BIOETHICS IN FILM: FROM SCREEN TO SEMINAR

Aftershock

APRIL 12, 2023 11:30 AM ET



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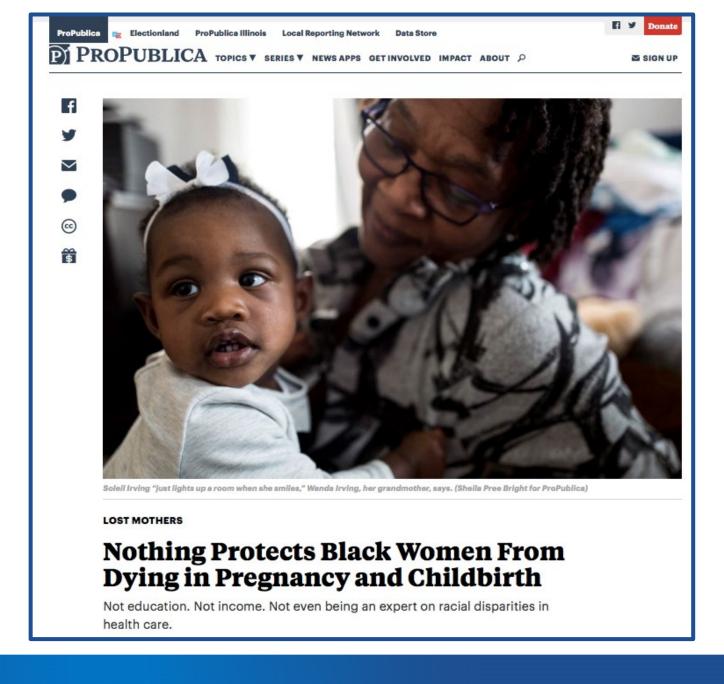






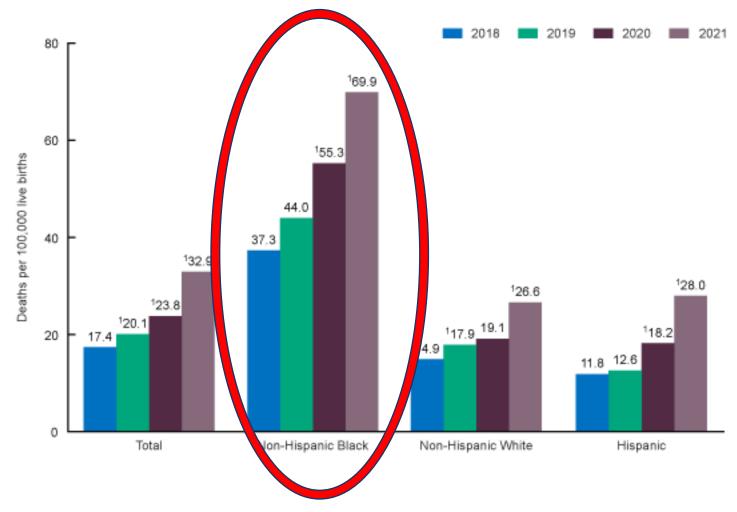


Dr. Shalon Irving (1981-2017)

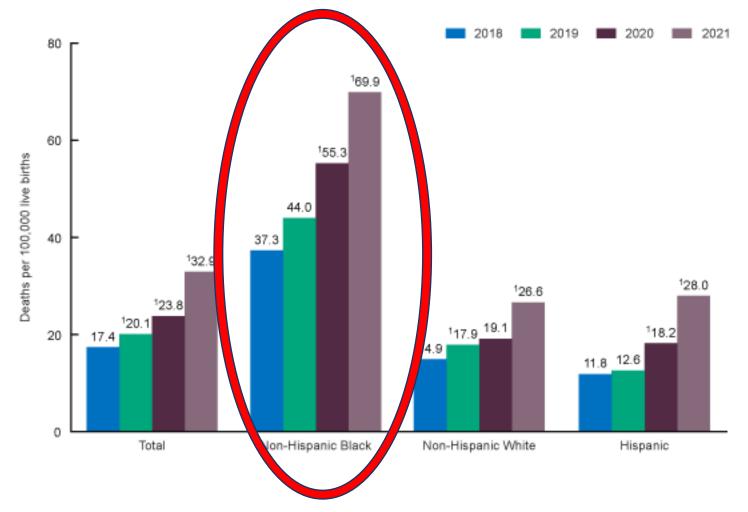




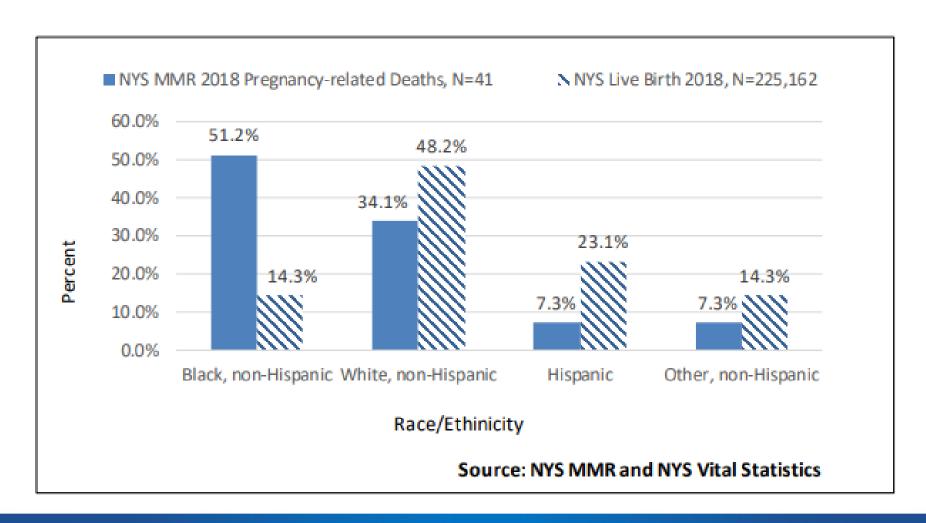
Maternal Mortality Rates, by race and Hispanic origin: United States, 2018-2021

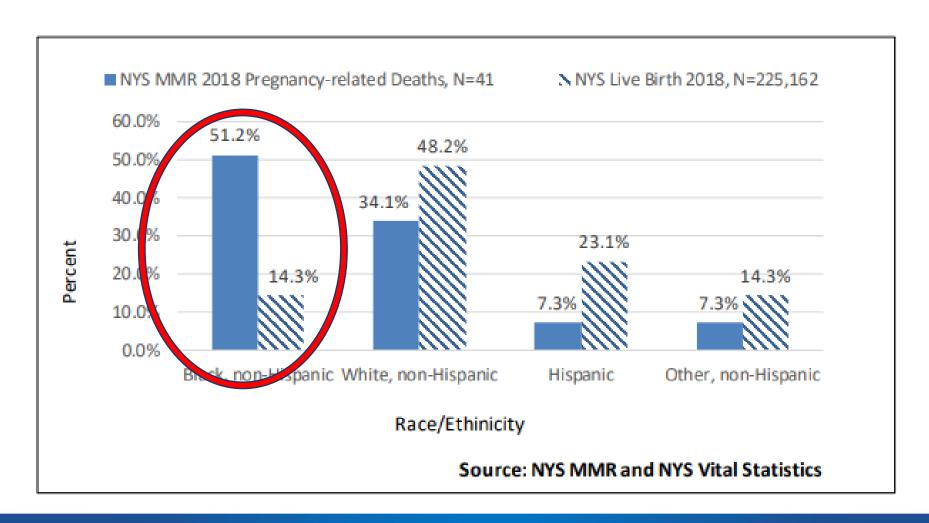


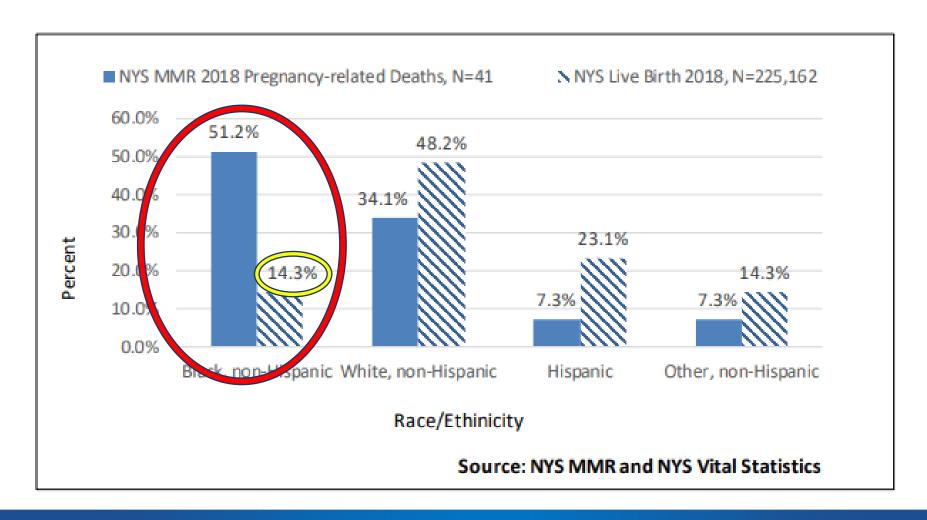
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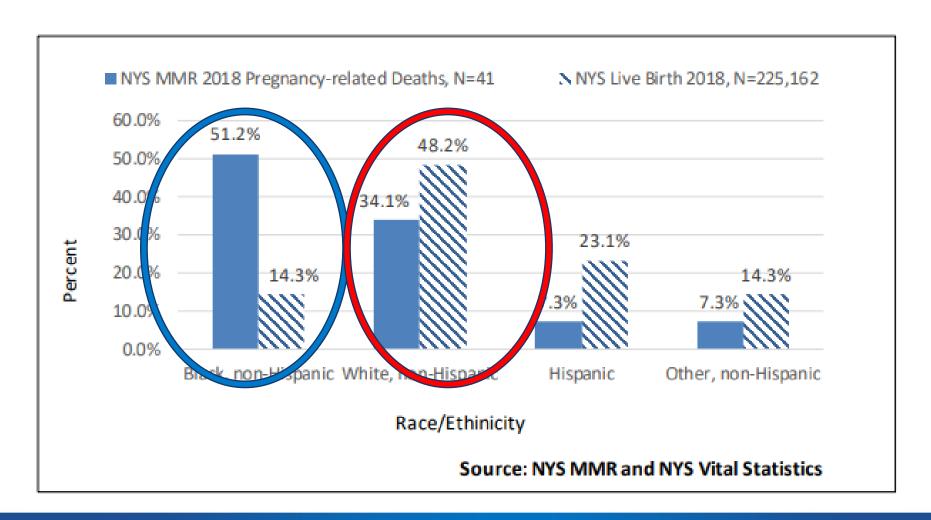


Egypt – 17
Ecuador – 66
Libya - 72
Brazil – 72
Colombia - 75
Algeria – 78
Zambia - 135

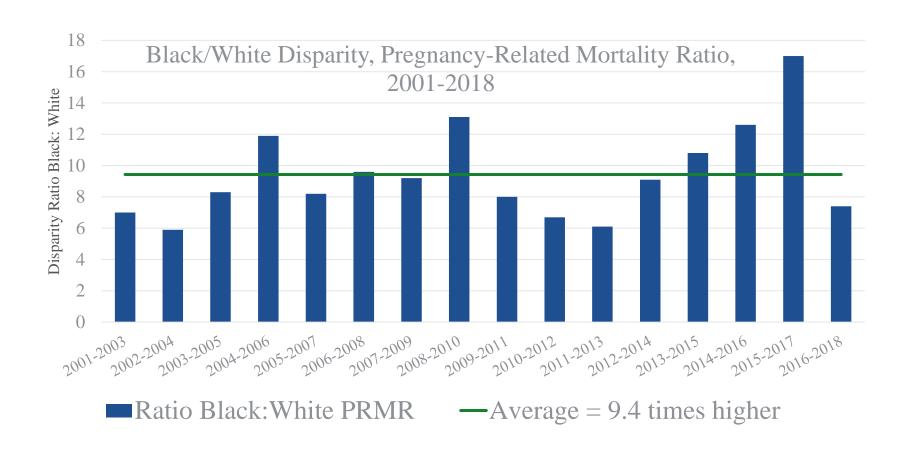




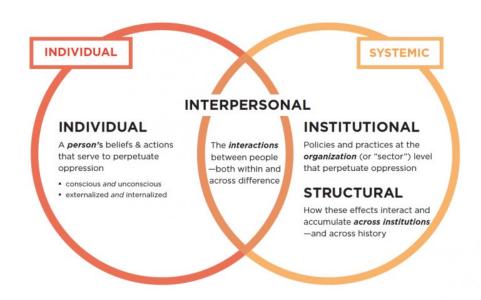


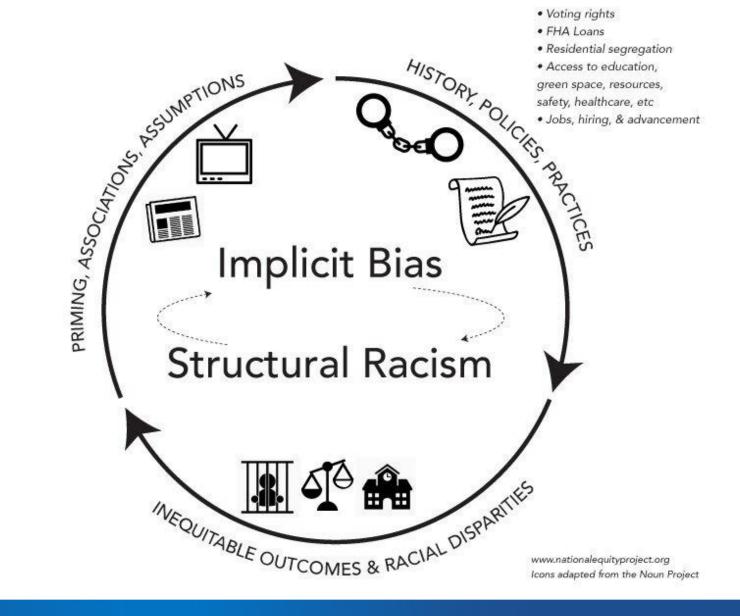


Average Black/White Disparity Has Been 9.4 times Higher For Black v. White Mothers



Its Racism, NOT Race





Patient Factors

- Socio-demographics: age, education, poverty, insurance, marital status, employment, language, literacy, food insecurity, disability, gender, sexual orientation, body weight
- Knowledge, beliefs, health behaviors
- Psychosocial: stress, selfefficacy, social support

Community/ Neighborhood

- Community, social network
- Neighborhood: crime, poverty, built environment, housing, environmental exposure, interpersonal violence

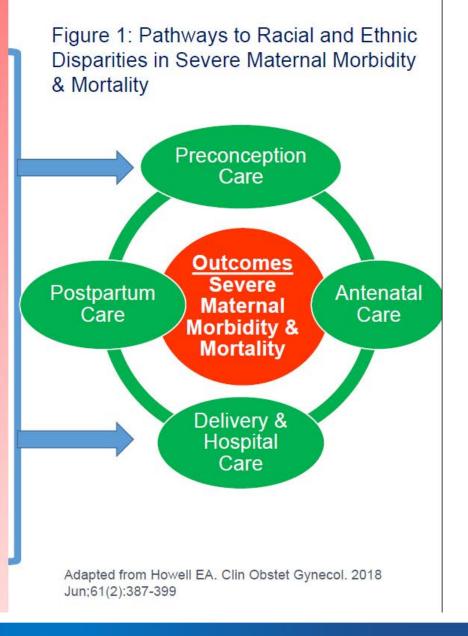
Provider Factors

 Knowledge, experience, implicit bias, cultural competence, communication

System Factors

 Access to high quality care, transportation, structural racism, policy

obesity, depression); complications DW, (e.g. HTN, Pregnancy Health status: comorbidities



Discrimination

∞

Racism

Black Maternal Health in the 21st Century April 12, 2023 Aftershock

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Senior Research Scientist, New York Academy of Medicine
Founder and Co-Chair the Women's Health Research & Wellbeing Workgroup, NYAM
Co-Chair Governor's Task Force on Maternal Mortality and Disparate Racial Outcomes (2018-2019)
President & Professor Emerita, SUNY Upstate Medical University





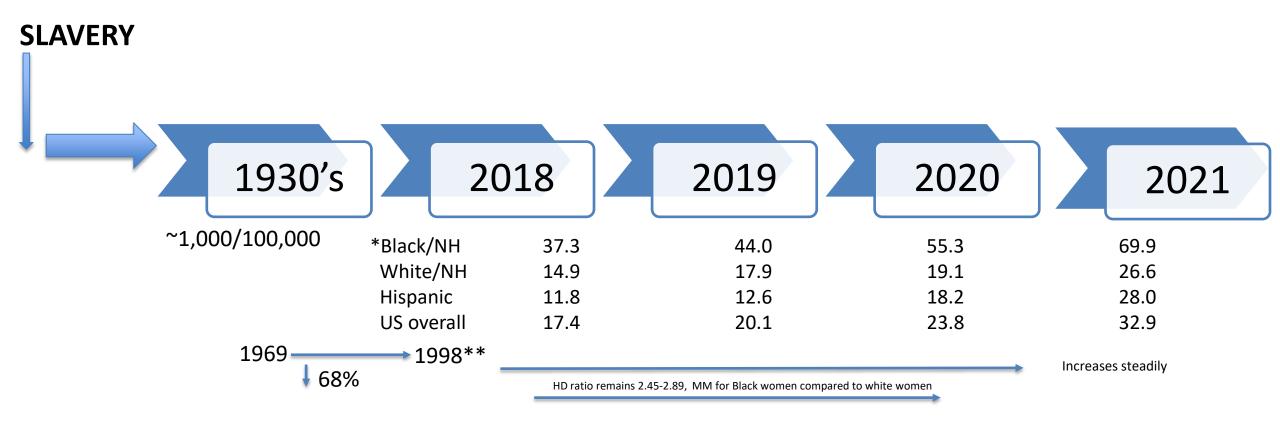
I have no financial conflicts to disclose





Timeline of US Maternal Mortality* Deaths/100,000 live births



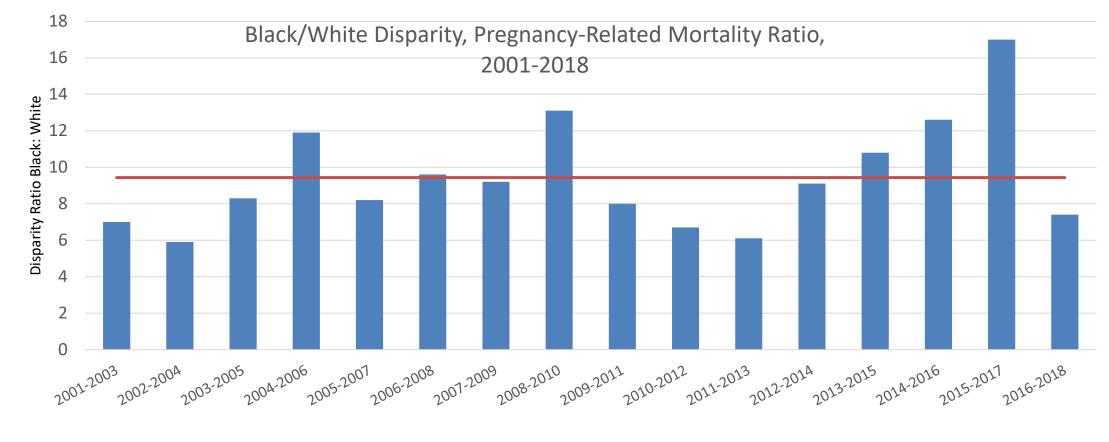




^{*}National Center for Health Statistics; https://www.cdc.gov/nchs/products/index.htm. Maternal Mortality: Death while pregnant or within 42 days of the end of pregnancy, irrespective of the duration and site of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. WHO, ratio per 100,000

^{**} Singh GK. Trends and Social Inequalities in MM in the US, 1969-2018.

Maternal Health Disparities



■Ratio Black:White PRMR

—Average = 9.4 times higher



Maternal Mortality

50

About 50 people die during pregnancy, at birth or within one year from the end of pregnancy.

About 40% (20) of these are complicated or aggravated by pregnancy.

Approximately 60% (30) are preventable.



What must we do to address preventable pregnancy-related death?

Awareness & Action

- Positional statement (Who am I?)
- Knowing history and epidemiology
- Establishing the frame for action (scientific vs justice/or both)
- Moving beyond talk





Fathers and Partners

- Brief review of PubMed literature with key words maternal death and the role of fathers
 - 62 results
 - 7 articles only dealt directly with the impact of maternal death on fathers
 - Titles: "Fathers Matter"

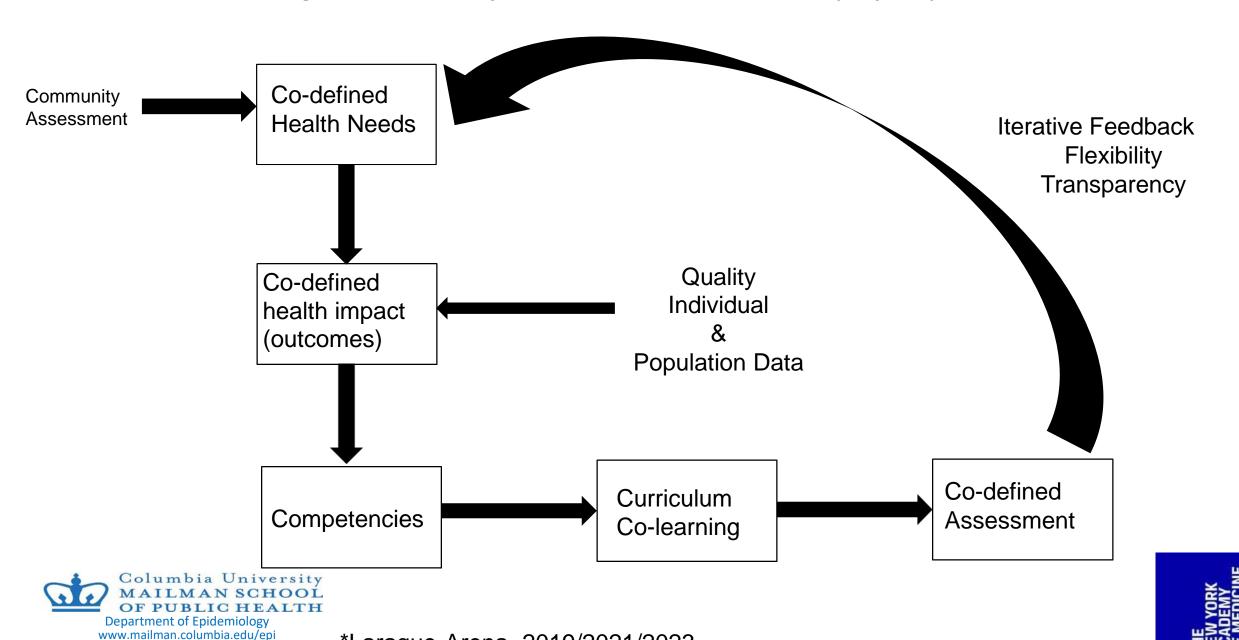
"Overlooked and underserved: Widowed fathers with dependent children:"

- Understudied and under-researched
- Families matter





Figure 17.3: Socially Accountable Education: An Equity Proposition*



*Laraque-Arena, 2019/2021/2023

Apply the Evidence

Center for Medicare & Medicaid Innovation (CMMI) results (2013-2017): Strong Start for Mothers and Newborns Initiative

- Three models of care tested that each allow incorporation of midwives and community-based workers (doulas, CHW)
 - Provision of prenatal care at group visits (centering)
 - Use of birth centers instead of hospitals
 - Maternity care homes

None of these models were shown to systematically result in worse outcomes or higher costs than a control group of similar pregnancies not participating in these models of care.

Two models were found to improve health outcomes and lowering costs.





Key Concepts in Sustainability and Scaling*

*Building trust



Horizontal – next unit in the change process



Depth – adding to existing innovations



Vertical – adoption by different jurisdictions





Institutional/Societal accountability

- Innovate models of care
- Evaluate effectiveness in the improvement of outcomes
- Scale up
- Continue to evolve
- Full system shift





What must we do

- Decolonize care
- Use medical interventions appropriately (understand the medicalization of maternal care and its impact)
- Dismantle structural racism
- Address gendered perception of roles
- Establish health and health care as a human right
- Regain our humanity



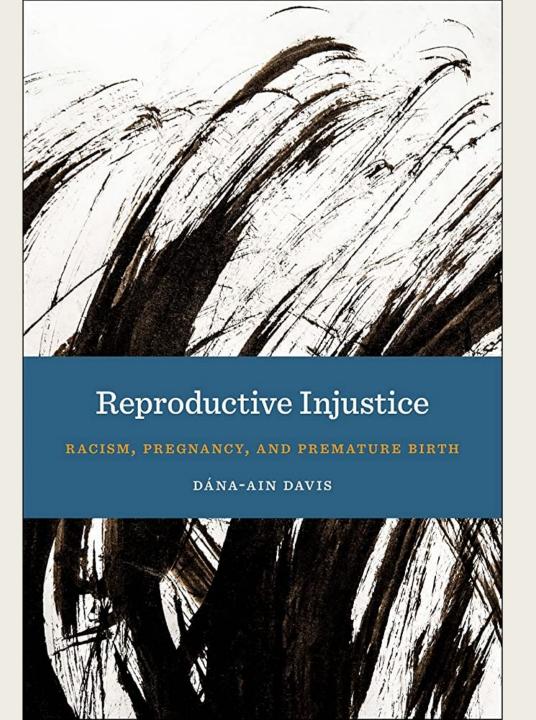


"AFTERSHOCK" BLACK WOMEN AND OBSTETRIC RACISM

Dana-Ain Davis, MPH, PhD.

Queens College and Graduate Center, City University of

New York



WHAT IS OBSTETRIC RACISM?

What is *Obstetric racism?* Obstetric racism is comprised of beliefs and practices levelled against the reproducing Black body that sit at the intersections of obstetric violence and medical racism. It is the mechanism and practice of subordination to which Black women and people's reproduction are subjected *that track along the histories of* antiblack racism based on ideas of difference that have been worked out through the hierarchization of humanity as is contemporarily a remnant of the afterlife of racial science. (Davis, 2018).

"AFTERSHOCK"

"They kept asking if she was taking drugs" Shawnee Benton Gibson, Shamony's mother

Who we are and what we look like" Omari, Shamony's partner

"They don't care" Mustafa Shabazz

"They said it was pregnancy-related issues" Bruce McIntyre, Amber Rose's partner

"If you are Black you are less likely to get the support for a vaginal birth" Helena Grant, Midwife at NYU

"There was negligence and incompetence" Bruce McIntyre



Dána-Ain Davis, MPH, Ph.D.

- Diagnostic Lapses
- Neglect, Dismissiveness, or Disrespect
- Intentionally Causing Pain
- Coercion
- Ceremonies of Degradation
- 6 Medical Abuse
- Wild Card



DIAGNOSTIC LAPSE

Dána-Ain Davis, MPH, Ph.D.

When a clinicians' uninterrogated belief that Blackness is pathological leads them to de-emphasize or exaggerate or ignore a patient's symptoms resulting in an inappropriate or lapsed diagnosis.



NEGLECT, DISMISSIVENESS, OR DISRESPECT

Dána-Ain Davis, MPH, Ph.D.

When medical professionals ignore or dismiss a person's expressed need for reproductive help or care and/or treats them with disdain.

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INTENTIONALLY CAUSING PAIN

Dána-Ain Davis, MPH, Ph.D.

When medical professionals fail to appropriately manage pain, which may be rooted in racialized beliefs about pain immunity and as well as the absence of empathy for Black people's physical suffering, leading to lack of internal motivation to alleviate or reduce Black suffering.



COERCION

Dána-Ain Davis, MPH, Ph.D.

When medical professionals perform procedures without consent and/or intimidate patients to make decisions.

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CEREMONIES OF DEGRADATION

Dána-Ain Davis, MPH, Ph.D.

The ritualistic ways in which patients are humiliated or shamed and includes a sense of being sized up to determine the worthiness of the patient or their support person(s) who may be viewed as a threat. In response, medical staff may deploy security, police, social services or psychiatry to ensure compliance or to remove the "threatening" person.



MEDICAL ABUSE

Dána-Ain Davis, MPH, Ph.D.

Can occur when medical professionals engage in experimentation and/or (repetitive) behavior that is motivated not by concern for the patient but serves to validate the clinician's self-worth and upholds their domination over the patient.

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THANK YOU



FALL | WINTER | SPRING 2023-2024



ETHICS GRAND ROUNDS

COLUMBIA UNIVERSITY DEPARTMENT OF MEDICAL **HUMANITIES AND ETHICS** DIVISION OF ETHICS

MEDICALIZING AND CRIMINALIZING MENTAL HEALTH



VIRTUAL EVENT | MAY 2[™] 2023, 12 -1:30PM ET



Kimberly Sue, MD, PhD Division of General Internal Medicine, Yale School of Medicine



Leah G. Pope, PhD New York State Psychiatric Institute and Columbia University



Fay Owens Urban Justice Center



Sandra Soo-Jin Lee, PhD Moderator, Division of Ethics, Columbia University

Visual Storytelling in ELSI Research

April 14, 2023 at 12pm ET/9am PT



Elizabeth Gross Cohn,
PhD, RN, FAAN
City University of New York,
Columbia University

Thub
CERA ELSI FRIDAY FORUM



Gary Ashwal, MA Booster Shot Media



Moderated by
Sara Ackerman, PhD, MPH
University of California San Francisco