Addressing Bias

3 min

One question the data on heart attacks might prompt is "why did the trials have only 38% female participation?"

In part, for historical reasons: in the 1950s, pregnant women in Europe and Canada were prescribed a drug called thalidomide for morning sickness. This drug resulted in severe birth defects and was taken off the market. As a result, in 1977 the US Food and Drug Administration (FDA) recommended excluding from early-stage clinical trials all women who could become pregnant. While intended to protect women, the recommendation put them at risk in a different way, limiting our knowledge of the effects of drugs on women's bodies.

The FDA reversed these recommendations in the 1990s, and today government-funded clinical trials **must** include women and other minorities. Yet, the trials don't need to include minority groups at representative levels, and the majority of drug trials in the US aren't government-funded anyway.

In this case, participation might also be impacted by media representations. In typical TV or movie heart attacks, we almost always see a man clutching at his arm or chest. Not only do women have heart attacks too (we wouldn't know it from watching TV), they rarely experience chest pain as a symptom.

(In fact, in the top 20 "heart attack" movies* on IMDB, only two heart attacks happen to women: one is fake, and the other is a disguised murder. So... zero real heart attacks in women in a list of top 20 "heart attack" movies!)

It might seem like a stretch from data literacy to TV heart attacks, but sound science means examining bias and controlling <u>variables</u> wherever possible.

Part of practicing good data literacy means asking...

- Who participated in the data?
- Who is left out?
- Who made the data?

^{*}top movies with keyword "heart attack" where there is actually a heart attack mentioned or shown in the movie – not *The Exorcist*, which is on that list because people have had heart attacks while watching it... yikes!

