The content in this week’s module is something that’s really near and dear to my heart. I was born in a home birth, delivered by my mom’s best friend who is a midwife. My mom decided to give birth at home because she feared that, because she was two weeks past her due date, going into a hospital would mean she would be forced to be induced and / or have a c-section. Despite being two weeks late, I was born safely at home with no issue because her labor was allowed to progress naturally. I have grown up hearing this story and being warned about the poor maternity care in this country my whole life. It’s because of this that I decided I wanted to go to medical school and become a doctor to try and improve the way we handle birth in this country.

Maternity care is an area where the discrepancies in medical care are exceedingly obvious, but race, gender, and sexuality are determinants of the quality of care a person can get in every part of medicine. This week another state, Texas, is attempting to pass yet another bill that would outlaw physicians from providing gender-affirming care to trans children and classifying it as child abuse. I think this is a clear example of how sociology influences healthcare. This is so clearly not an issue of the medical science. The science is extremely clear. Gender-affirming care for trans children saves lives. The American Medical Association and American Board of Pediatrics support this kind of healthcare. The reasons for laws being made which ban medically essential care are in no way scientific, but instead reflect the sociological state of parts of this country. This is an instance in which xenophobia, transphobia, and religious extremism have affected our politics so heavily that it is putting the lives of children at risk.

Racism has also had a profound effect on healthcare in America, just as it has in all other aspects of American culture. However, the effect of racism on medicine is less political and more the consequence of implicit bias of medical providers. Black women in particular are at heightened risk to receive less comprehensive care as reports of their symptoms are more likely to be dismissed. It is the onus of the entire medical industry to require that providers receive training addressing implicit bias, cultural sensitivity, and compassionate care. Additionally, a system of accountability needs to be put in place for when criteria are not met. Patient advocacy can also be used to mitigate this issue. Teaching individuals to advocate for themselves to receive the best care by asking the right questions and being persistent or even teaching them how to better describe their symptoms can help ensure better quality of care, especially for those for whom access to good healthcare is difficult. Overall, the entire medical system needs to become more cognizant of social determinants of health and needs to implement programs to educate both providers and patients and begin to make healthcare more equitable.