Structured Reflection on Potential Impacts from
Health Inequalities and Unconscious Bias on
Clinical Decision Making at a Movement Disorder
Clinic

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Background: Healthcare inequalities can result in avoidable, unfair, and systemic differences in care between different groups of people. Clinicians have unconscious biases that can impact their decision making. The General Medical Council’s Good Medical Practice: Maintaining Trust, Domain 4, states that doctors must “treat patients fairly without discrimination”. The Reflective Practitioner should use a variety of tools to support structured reflection. The movement disorder service in question provides care for a mix of urban and rural communities with a wide range in deprivation indices.

Methods: A single doctor’s referral patterns and prescribing decisions for Parkinsonian syndromes was retrospectively analysed for 99 consecutive attendees at a mixed face-to-face and telehealth clinic service over six weeks. Harvard Implicit Association Tests were
completed to assess for unconscious biases. Patient characteristic data are available for: age, sex, religion, skin colour, sexual orientation, primary language, deprivation index, Trust of residence, weight, hearing loss, visual loss, Rockwood Clinical Frailty Scale, Hoehn and Yahr staging and educational attainment. Clinical decision making data are available for: referral patterns to physiotherapists, occupational therapists, speech and language therapists, continence services, psychiatry services, bone mineral density measurement, specialist nursing service, brain imaging and prescribing decisions made.

Results: The sample had 60 males, 38 females and 1 male-to-female active transition. Deprivation indices ranged from the 64th to 889th least deprived postcodes (of 890). Only one non-white attendee. Two non-heterosexual attendees. Primary language for all was English. Mean age 76.72 years. Mean Hoehn and Yahr stage 2.49. 25.25% are living with dementia. 55 attendances were face-to-face. Prescribing changes were more likely to occur through telehealth clinics. Women were more likely to be referred to physiotherapy and psychiatry. Patient religion may have impacted prescribing decisions.

Conclusion: Open and honest reflection can improve patient care by identifying health inequalities and through using a metacognitive approach to clinical decision making.