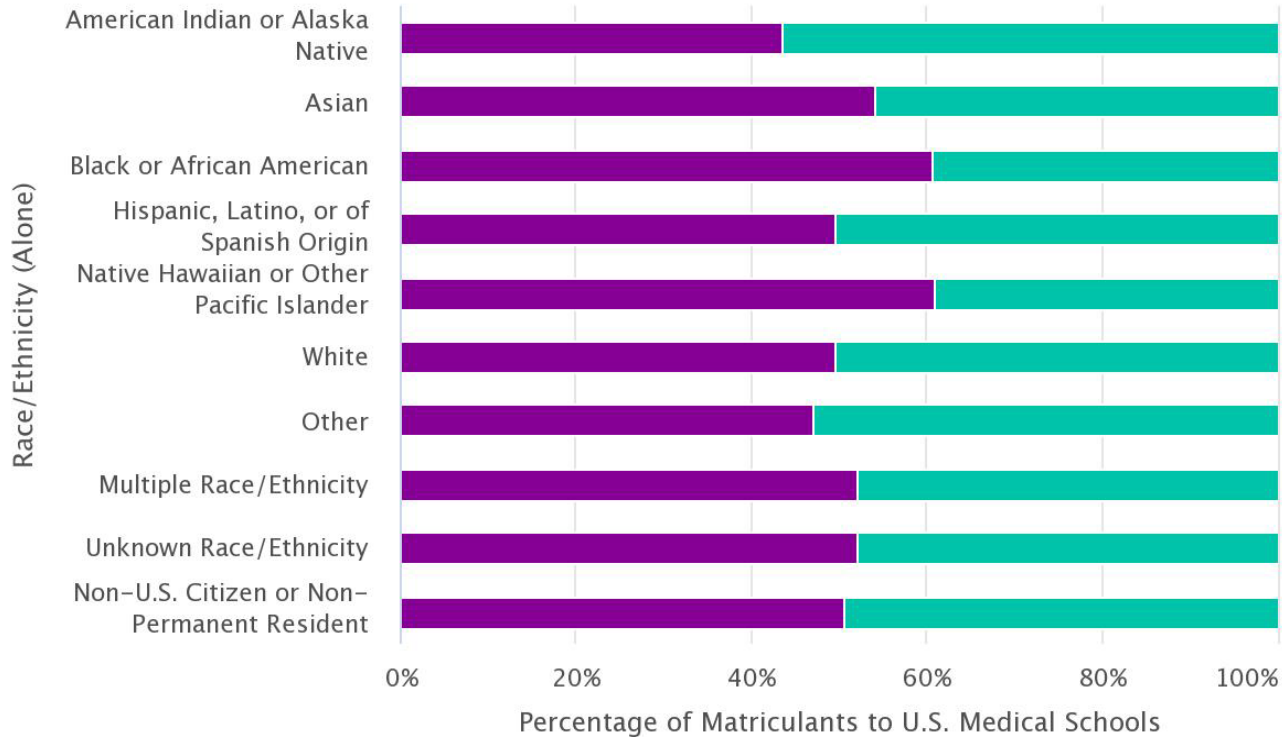
Note: Race/ethnicity “alone” indicates that an individual is reported in only one race/ethnicity category. The “Multiple Race/Ethnicity” category includes individuals who selected more than one race/ethnicity response. The “Non-U.S. Citizen or Nonpermanent Resident” category may include individuals with unknown citizenship.

(AAMC, 2019)



**Children's National**™

Figure 9. Percentage of matriculants to U.S. medical schools by race/ethnicity (alone) and sex, academic year 2018–2019.



*Click on legend item below to add or remove a bar from the report.*

● Female ● Male

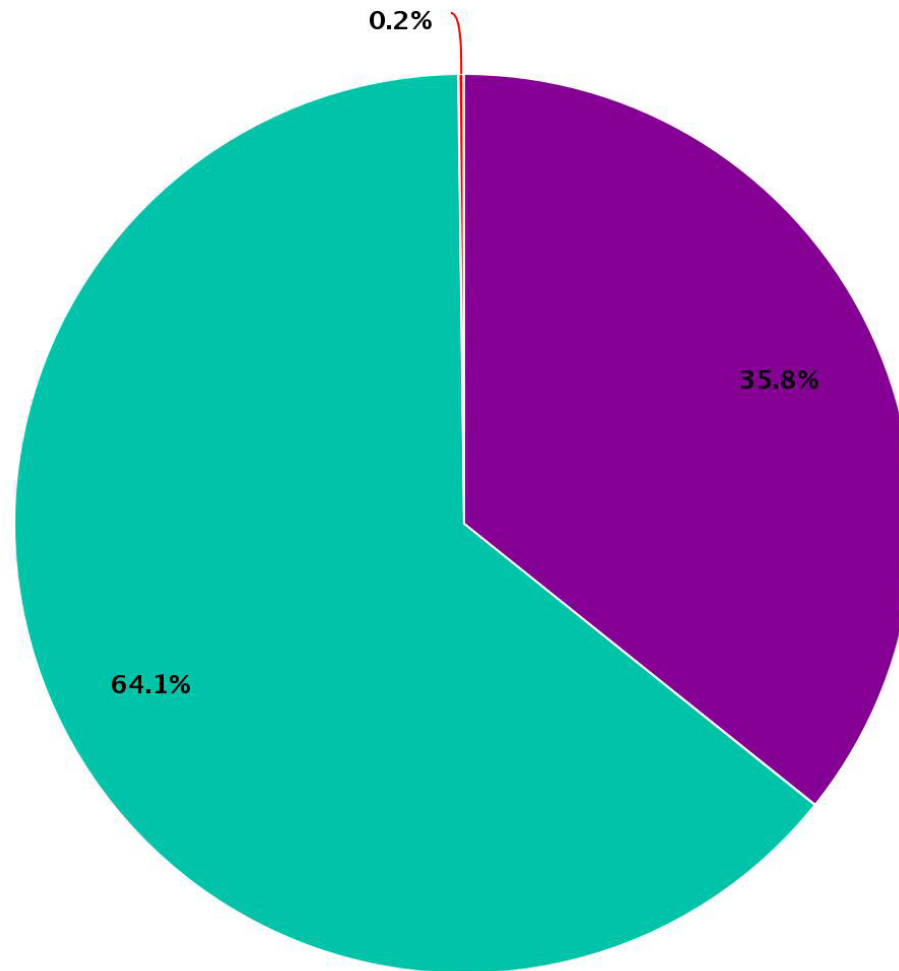
Note: Race/ethnicity “alone” indicates that an individual is reported in only one race/ethnicity category. The “Multiple Race/Ethnicity” category includes individuals who selected more than one race/ethnicity response. The “Non-U.S. Citizen or Nonpermanent Resident” category may include individuals with unknown citizenship.

(AAMC, 2019)



Children's National™

Figure 19. Percentage of physicians by sex, 2018.



*Click on legend item below to add or remove a section from the report.*

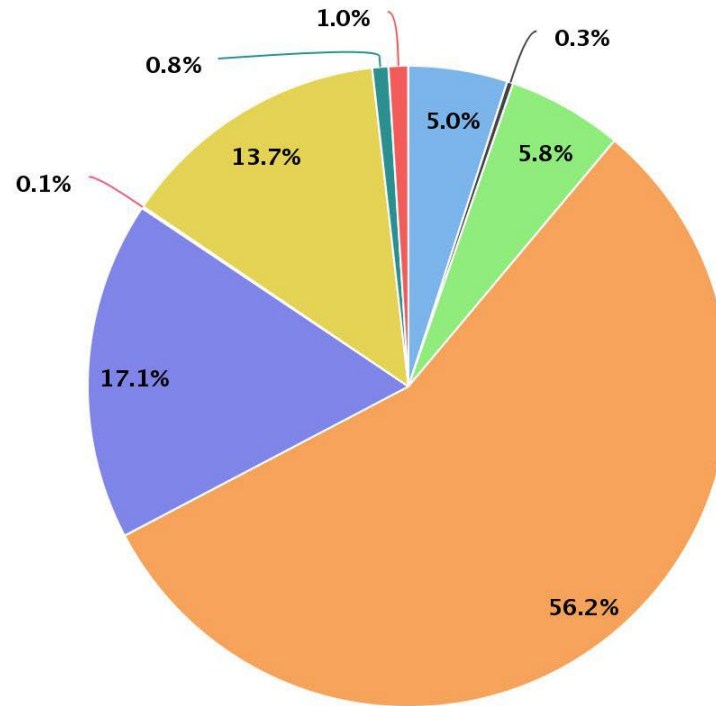
- Female (328,463)
- Male (588,649)
- Unknown (1,435)

(AMA, 2018)



**Children's National**™

Figure 18. Percentage of all active physicians by race/ethnicity, 2018.



Click on legend item below to add or remove a section from the report.

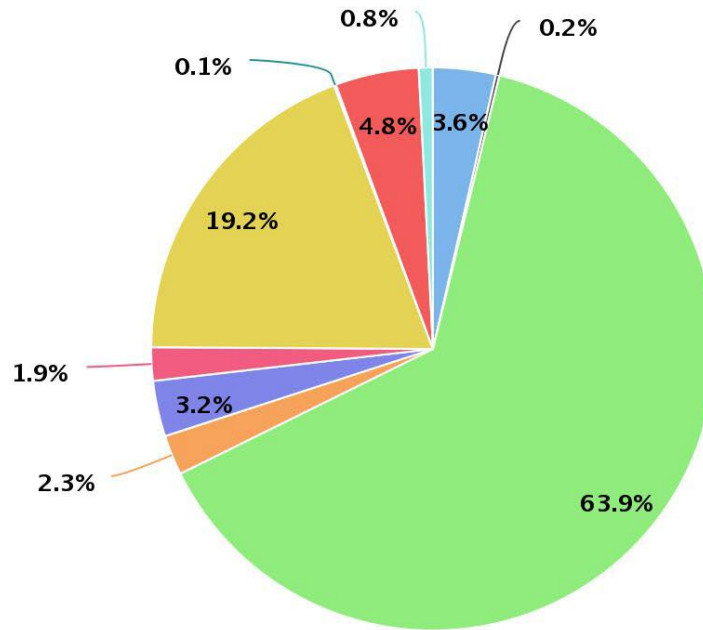
- American Indian or Alaska Native (2,570)
- Asian (157,025)
- Black or African American (45,534)
- Hispanic (53,526)
- Multiple Race, Non-Hispanic (8,932)
- Native Hawaiian or Other Pacific Islander (941)
- Other (7,571)
- Unknown (126,144)
- White (516,304)

(DBS, ERAS, APP, MCAT., 2019)

Note: Figure 18 shows the percentage of active physicians by race and ethnicity as of July 1, 2019.



Figure 15. Percentage of full-time U.S. medical school faculty by race/ethnicity, 2018.



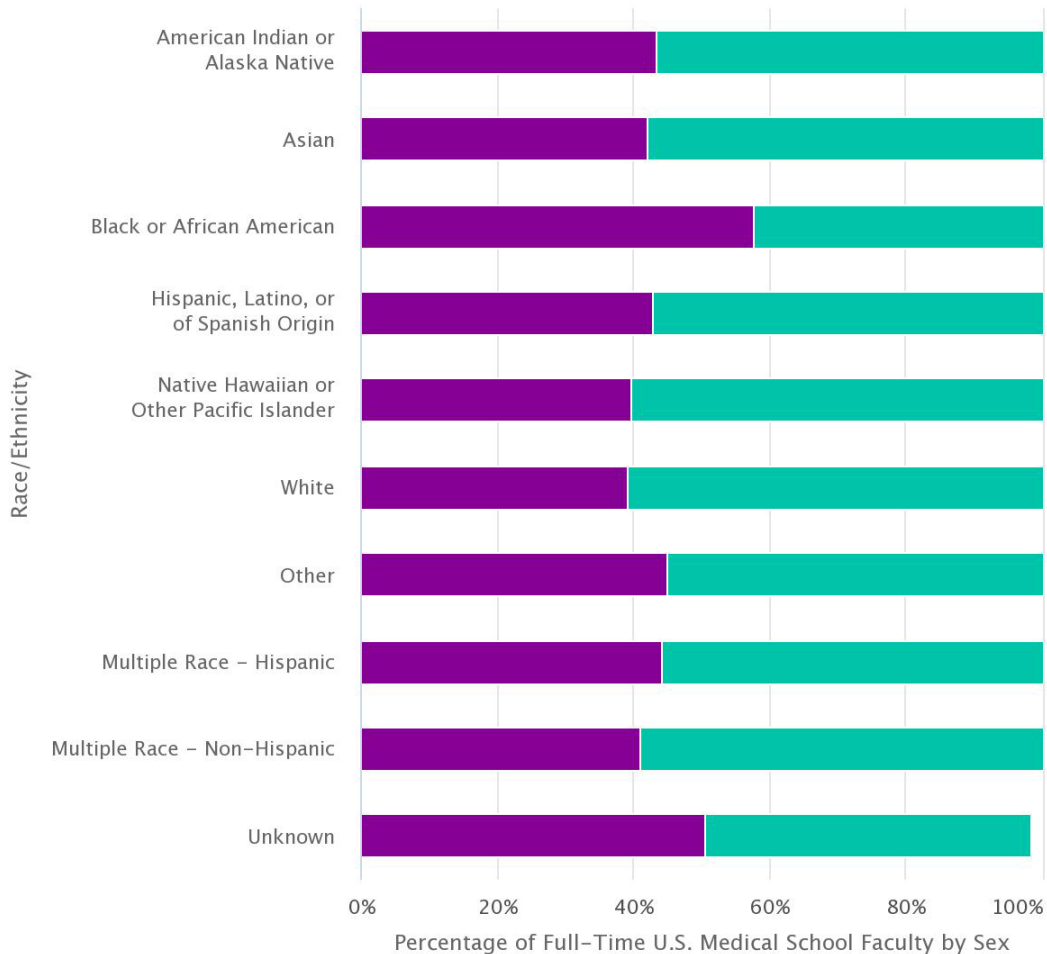
Click on legend item below to add or remove a section from the report.

- American Indian or Alaska Native (274)
- Asian (34,015)
- Black or African American (6,288)
- Hispanic, Latino, or of Spanish Origin (5,734)
- Multiple Race - Hispanic (3,978)
- Multiple Race - Non-Hispanic (3,441)
- Native Hawaiian or Other Pacific Islander (141)
- Other (1,456)
- White (112,894)
- Unknown (8,511)

(AAMC, 2018)

Note: To allow for unduplicated counts of faculty, "Multiple Race - Hispanic" includes all faculty who were reported as Hispanic and at least one other race/ethnicity. "Multiple Race - Non-Hispanic" includes all faculty who were reported as more than one race/ethnicity but who were not reported as Hispanic.

Figure 16. Percentage of full-time U.S. medical school faculty by sex and race/ethnicity, 2018.



*Click on legend item below to add or remove a bar from the report.*

● Female ● Male

(AAMC, 2018)

Note: To allow for unduplicated counts of faculty, the "Multiple Race – Hispanic" breakout includes all faculty who are reported as Hispanic and at least one other race/ethnicity. The "Multiple Race – Non-Hispanic" breakout includes all faculty who are reported as more than one race/ethnicity but who are not reported as Hispanic. The figure excludes 243 faculty with missing sex data.

# Factors that Influence Underrepresented in Medicine (UIM) Medical Students to Pursue a Career in Academic Pediatrics

- This study was funded by COMSEP(The Council of Medical Student Education in Pediatrics), Richard T. Sarkin Foundation for Medical Education and the medical education department at Children's National Hospital.

(Dixon G, Kind T, Wright J, et al., 2020)

# Factors that Influence Underrepresented in Medicine (UIM) Medical Students to Pursue a Career in Academic Pediatrics

- Institutional Review Boards (IRB) approval at Children's National Hospital
- E-mail and meeting announcements at pediatric interest association about a qualitative study for UIM medical students
- Informed consent from all participants
- Each participant received a \$25 gift card

(Dixon G, Kind T, Wright J, et al., 2020)

# Factors that Influence Underrepresented in Medicine (UIM) Medical Students to Pursue a Career in Academic Pediatrics

- 3 focus group conducted with 1<sup>st</sup>, 2<sup>nd</sup> and 4<sup>th</sup> year medical students lasting 60-90 minutes
- Total of 20 students but only 18 completed demographic data

(Dixon G, Kind T, Wright J, et al., 2020)

# Factors that Influence Underrepresented in Medicine (UIM) Medical Students to Pursue a Career in Academic Pediatrics

- **Total number of Medical Students**
  - 20 (18 completed demographic data)
- **Age**
  - Age 21-30 (17) Age 31-40 (1)
- **Gender**
  - Males (3) Females (15)
- **Race/Ethnicity**
  - Black/African-American (14), Hispanic/Latino (1), Black/African-American and Hispanic/Latino (1), Black/African-American and Native American/Alaska Native (1), Iranian American (1)
- **Advanced Degrees**
  - 6

(Dixon G, Kind T, Wright J, et al., 2020)

# Results-Quotes from Participants

- Theme 1: Being an Academic Pediatrician
- So, I define it as teaching in every sense of the word. I just found out this year, last year the doctor in Latin means to teach. So that was cool...

(Dixon G, Kind T, Wright J, 2020)

# Results-Quotes from Participants

- Theme 2: Debt Literacy
- If they already have a significant sum from their undergraduate that might make them that much more reluctant to pursue another degree, even if it's not in medicine.

(Dixon G, Kind T, Wright J, et al., 2020)



# Results-Quotes from Participants

- Theme 3: Mentorship
- Mentorship was a key influence on students being interested in academic pediatrics
- Mentors did not have to be URM
- As soon as I started medical (med) school they connected us with like a clinical mentor and we did our preceptorship and she's a neonatologist and I never met a black neonatologist before, and I loved what she did and now I'm interested

(Dixon G, Kind T, Wright J, et al., 2020)

# Results-Quotes from Participants

- Theme 4: Being Role Models
- I came in to see a patient, she and her daughter were there, they were minorities. And the woman looked at me and she was so surprised, she had never seen... or she had barely seen a minority medical student and she was just like very encouraged, and she was talking to her daughter about that, and all this.

(Dixon G, Kind T, Wright J, et al., 2020)

# Results-Quotes from Participants

- Theme 5: Family Influence
- I'd have to say my mom. Ever since I was young, she told me, "you can do anything you want." And she's not a doctor, she's like a substitute teacher but she's always like, "do your best," and pushing forward and just really instilled that in me at a young age. And she never... she was always saying, "don't let the color of your skin... don't let your socioeconomic status dictate your future." And so, I think that's why I have this kind of inner push, like, "Oh I can do anything that I put my mind to it," and that's from her.

(Dixon G, Kind T, Wright J, et al., 2020)

# Results-Quotes from Participants

- Theme 6: URM Physicians as Influence
- I mean if you're a resident in a program and you have like a minority attending, you're going to feel so much more supported for like someone you can go to and talk to and have an interpersonal relationship so that would like again I think help more people choose it as a field. I didn't even think about like Academic Pediatrics as a field until recently when I met like Dr. F (name changed for anonymity) and a few other people that like 'oh there's a career in it so I think it just creates an exposure around this kind of budding field in terms of Academic Pediatrics.

(Dixon G, Kind T, Wright J, et al., 2020)

# Results-Quotes from Participants

- Theme 7: Barriers to Academic Medicine
- I would say one barrier is not really knowing much about it, not knowing about recruitment at first and things like that, so the lack of awareness, lack of knowledge about Academic Medicine.

(Dixon G, Kind T, Wright J, et al., 2020)

# Results-Quotes from Participants

- Theme 8: Lower Expectations as URM
- ...I've always felt like people just expect less of me. When I was in high school, for example, and I told my counselor I wanted to take AP (Advance Placement) classes because we had to sign it off with the counselor, they said, “Oh, you know... minorities don’t tend to do well in those classes, maybe you should take other classes.” When I told them the colleges I was applying to and I was applying to some prestigious colleges, they said, “Maybe you should put more safe schools on your list.”

(Dixon G, Kind T, Wright J, et al., 2020)

# Results-Quotes from Participants

- Theme 9: Working with Kids
- Peds (Pediatrics) is one of my choices because I did work with kids like in high school and I think the biggest impact was I did Big Brothers Big Sisters in college and I'm still like connected...

(Dixon G, Kind T, Wright J, et al., 2020)

# Conclusions

- Mentorship in academic pediatrics was important
- Family had an influence on the students pursuing medicine
- Lack of knowledge about academic pediatrics and debt from school were barriers in pursuing academic pediatrics

(Dixon G, Kind T, Wright J, et al., 2020.)



# Factors That Influence the Choice of Academic Pediatrics by Underrepresented Minorities

- This study was funded by the Council on Medical Student Education in Pediatrics (COMSEP), Richard T. Sarkin Foundation for Medical Education and the medical education department at Children's National Hospital.

(Dixon G, Kind T, Wright J, et al., 2019)

# Factors That Influence the Choice of Academic Pediatrics by Underrepresented Minorities

- 3 focus groups of URM pediatric faculty from Howard University College of Medicine (HUCM) and Children National Hospital (CNHS)
- 10 one-on-one interviews
- Focus groups were coded and analyzed by the research team
- Interviews were coded and analyzed by primary investigator and verified by research team members

(Dixon G, Kind T, Wright J, et al., 2019)

# Factors That Influence the Choice of Academic Pediatrics by Underrepresented Minorities

- 15 faculty participated in the focus groups
- 10 faculty participated in the one-on-one interviews

(Dixon G, Kind T, Wright J, et al., 2019)

# Results

<b>Total</b>	<b>25</b>
<b>Age</b>	31-40 (18), 41-50 (6), 61-70 (1)
<b>Gender</b>	Males (7) and Females (18)
<b>Race/Ethnicity</b>	Black/African-American (19), Hispanic/Latino (6)
<b>Faculty Appointment</b>	Instructor (4), Assistant Professor (18), Associate Professor (2), Other-General Pediatrician (1)
<b>Academic Areas of Interest (participants were able to all that apply)</b>	Research (9), Education (19), Advocacy (14), Quality Improvement (9), Administrative (6)
<b>Fellowship Trained</b>	<b>15</b>
<b>Advanced Degrees</b>	<b>7</b>

The focus group demographic data was collected and managed using REDCap electronic data capture tools hosted at Clinical and Translational Science Institute at Children's National grant support (UL1TR001876).

# Results-Quotes from Participants

- Theme 1: Definition of Academic Pediatrics
- I see it as three arms. There's research, education as well as administrative duties, all of which I love. I think that being in pediatrics you're a natural teacher and educator anyway.

(Dixon G, Kind T, Wright J, et al., 2019)

# Results

- Theme 2: Being an URM in Academic Pediatrics
- Lack of URM in leadership positions
- Implicit Bias
- Impact of Racism

(Dixon G, Kind T, Wright J, et al., 2019)

# Results-Quotes from Participants

- Theme 2: Being an URM in Academic Pediatrics
- ...if I say, “Good morning” in Spanish or “Do you need help?” and, all of a sudden, it’s like that sign of relief, “we’ve been looking for this clinic...”...and you end up a lot more involved in peoples’ ways than you would if you didn’t speak or if you didn’t identify with the person.
- I think when they walk into a room and see us, I think even as a child for me, when you know when you see people that look like you and the things that they’re able to do...

(Dixon G, Kind T, Wright J, et al., 2019)

# Results-Quotes from Participants

- Theme 3: Advancement in Academic Pediatrics as an URM
- I don't know that my values line up the same as what would consider me to advance in academia. What's important to me doesn't always line up with what's important for promotion.
- I'm looking at my colleagues....and I'm like dang, I'm not as good as them....You can feel from your colleagues as if you're not good enough or this whole idea of this Imposter Syndrome, but you must realize that there's a reason you're here like you are worthy and special to be here in itself....

(Dixon G, Kind T, Wright J, et al., 2019)



# Results-Quotes from Participants

- Theme 4: Mentorship Early in Career
- ...like meeting with some of us at least like female leadership has been helpful even if they're not underrepresented minorities.....I think within peds (pediatrics) obviously there's the shift towards more women in the field, the leadership is still more male dominated, so I think talking to some of the women at Children's has been helpful to figure out you know just to talk to them about sort of like how people get promoted...

(Dixon G, Kind T, Wright J, et al., 2019)

# Results-Quotes from Participants

- Theme 5: Financial Burden and Academic Pediatrics
- It's expensive to be an academician, you don't get paid as much and underrepresented minorities, myself included, have a boatload of loans and last I checked none of this work unless you're doing 75 percent research qualifies for loan repayment and so unless you're a Ph.D. and maybe you have it that way.

(Dixon G, Kind T, Wright J, et al. 2019)

# Results-Quotes from Participants

- Theme 6: Family Influence on Career
- Three of the participants' mothers were nurses and one participant's uncle was a physician. Another participant discussed the impact of her grandfather being an African-American physician in her community and her choice to become a physician.

(Dixon G, Kind T, Wright J, et al., 2019)

# Results-Quotes from Participants

- Theme 7: Gender and Academic Pediatrics
- I do agree in medicine as a whole it's very male-dominated and you're right, if you're looking at the people who are on top of the different like who are the like program directors, who are the – what's it called – Pediatric Chairs, they are all – they're men.

(Dixon G, Kind T, Wright J, et al., 2019)

# Conclusions

- Mentorship and Pipeline programs are important
- Family had a major influence on career choices
- Some barriers for URM include lack of URM in leadership in academic pediatrics and promotion advancement of URM

(Dixon G, Kind T, Wright J, et al., 2019)

# Similar Results in Surgery

- Mentorship
- Family
- Community

(Ulloa J, Viramontes O, Ryan G et al., 2018)

# Implicit Bias In Pediatric Academic Medicine

- Describe level of implicit racial bias among pediatric faculty involved in recruiting and retention at academic institutions
- Identify barriers, facilitators and perceptions regarding recruitment and retention of minorities in academic pediatrics
- Implicit Association Test

<https://implicit.harvard.edu/implicit/education.html>

(Johnson T, Ellison A, Dalembert G et al., 2017)

# Implicit Bias In Pediatric Academic Medicine

- 58 participants total
- 59% of participants identified as White
- 26% of participants identified as Black
- 10% of participants identified as Hispanic
- 3% of participants identified as Mixed
- 2% of participants identified as Asian

Johnson T, Ellison A, Dalembert G et al., 2017)



# Implicit Bias In Pediatric Academic Medicine

- Majority of the participants were full professor (60%)
- 28% had Implicit Association Test (IAT) scores showing no racial bias
- 59% had IAT scores showing unconscious pro-white bias (mostly a slight bias)
- Poor recruitment of minorities
- Lack of qualified applicants
- Lack of mentors

(Johnson T, Ellison A, Dalembert G et al., 2017)

# Health Disparities

- Racial and Ethnic disparities regarding pain management
- Cross-sectional analysis of the National Hospital Ambulatory Medical Care Survey from 2003-2010
- Patients were 21 or younger with primary diagnosis of appendicitis

(Goyal M, Kuppermann N, Cleary S et al., 2015)

# Health Disparities

- 56.8% of patients received any analgesia
- 41.3% of patients received opioid analgesia
- African-American children were less likely to receive opioid analgesia as compared to white children (12.2% vs. 33.9%)
- African-American children with moderate pain were less likely to receive analgesia (15.7% vs. 58.5%)

(Goyal M, Kuppermann N, Cleary S et al., 2015)

# Accreditation Council for Graduate Medical Education (ACGME)

“The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community”

(<https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRResidency2019.pdf>, n.d.)

# Key Takeaways

- Mentorship early in career is important to enhance diversity, equity and inclusion in medicine
- Implicit bias can lead to health disparities
- Inclusivity in promotion of physicians is important

# Acknowledgements

- COMSEP
- Children's National Hospital Medical Education Department
- Terry Kind, MD, MPH
- Alexandra Simms, MD
- Joseph Wright, MD, MPH
- Nikki Stewart, MD, MPH, MBA
- Aisha Barber, MD, MEd

# References

Accreditation Council for Graduate Medical Education. Common Program Requirements (Residency). (2018).

<https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRResidency2019.pdf>

Association of American Medical Colleges. (2019). Diversity in Medicine: Facts and Figures 2019. [https://www.aamc.org/data-](https://www.aamc.org/data-reports/workforce/report/diversity-medicine-facts-and-figures-2019)

[reports/workforce/report/diversity-medicine-facts-and-figures-2019](https://www.aamc.org/data-reports/workforce/report/diversity-medicine-facts-and-figures-2019)

Association of American Medical Colleges. Faculty Roster: US Medical School Faculty. [https://www.aamc.org/data-reports/faculty-](https://www.aamc.org/data-reports/faculty-institutions/interactive-data/2019-us-medical-school-faculty)

[institutions/interactive-data/2019-us-medical-school-faculty](https://www.aamc.org/data-reports/faculty-institutions/interactive-data/2019-us-medical-school-faculty)

Clay, W. A., Jackson, D. H., & Harris, K. A. (2021). *Does the AAMC's definition of "underrepresented in Medicine" promote justice and inclusivity?* Journal of Ethics | American Medical Association. from <https://journalofethics.ama-assn.org/article/does-aamcs-definition-underrepresented-medicine-promote-justice-and-inclusivity/2021-12>.

Dixon G, Kind T, Wright J, et al. Factors that Influence Underrepresented in Medicine (UIM) Medical Students to Pursue a Career in Academic Pediatrics. J Natl Med Assoc. 2020 Aug 5:S0027-9684(20)30154-1. <https://doi.org/10.1016/j.jnma.2020.07.014>. Epub ahead of print. PMID: 32771220.

Dixon G, Kind T, Wright J, et al. (2019). Factors that Influence the Choice of Academic Pediatrics by Underrepresented Minorities (URM). *Pediatrics*. 2019;144(2):e20182759.

# References

Goyal M, Kuppermann N, Cleary S et al. Racial Disparities in Pain Management of Children With Appendicitis in Emergency Departments. *JAMA Pediatrics*. 2015;169(11):996-1002.

Implicit Association Test. (n.d.). <https://implicit.harvard.edu/implicit/education.html>.

Johnson T, Ellison A, Dalembert G et al. Implicit Bias in Pediatric Academic Medicine. *J Natl Med Assoc*. 2017;109(3):156-163.

Public Broadcasting Service. (n.d.). Watch. PBS. Implicit Bias: Peanut Butter, Jelly and Racism.

<https://www.pbs.org/pov/watch/implicitbias/video-implicitbias-classroom-clip-peanut-butter-jelly-and-racism/>.

Ulloa J, Viramontes O, Ryan G et al. Perceptual and Structural Facilitators and Barriers to Becoming a Surgeon: A Qualitative Study of African-American and Latino Surgeons. *Academic Med*. 2018;93(9):1326-1334



# Thank you!





# Bioethics & Pediatric Patient Care

Ms. Brigid Herrick, M.P.H., M.S., C.P.X.P.  
Chief Experience Officer,  
Healthcare Ethics Committee Co-Chair  
Walter Reed National Military Medical Center

Army Chaplain Maj. Vincent Bain, Ph.D., M.Div., M.B.E.  
Ethics Advisor,  
Healthcare Ethics Committee Co-Chair  
Walter Reed National Military Medical Center

# Presenters

---

Ms. Brigid Herrick, M.P.H., M.S., C.P.X.P.  
Chief Experience Officer,  
Healthcare Ethics Committee Co-Chair  
Walter Reed National Military Medical Center  
Bethesda, MD

Army Chaplain Maj. Vincent Bain, Ph.D., M.Div., M.B.E.  
Ethics Advisor,  
Healthcare Ethics Committee Co-Chair  
Walter Reed National Military Medical Center  
Bethesda, MD



## Ms. Brigid Herrick, M.P.H., M.S., C.P.X.P.

---



Brigid Herrick is the Chief Experience Officer at Walter Reed National Military Medical Center. She brings over 20 years of expertise in change management, healthcare process improvement, program design, and high reliability organizations (HROs). She is adept at training and facilitation, curriculum development, and assisting teams in creating sustainable solutions. Ms. Herrick was a founding director within the Patient Experience division at Inova Health System. While there, she was a subject matter advisor to C-suite executives, senior-level nursing leaders, and physicians. She conducted over 10,000 direct clinical observations within the adult inpatient hospital units, women's and children's, ambulatory surgery, emergency department, and outpatient services. Her observations and recommendations helped the health care team achieve statistically significant increases in patient satisfaction scores in the system's two largest hospitals, reaching top decile in several departments, as well as achieving CMS 5-star ratings across all five hospitals. Ms. Herrick is also skilled at conducting family meetings and facilitating ethics case studies.



## Army Chaplain Maj. Vincent Bain, Ph.D., M.Div., M.B.E.

---



Chaplain (Major) Vincent Bain was commissioned as a chaplain in the United States Army on December 18th, 2009. He was selected for Advanced Civilian Schooling and earned a Master of Bioethics from Harvard Medical School in May 2022. He presently serves as the Bioethics Chaplain at Walter Reed National Military Medical Center at Bethesda, MD.

CH Bain's awards include the Meritorious Service Medal (3 OLC), Army Commendation Medal (3 OLC), the Army Achievement Medal. He has also been awarded the De Fleury Medal from the US Army Engineer Association in recognition of his service and support to the US Army Engineer Regiment. He was selected as the Chaplain of the Year of the 101st Airborne Division (Air Assault) for FY18.



# Disclosures

---

- Vincent Bain and Brigid Herrick have no relevant financial or non-financial relationships to disclose relating to the content of this activity.
- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.
- This continuing education activity is managed and accredited by the Defense Health Agency, J-7, Continuing Education Program Office (DHA, J-7, CEPO). DHA, J-7, CEPO and all accrediting organizations do not support or endorse any product or service mentioned in this activity.
- DHA, J-7, CEPO staff, as well as activity planners and reviewers have no relevant financial or non-financial interest to disclose.
- Commercial support was not received for this activity.



# Learning Objectives

---

1. Describe the interdisciplinary nature of Bioethics and its relationship to medical ethics, diversity, equity, and inclusion (DEI), and bias.
2. Explain the impact bias can have on pediatric patient care.



# Bioethics

---

“Bioethics” has been defined in several different ways. Most broadly, it is the interdisciplinary study of ethical, legal, and social issues arising in the life sciences and health care.

*The Hastings Center*





# Bioethics and Medical Ethics “Principlism”

## Autonomy

Obtain the wishes of the patient so that their autonomy can be protected.



## Beneficence

To seek to act in the patient's best interest.



## Justice

Navigate due process to determine where the limits on healthcare lie.



## Non-Maleficence

Designate harm and determine how to avoid it.



Beauchamp & Childress, 2019



# Medical Ethics and Justice

---

- Justice: Fair, equitable, and appropriate treatment in light of what is due or owed to affected individuals or groups.

*(Beauchamp & Childress, 2019)*

- Justice is achieved when there is equity of opportunities, freedom of choice, and access to information needed for decision-making.

*(National Society of Genetic Counselors, 2022)*



# Justice and Diversity, Equity, & Inclusion

---

- Diversity, equity, and inclusion (DEI) is a conceptual framework that promotes the fair treatment and full participation of all people, especially populations that have historically been underrepresented or subject to discrimination because of their background, identity, disability, etc. *(American Psychological Association, nd.)*



# Diversity, Equity, & Inclusion

---

- **Diversity** refers to the representation or composition of various social identity groups in a work group, organization, or community.
- **Equity** involves providing resources according to the need to help diverse populations achieve their highest state of health and other functioning.
- **Inclusion** strives for an environment that offers affirmation, celebration, and appreciation of different approaches, styles, perspectives, and experiences.

*(American Psychological Association, nd.)*



# Bioethics: Question

---

- Bioethics is interdisciplinary, encompassing which issues?
  - a) Age, race, and citizenship.
  - b) Social, legal, and ethical.
  - c) Autonomy, beneficence, and non-maleficence.
  - d) Health, education, and housing.



# Bias

---

- As presented by Dr. Dixon:
  - Conscious Bias
  - Unconscious or Implicit Bias
  - Micro-aggressions



# Bias: Question

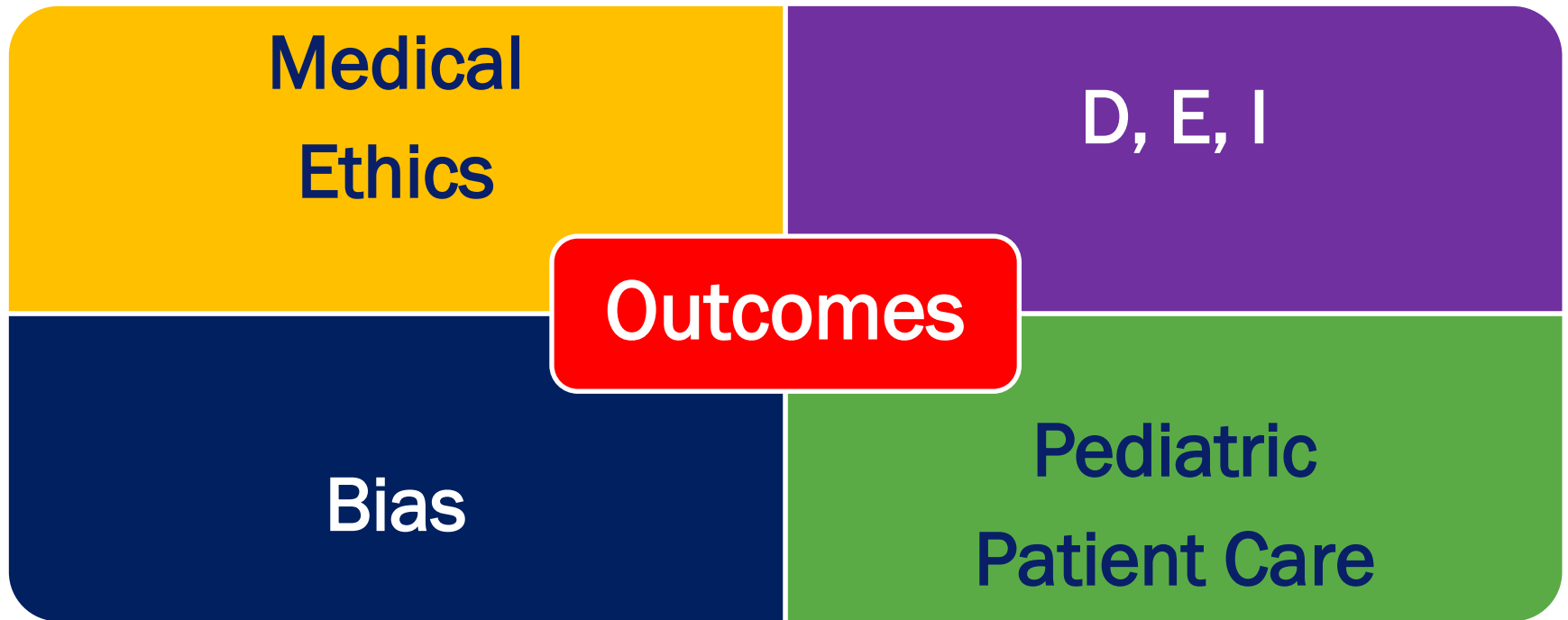
---

- Medical providers do not need to be aware of their personal or implicit bias when it comes to treating patients?
  - True or False



# Intersectionality

---





# Bias and Pediatrics

---

- The impact of bias on who becomes a pediatrician.
- The impact of bias on pediatric patient care.



## Bias and Pediatrics

---

- The vision of the American Academy of Pediatrics (AAP) is that all children have optimal health and well-being and are valued by society, and that AAP members practice the highest quality health care and experience professional satisfaction and personal well-being.



# Height and Bias



istockphoto.com

- Physical height relates positively to social esteem, leader emergence, performance, and income.  
*(Judge & Cable, 2004)*

# Height and Bias

---

- Height bias in the workplace may influence interactions and salaries
- Each inch of increased height is associated with an annual salary increase of \$789.
  - The findings suggest that someone who is 6 feet tall earns, on average, nearly \$166,000 more during a 30-year career than someone who is 5 feet 5 inches—even when controlling for gender, age and weight. *(Judge & Cable, 2004)*



# Height and Bias: Reflection and Discussion

---

- How have you been treated because of your height?
- How have you treated others because of their height?
- Would you assist someone in enhancing their height?



# Pediatric Patient Care and Height

---

- Growth hormone injections can help increase height in children with pathological conditions such as growth hormone deficiency.
- Human Growth Hormone (HGH) therapy can increase short-term growth leading to an increase of up to 1 to 3 inches of adult height. *(Therapy for Idiopathic Short Stature)*
- HGH Therapy costs \$80,110 per inch and \$152,149 per child, reflecting an incremental growth of 1.9 in (4.8 cm). *(Lee et al., 2006)*



# Pediatric Patient Care and Height: Perspectives

---

- From a **medical ethics perspective**, is it acceptable to put a normal but short child through HGH therapy?
- From a **justice perspective**, should it only be considered if the cost is covered by insurance?
- From a **DEI perspective**, does enhancing one child's height leave an untreated child at a disadvantage or marginalized?
- From a **provider's perspective**, how does implicit bias impact these questions?



# Pediatric Patient Care and Bias: Question

---

- What aspects of pediatric patient care might be influenced by the provider's bias?
  - a) The type of treatment offered.
  - b) The availability or access to the treatment offered.
  - c) The amount of treatment offered.
  - d) The expected benefits of the treatment offered.





# Key Takeaways

---

- Bioethics is multidisciplinary, encompassing ethical, legal, and social issues.
- Health outcomes are at the intersection of medical ethics, DEI, bias, and patient care
- Implicit bias can impact a provider's care of a pediatric patient.



# References

American Academy of Pediatrics. (2017). AAP Diversity and Inclusion Statement. [https://publications.aap.org/aapnews/news/6621/AAP-Diversity-and-](https://publications.aap.org/aapnews/news/6621/AAP-Diversity-and-Inclusion-Statement?_ga=2.250216965.2089958490.1682167157-2014527965.1682167157?autologincheck=redirected)

[Inclusion-Statement?\\_ga=2.250216965.2089958490.1682167157-2014527965.1682167157?autologincheck=redirected](https://publications.aap.org/aapnews/news/6621/AAP-Diversity-and-Inclusion-Statement?_ga=2.250216965.2089958490.1682167157-2014527965.1682167157?autologincheck=redirected)

American Psychological Association. (n.d.). Equity, diversity, and inclusion. <https://www.apa.org/topics/equity-diversity-inclusion>

Beauchamp, T. & Childress, J. (2019). *Principals of Biomedical Ethics*. Oxford University Press.

Judge, T. A., & Cable, D. M. (2004). The effect of physical height on workplace success and income: Preliminary test of a theoretical model. *Journal of Applied Psychology*, 89(3), 428–441. <https://doi.org/10.1037/0021-9010.89.3.428>

Lee, J.M., Davis, M.M., Clark, S.J., Hofer, T., & Kemper, A. (2006). Estimated cost-effectiveness of growth hormone therapy for idiopathic short stature.

*Archives of Pediatric Adolescent Medicine*, 160(3), 263-269. <https://doi.org/10.1001/archpedi.160.3.263>

The Hastings Center Bioethics Timeline Committee, The Hastings Center Bioethics Timeline, The Hastings Center,

<https://www.thehastingscenter.org/bioethics-timeline/>

National Society of Genetic Counselors. (2022). Justice, Equity, Diversity and Inclusion (J.E.D.I.), <https://www.nsgc.org/JEDI>



# Questions



# How to Obtain CE Credits

---

To receive CE/CME credit, you must register by 0730 ET on 28 April 2023 to qualify for the receipt of CE/CME credit or certificate of attendance. You must complete the program posttest and evaluation before collecting your certificate. The posttest and evaluation will be available through 11 May 2023 at 2359 ET. Please complete the following steps to obtain CE/CME credit:

1. Go to URL: <https://www.dhaj7-cepo.com/apr2023ccss>
2. Search for your course using the Catalog, Calendar, or Find a course search tool.
3. Click on the REGISTER/TAKE COURSE tab.
  - a. If you have previously used the CEPO CMS, click login.
  - b. If you have not previously used the CEPO CMS click register to create a new account.
4. Follow the onscreen prompts to complete the post-activity assessments:
  - a. Read the Accreditation Statement
  - b. Complete the Evaluation
  - c. Take the Posttest
5. After completing the posttest at 80% or above, your certificate will be available for print or download.
6. You can return to the site at any time in the future to print your certificate and transcripts at: <https://www.dhaj7-cepo.com/>
7. If you require further support, please contact us at: [dha.ncr.j7.mbx.cepo-cms-support@health.mil](mailto:dha.ncr.j7.mbx.cepo-cms-support@health.mil)

