



# Managing Racial Tensions in Inpatient Neurology

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Disclosures: none





## Case of SCO

- ◇ 32 year old African American male from outside hospital who presented with a 2 week history of ascending weakness in legs, dysphagia, numbness/tingling, absent lower extremity reflexes, due to acute inflammatory demyelinating polyneuropathy (Guillain Barre syndrome).



# Case of SCO

- ◆ Hospital day 7: SCO's mother arrived from Chicago – upon discussing discharge starts criticizing healthcare team: 'everyone is incompetent' 'middle of nowhere hospital' 'DIY physical therapy.'
- ◆ A nursing assistant (Caucasian) referred to her as Crystal. She responded 'I'm Dr. C to you.' Outside patient room, she says 'how dare you talk to me that way,' and is seen pursuing other black staff on the unit (another nurse, occupational therapist, neurology resident), retelling her complaints. She started asking for and writing down names.
- ◆ Healthcare team reported a racial tension

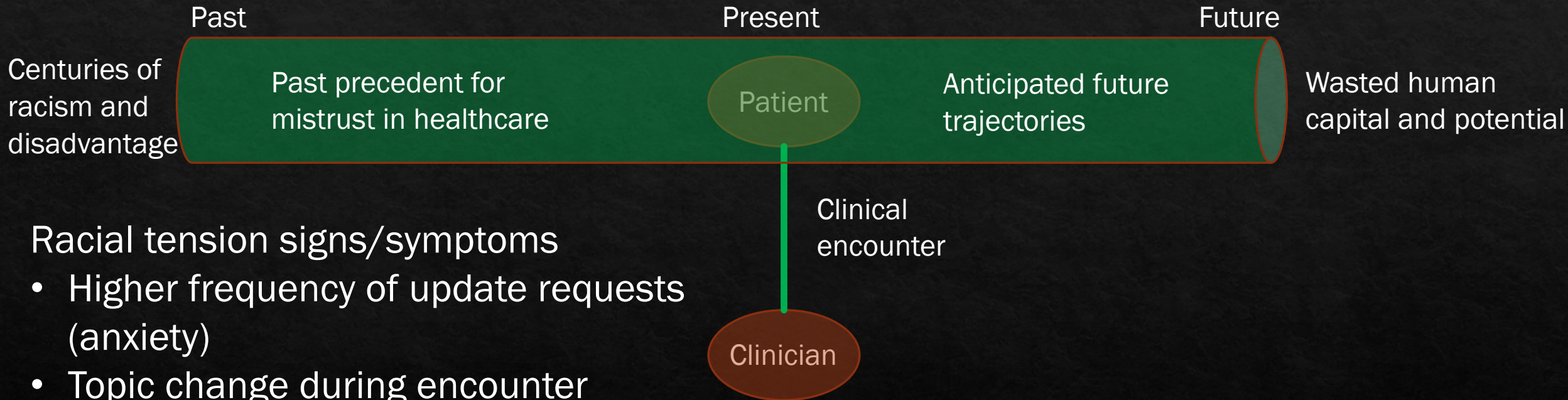


## Case of SCO

- Mother - black family physician at academic institution, clinical director. She never wanted her son so far away from home in Rochester.
- Precedent for mistrust: Days before representing, he presented to other hospital where his symptoms were attributed to chronic low back pain and sent home. Only after mother talked with other physicians did they press SCO to represent.



# Racial tension: a social syndrome, signs/symptoms



## Racial tension signs/symptoms

- Higher frequency of update requests (anxiety)
- Topic change during encounter
- Resistance to clinical decisions (defense)
- Nursing distress/mistreatment



# Racial tension: a social syndrome, management

