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Implicit bias and stigma theory in clinical practice: Developing "habits of mind" for clinical inquiry

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FROM THE EDITOR:

Implicit bias and stigma theory in clinical practice: Developing "habits of mind" for clinical inquiry

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"Implicit" means that we are not consciously aware of how these cognitive preferences become manifest in behaviors and [clinical] decisions.[1] The evidence is conclusive about how cognitive biases affect clinical outcomes.[2-8] Those clinical outcomes are preceded by clinical decisions made by doctors and other healthcare providers, so Clinical Decision Science must consider the role of implicit bias in practice. Implicit bias has a wealth of research within the social sciences; a closely related concept is stigma theory which provides a cultural explanation for the adverse clinical outcomes observed.

Clinical Decision Science is different from Evidence-Based Medicine because Clinical Decision Science explicitly recognizes the social context of clinical decisions—clinical practice is a social practice; social practices include the social construction of implicit bias.

To make the implicit explicit, clinicians need to embrace social theory. Social theory allows for self-reflection and learning for a more fulsome description of how clinical decisions are made in the real (social) world. Social theories such as stigma theory provide clinicians with tools to do self-reflective work to recognize the embedded social injustices of clinical practice.[9-12] An excellent example illustrating this concept is provided by Aaron Rivkin in this issue.[9] For this reason, *Clinical Research in Practice—The Journal of Team Hippocrates* has initiated a new type of feature article labeled Translational Social Science.

Some argue that social science is not medicine. Just as the Flexner Report, published in 1910, added the basic sciences to medical education—"To develop these habits of mind, medical students needed to be educated to approach problems through inquiry"[13]—The Carnegie Report ("Flexner Report 2.0") published in 2010 argues that social sciences be added to the standard medical curriculum. They found a lack of integration in medical education, leading to "fragmented understanding of patient experiences." To rectify that problem, they recommend that medical education "integrate basic, clinical, and social science."[14] By integrating basic, clinical, and social science we hope to foster "habits of mind" that allow doctors to positively impact the outcomes for our patients. The editorial board of this journal will continue to encourage clinicians to explore the whole domain of clinical decision science.

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