Key Points from Dr. Carrese's Presentation

- The model presented stressed the importance of being aware of this problem, and examined how to address the problem while still caring for patients.
- The point was made that while we have an obligation to respect patients and be understanding and compassionate about their circumstances, there are limits to what should be tolerated in terms of patients making racist, sexist or otherwise offensive comments.
- The recommendation is that patients should be confronted and clearly told that their communication is not acceptable and must stop. This should be done professionally and respectfully and as soon as possible after the initial incident. If the targeted trainee or staff member is not comfortable doing this him/herself, then the attending (or relevant unit leader) must be prepared to step in and say something.
- Attendings (or other unit leaders) should create a local team environment that will allow trainees/staff members to bring such experiences forward, and attendings (or other unit leaders) should also make time to discuss and process these episodes with their team. In fact, these episodes can be viewed as teaching opportunities; it was noted that a substantial literature exists on this topic.
- In all cases trainees/staff members should feel supported and defended by the attending/other unit leader and the rest of the team, as well as the training program, unit and department.
- Requests by patients grounded in bigotry to have a different provider should not be accommodated, unless the trainee/staff member him/herself prefers to switch off the case. On the other hand, it may be entirely appropriate to accommodate requests for a different provider if the request is based on cultural or religious values and traditions.
- If the patient has cognitive impairment or mental illness there may be limits regarding the extent to which they can be held accountable for what they say. But something should still be said by a team member to the patient about the unacceptability of what was said since others in the environment may be listening and watching.
- Patients who have full decision making capacity should be held accountable for their words and actions up to and including the option of administrative discharge or transfer, assuming they are medically stable enough to be moved (and there aren't other extenuating circumstances).