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## The George Floyd of healthcare

Sheila P. Davis, PhD, FNP-c, FAAN, LSM-BC  
*A Natural Way Family Health Clinic, drsheila777@gmail.com*

Gary Davis, MD  
*Jackson Nephrology Associates, davis53251@gmail.com*

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## The “George Floyd” of Healthcare

**Sheila P. Davis, PhD, FNP-c, FAAN, LSM-BC**

*A Natural Way Family Health Clinic*

**Gary Davis, MD**

*Jackson Nephrology Clinic*

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### ABSTRACT

On Memorial Day in the United States, May 25, 2020, George Floyd, a 46-year-old black male, was apprehended by police in Minneapolis, Minnesota during an arrest for allegedly using a counterfeit bill to purchase cigarettes. Mr. Floyd was handcuffed and in a prone position on the ground when Mr. Derek Chauvin, a white senior police officer, knelt on Floyd's neck for nearly eight minutes until he lost consciousness and a pulse. Mr. Floyd was pronounced dead shortly following arrival to the hospital. While the initial state-supported autopsy reported that his death resulted from underlying health conditions, subsequent autopsies revealed that the cause of death was a result of tactics used during his arrest. His death triggered national and international protests against police brutality, police racism, and lack of police accountability. The Minneapolis City Council subsequently took actions to ban chokeholds and require fellow police officers to intervene when excessive force is used by companion officers. Mr. Chauvin was arrested and charged with second degree murder.

### Race Matters!

I well remember an incident that occurred to me over 30 years ago while working as a float RN in a critical care unit. In those days, it was very difficult for ethnic minority nurses to get full-time permanent placements in the critical care units. An elderly black gentleman was brought into the unit with a severe cerebral infarct. The head nurse looked at the back of his chart to determine his insurance information. The gentleman worked as a janitor and had no insurance. It seems without even thinking, she blurted out, "I am sick and tired of my tax dollars going to keep those people comfortable who have no insurance. You can do with him whatever you like!" I reported her to the supervisor, but there was no follow-up. The gentleman died, but I wonder if the attitude of the staff negatively impacted his care. Race Matters!

In the segregated South where I grew up, my father was involved in a very serious motor vehicle accident. He was thrown out of his vehicle and the vehicle rolled over on him crushing his chest. Although he was taken to the local hospital, he was informed that they did not treat Negroes. My mother asked for a cloth to bathe his dirty and blood-soaked body, but this was denied. America has history. Race Matters! I term this incident as a George Floyd moment of healthcare. When one has the power to relieve the pressure of a person who is being choked by a physical, mental or psychological stronghold and one refuses to exercise that power, that person becomes the oppressor. Thus, if the

healthcare system is standing on one's neck, to me, the healthcare system is the oppressor (the Chauvin). Sure, like George, people come into the system with many self-induced - lifestyle related problems; but, will one receive inferior care because of this?

The Institute of Medicine report, *Unequal Treatment* (2003), dispelled the myth that social-economic status was the primary driver for inequities that existed in health profiles of black people. This study concluded that racial and ethnic minorities receive lower quality health care than white people even when insurance status, income, age, and severity of conditions are comparable. More specifically, the report affirms that minority persons are less likely than white persons to be given appropriate cardiac care, to commence on-time renal dialysis or transplants, and to receive state of the art treatments for stroke, cancer, or AIDS. The report concluded with an 'uncomfortable reality': Some people are more likely to die from cancer, heart disease, and diabetes simply because of their race or ethnicity and not just because they lack access to healthcare. Stated differently, if you are a *George Floyd*, you are more likely to die at the hands of those trusted to protect the public. Race Matters!

And now, there is COVID-19. Relatives are expected to drop their family members at the doors of the emergency rooms, leave, not ask any questions, and come back when called. It is taking a tremendous amount of faith to entrust one's love ones to a system that has historically marginalized them. Questions arise as to who gets the ventilator when there is one machine left and two people of different races need

ventilatory support? When the hospital is filling up and two people of different races present with similar symptoms who need admission, who gets the last room and who gets sent home for observation? Is anyone monitoring those decision making processes? And, if they are being monitored, what, if any, efforts are being made to ensure family that their loved ones will receive every due consideration? When N95 masks are low and other protective gear is low, who gets the gear first? Who is assigned the COVID-19 positive patient? And, who makes that decision? I submit that if the healthcare industry has not confronted and engaged in redemptive work to ameliorate racial biases and discriminatory practices, the COVID-19 crisis will bring to surface the inherent George Floyd syndrome as typified by the 2005 IOM – Unequal Treatment Report.

What can we do? Wen and Sadeghi (2020) offer several poignant immediate and long-term policy solutions to address racial health disparities related to the COVID-19 Pandemic. They include:

- Testing for COVID must be free, widespread and available without a healthcare providers prescription.
  - The Families First Coronavirus Response Act (March 2020), eliminated cost sharing for COVID - 19 testing -related services for those with private insurance.
  - The Coronavirus Aid, Relief, and Economic Security Act – expanded the range of tests covered by insurers.
- Testing should extend to places of worship, community centers, and public housing complexes.
- There should be a federal government priority to acquire valid and reliable tests with short turn-around times for results.
- Efficient contact tracing methods need to be employed through direct outreach and mobile applications.
- There should be government sponsored isolation/quarantine facilities that are free of charge for those who need to be isolated and quarantined.
- Testing data should be broken down by race and zip code.
- The CDC should resume daily briefings to keep the public apprised of latest developments and guidance.
- The federal government should ensure that all people who need medical care related to COVID should receive it.

**Some of their long-term suggestions relate to:**

- Adequate preparation of equipment and treatment aids for the second-round surge of the virus.
  - Assurance of equitable treatment and vaccine availability.
  - An all out effort to address the social determinants of health,(i.e.nfood, security, technology–internet services.)
- Addressing systematic racism and health disparities

While the above strategies of Wen and Sadeghi will not solve the general and pervasive disparities inherent in healthcare, they will directly impact some of the disparities associated with the COVID pandemic. To pursue further discussion on implicit bias and racial disparities in health care and methods to begin to dismantle the chokeholds apparent in our healthcare system, we recommend the following Ted Talks as a starting point.

Dr. David Williams, <i>How Racism Makes us Sick</i>	<a href="https://www.ted.com/talks/david_r_williams_how_racism_makes_us_sick?utm_campaign=tedspeed&amp;utm_medium=referral&amp;utm_source=tedcomshare">https://www.ted.com/talks/david_r_williams_how_racism_makes_us_sick?utm_campaign=tedspeed&amp;utm_medium=referral&amp;utm_source=tedcomshare</a>
Dr. Dorothy Roberts: <i>The Problem of Race-based Medicine</i>	<a href="https://www.ted.com/talks/dorothy_roberts_the_problem_with_race_based_medicine?utm_campaign=tedspeed&amp;utm_medium=referral&amp;utm_source=tedcomshare">https://www.ted.com/talks/dorothy_roberts_the_problem_with_race_based_medicine?utm_campaign=tedspeed&amp;utm_medium=referral&amp;utm_source=tedcomshare</a>
Dr. Richard Garcia: <i>Health Disparities in Medicine Based on Race</i>	<a href="https://www.ted.com/talks/richard_garcia_health_disparities_in_medicine_based_on_race?utm_campaign=tedspeed&amp;utm_medium=referral&amp;utm_source=tedcomshare">https://www.ted.com/talks/richard_garcia_health_disparities_in_medicine_based_on_race?utm_campaign=tedspeed&amp;utm_medium=referral&amp;utm_source=tedcomshare</a>
Dr. Tom Ward: <i>Social Determinants of Health</i>	<a href="https://www.ted.com/talks/thomas_ward_the_social_determinants_of_health?utm_campaign=tedspeed&amp;utm_medium=referral&amp;utm_source=tedcomshare">https://www.ted.com/talks/thomas_ward_the_social_determinants_of_health?utm_campaign=tedspeed&amp;utm_medium=referral&amp;utm_source=tedcomshare</a>

**Do unto others as you would have them do unto you**

Last, as a health care provider, my mantra is:

Do unto others as you would have them do unto you. This mantra and philosophy of life enables one to transcend race, culture, social status, gender, religious affiliation and any and all artificial barriers that often separate us. A number of years ago while working in the critical care unit of a very small hospital, I was given care of an elderly white woman who was dying due to severe congestive heart failure. She was a DNR, so I knew that we would do no heroics. The policy of the hospital was that there were to be no visitors after visiting hours. I learned that my patient's lifelong girlfriend was sitting in the lobby outside of the unit waiting for the announcement. At that moment, my patient became my 'family'. Without giving it a second thought, when I saw that death was imminent, I went into the lobby and helped the friend to come into the room and gently hug and rock her friend as she died. The next day, to my surprise, there was much talk about my action. But, I said, "Wouldn't you have done the same thing?" The blank stare I received answered the question. We can only treat people like we would want to be treated when we begin to see others as equal members of the human race. It's unfortunate, but the misguided science of eugenics still rears its ugly head and negatively influences our treatment of other -race people.

Until we have the heart to change we must still hold people responsible for their actions. The response of authority figures that responded to the George Floyd murder averted, in my opinion, more aggressive action from public sympathizers. Hence, those in healthcare who have already resolved the 'race' issue, consider your role in aiding coworkers to come up on a higher plane. Talk, educate, and demonstrate what equitable care looks like. And, when you see that it does not exist, please call it out.

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*I refuse to accept the view that mankind is so tragically bound to the starless midnight of racism and war that the bright daybreak of peace and brotherhood can never become a reality.....I believe that unarmed truth and unconditional love will have the final word."*

**Martin Luther  
King, Jr.**

#### Corresponding Author:

**Sheila P. Davis, PhD, FNP-c, FAAN, LSM-BC**  
A Natural Way Family Health Clinic  
[www.patienthelp.care](http://www.patienthelp.care)  
Email: [drsheila777@gmail.com](mailto:drsheila777@gmail.com)