

I'm A Doctor. Implicit Bias Training Has No Place in Medicine.

Kenneth Lipstock, MD

Apparently, Virginia's doctors and nurses are racist.

That's the unspoken message of [two bills](#) that are moving through the state legislature. They would force medical professionals like me to take ongoing "implicit bias training" to get and keep our licenses. Yet this training is grounded in the idea that people are inherently prejudiced toward those with different skin color.

It's a popular narrative, but there's no sound evidence to support it. What is clear is that if our lawmakers pass these bills, they won't fight racism. They'll encourage it, while undermining the medical profession and hurting the patients who need our help.

I'll say at the outset what should always be said. Prejudice exists and is utterly unacceptable. My heart goes out to anyone who's ever encountered this evil. As a society, we've spent decades trying to root out prejudice, with much success. Before I became a doctor 37 years ago, there were blacks-only hospitals in our state. We've come a long way since those days, and wherever racism still exists, we need to eliminate it.

But implicit bias training won't do that, and in fact, it assumes such progress isn't even possible. The whole point of implicit bias is that it's just that—implicit, unconscious, engrained in who you are. There's nothing you can do about it. You need to be constantly told you're racist and forced to admit your bias.

Hence what the Virginia legislature is pushing—endless re-education, every few years like clockwork. Yet as the medical advocacy group Do No Harm has [shown](#), such training is rife with insulting and racist insults. Me and my white colleagues should prepare for accusations that we contribute to "modern-day lynchings" and practice "white supremacy." Last I checked, I practice medicine. Just ask my patients, many of whom are minorities. They wouldn't say I've done them harm, yet the Virginia legislature is saying I have.

But is implicit bias even real? The evidence is clear: No.

This concept arose in the 1990s, in conjunction with a psychological tool known as the "Implicit Association Test." The test tries to determine your bias by seeing how quickly you associate "good" and "bad" words with white and black faces. If you're too slow with black faces or associate better words with white faces, the test tells you you're biased. The test is a fixture in implicit-bias training and leads to eye-popping claims that the vast majority of society is racist.

But the test [suffers from huge problems](#). Psychologists have since found that people who retake the test rarely get anywhere close to the same results—the most important

measure of whether a test is reliable and therefore accurate. If a test is going to tell someone that they're racist, it better be reliable.

Research has also shown that the test doesn't accurately determine who will commit racist acts. At most, according to scholars, it can predict between 2 and 5.6% of prejudiced actions. Such findings have led some of the test's most prominent backers to admit that it can't predict behavior because it leads to "undesirably high rates of erroneous classifications." In other words, the test is useless.

These facts put what the legislature is trying to do in a new light. Why do doctors and nurses need implicit bias training that's not based on sound science and can't determine who will commit racist behavior?

Worst of all, far from fighting racism, this training encourages the very racial division it purports to fight. It treats medical professionals differently based on their skin color. It may even cause patients to wonder if their doctor or nurse is going to hurt them. If a test accuses a white doctor like me of bias, why would black patients want to see me? The doctor-patient relationship is built on trust, but the idea of implicit bias sows distrust. People will see each other through a racial lens, assuming the worst about others, instead of working together to improve health.

The truth is that doctors and nurses fight for their patients, regardless of who they are, what they look like, or where they came from. That's why we take an oath to "do no harm." I'm proud to say I've always upheld that oath, and so has every doctor and nurse I've ever worked with. But there will be harm if the state legislature moves forward with this implicit bias training mandate.

Kenneth Lipstock, MD, is a practicing ophthalmologist in Richmond.