White male doctors earn 35 percent more than black male doctors

APSTOCK

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*W*hite male physicians in the United States earn a whopping 35 percent more than their black male counterparts — even after accounting for factors such as field of medical specialty, experience, and hours worked.

[Data published](http://www.bmj.com/content/353/bmj.i2923) Tuesday in the British Medical Journal also showed a large gender gap. White female physicians earned 40 percent less than white men, and black women earned less still.

“That’s crazy,” said Dr. Devin Smith, a third-year resident in obstetrics and gynecology. He said he knows black physicians like himself tend to gravitate toward primary care fields, which pay less than specialties such as surgery. But the data showed huge wage disparities even within medical specialties. “I wonder how the systems [in medicine] are so flawed that this can happen,” Smith said.

The new research draws on two large data sets, the American Community Survey and physician surveys conducted by the Center for Studying Health System Change. It’s the first major study to look at racial differences in pay across so many doctors.

White male physicians had an adjusted median income of $253,000 a year, compared to $188,000 a year for their black male peers. White female doctors earned about $163,000. Black female physicians were at the bottom, with an adjusted median annual income of about $153,000. While the gender gap in medicine had previously been known, the racial gap was startling, said study author Dr. Anupam B. Jena, an associate professor at Harvard Medical School.

But it does mirror patterns in the overall US economy, he said.

It’s “wishful thinking to think that medicine is different because it is a relatively homogeneous, highly educated group of people,” Jena said.

Jena said the pay gulfs dissuade women and [minorities](https://www.statnews.com/2016/02/08/harvard-medical-school-diversity/) from pursuing certain paths in medicine. “What that means is that you are going to miss some bright minds,” he said. “At the end of the day it’s not just an issue of fairness. You can certainly create a narrative where patients will actually be harmed by these sorts of policies.”

While the data were adjusted for broad physician specialties, such as obstetrics versus dermatology, the study did not take into account subspecialties like interventional cardiology.

Some medical systems and cities are trying to address the pay disparities.

The [city of Boston](https://www.boston.com/jobs/jobs-news/2016/03/28/the-mayor-and-these-boston-businesses-want-to-close-the-gender-wage-gap), for instance, has asked companies and nonprofits to sign a pledge to examine the causes for the gender pay gap and push for change. [More than 100 entities](http://www.cityofboston.gov/women/workforce/compact.asp) had signed up by this spring, including Boston Children’s Hospital, Partners Healthcare, and Boston Medical Center.

The University of Minnesota Medical Center, meanwhile, has asked department chairs and others in charge of hiring physicians to attend training sessions designed to erase any unconscious bias that may hold down salaries or prevent career advancement for minorities and women.

“It’s definitely the right thing to do, and I think over time it will be one of the things that changes culture,” said Dr. David Satin, a compliance officer at the university.“We really want all of our people feeling like they are being treated fairly.”

The study also suggests that differences in negotiating power may contribute to the imbalance in physician earning.

“I was personally advised by my mentor that whatever salary they say, to counteroffer. I don’t know if everyone gets that advice,” said Satin.

[Studies show](http://www.medscape.com/viewarticle/848309_2) that women are less likely to negotiate and tend to negotiate less effectively than men. Women also tend to assume they will be offered compensation that is fair for the job — an assumption that sabotages future attempts at negotiation, explained Deborah P. Ashton, president of Planet Perspective, a consulting firm that works on [diversity](https://www.statnews.com/2016/03/10/diversity-medical-school/) issues.

“What an employer offers you is based on previous pay, so that if women have been lowballed earlier in their career … [it’s] a snowball effect,” Ashton said. “You get paid less, then you get offered less.”

In medicine, the inequities start at the earliest stages of a physician’s career. For their first jobs out of residency, women in most specialties earn [nearly $17,000 less than men](http://content.healthaffairs.org/content/30/2/193.full), after adjusting for medical specialty, hours worked, and practice type, one study found.

The new research is already opening some eyes.

“I’m already skeptical of everything just growing up black in America. I always question whether or not I’m being treated the same as other people,” said Smith, the third-year resident at Columbia University Medical Center. “Knowing this statistic, I’ll be a lot more shrewd and questioning when I do need to negotiate my first contract.”