Ethical Issues of Stereotyping

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Introduction

Stereotyping, particularly negative stereotyping, is an important and pragmatic social issue. Contemporary mores have rightly condemned stereotyping by race, nationality and gender. Recent decades will be recalled as the era when gender-role and ethnic stereotyping were condemned.

Many of the world’s greatest conflicts result from racial stereotypes-Polynesian Fijians today regard Indian Fijians as bad; and Christians and Muslims on many Indonesian islands regard each other as evil. Such stereotypic views are held not for any considerations of the qualities of individuals, but because of class stereotypes.

Stereotyping is a subject of singular relevance to ethics in general and to bioethics in particular. Every medical interaction in the doctor-patient dyad has the potential to involve individuals in stereotypic views, each of the other member. Such occurs in any traditional doctor-patient consultation, where at first interview both the doctor and the patient bring an a priori view of the other’s likely persona. Such potential for stereotyping applies equally to biomedical research where the dyad is between volunteer-patient on the one hand and a medical researcher on the other.

There exist certain difficulties in any analysis of stereotyping. Formally, a stereotype results from an attributional metonymy. Stereotyping can be both a vice and a virtue; and therein lies its paradox. Consider blondes. Not all blondes are “dizzy”, and to stereotype them as such is a vice, at least from the perspective of fair-headed women. Consider tigers. Not to stereotype them as dangerous is foolish. An observer of mauled victims would regard anyone holding such a stereotype as stupid and their elective but mistaken opinions as a vice.

In this latter context, some types of stereotyping obviously have survival value; and in this context the phenomenon of stereotyping is obviously one dynamic which has driven selective processes in evolution. Early experience of danger or a threat is carried forward as prudent behaviour for the rest of life. Not all cooking plates on stoves are hot at any one time; but a child is correctly taught to regard all such as potentially dangerous in order that safety may prevail. To many, the apparent paradox of stereotypic vice/virtue is an ethical and philosophical challenge. What is the logical difference between stereotyping considered as a virtue and that as a vice? I believe that this question can be answered by defining an index which one might call a Prejudice Interval. Using this tool, I believe that one may analyse a series of well known stereotypes and thus characterise the conditions which define stereotyping sometimes as a vice and sometimes as a virtue.

Stereotyping may, be defined as the attribution of a probability that any subject in a whole population or an entire class will possess a feature that an observer has encountered in one, or a few early representatives of that class. Early experience, particularly that encountered in childhood, is of the greatest importance in fixing stereotypes. Stereotyping is about extrapolating from an individual to a class, as a whole.

Stereotyping as a vice

I believe it might be possible to quantify the Prejudice Interval in those situations where we perceive stereotyping as a vice. To say that most or all Australians are uncouth, because some undoubtedly are, is a stereotypic vice. To believe that Irishmen generally have the potential to be garrulous drunkards, simply because of personal observation of some Irishmen on one occasion at a Rugby International, is likewise a stereotypic prejudice, and similarly a vice.
In the medical context, some traditional stereotyping, although never overt, is certainly a vice. To regard all back pain in Eastern European patients as malingering or hysteria, even though “Mediterranean back” is part of the medical lexicon, is manifestly unfair, racist and, in the ethical sense, a vice. To regard all pain in the liver region of florid-faced, older Scotsmen as chronic cirrhosis is likewise prejudicial and unfair, and medically dangerous.

If one surveys examples of a group of unfair stereotypes and calculates a Prejudice Interval one can start to group, or typify what it is that makes one type of stereotype a vice. In other words, it might be possible to stereotype the stereotypes.

Such an approach has the potential to reduce the subjectivity of ethical analysis. When the Prejudice Interval is large- as in the case of “all blondes are dumb” - stereotyping is unfair and a vice. The degree of ethical stereotyping, that is the magnitude of the ethical felony, can thus be quantified.

Stereotyping as a virtue

Tigers are known to have a certain probability of biting off the heads of humans; although undoubtedly some individual tigers purr when petted and make delightful, albeit boisterous pets. Stereotyping tigers as dangerous, however, is not a vice, but a virtue. Placing one’s hand in a tiger’s cage is the act of a fool, albeit one of an ethical non-stereotyper.

If one looks at a simple linear scale, and calculates a Prejudice Interval (PI) for tigers-being-dangerous, one can see that the PI is small. When the PI is small, stereotyping is thus a virtue.

Likewise, there are many other interactions where the process of a priori stereotyping individuals is also a virtue. We regard all large brownish or dark-coloured snakes as potentially dangerous; although many such species, and some individuals within otherwise dangerous species, are not dangerous to handle. But only a fool would do so on first confrontation with a newly-encountered individual snake; and not to stereotype snakes as potentially dangerous is a vice.

In the medical world, the dynamic of stereotyping occurs continually. After eliciting a medical history, doctors start to stereotype as they begin the formulation of a differential diagnosis. In one sense, the dynamic of generating a medical diagnosis is about extrapolating from the individual to an entire class. If an individual is a life-long, heavy smoker and presents with a cough and weight loss, the doctor will place him provisionally in that class of patients who may have lung cancer. Not to consider the possibility of having cancer - the potential stereotype of the whole class of smokers who are at significant risk - such would be bad medicine; and in a professional sense it would constitute negligence and in the ethical sense is undoubtedly a vice. Doctors consider individual patients, each with their specific symptoms and signs, as falling into larger groups of patients who have a potential, encompassing diagnosis. This is the modus operandi of differential diagnosis, a term and process which is the pivot of all best-practice medicine. Differential diagnosis is defined as “the formulation of a list of diseases, consistent with the elicited history and the observed signs, arranged in decreasing order of likelihood.”

The Prejudice Interval

In any analysis of stereotyping, the probabilities of perceived association, real association and hence the derivative which I have called the Prejudice Interval, are all potentially measurable by experiment; or simply by an opinion survey of any particular prejudice of interest. Such an experiment would need to be theme-specific. Such could be conducted as a thought experiment or be investigated in a real-life population survey. In such, the boundary points between the lower and higher zones of the Prejudice Interval, both for individuals and for populations, would constitute a neutral zone along the PI scale. At that point-the neutral point or zone on the PI scale-a prejudice changes from being a vice to a virtue.

One can see therefore that whether stereotyping is ethically good or bad relates quantitatively to the probability of association between the quality and question and the class as a whole. If a probability is low (only a small proportion of blondes are “dizzy”, and is probably the same as men and women with hair of any colour) -if such probability is low then stereotyping is bad. If the associated probability is high (a high proportion of tigers will bite off a hand poked through the bars of their cage) then stereotyping is a virtue. Along the continuum of probability of association, therefore, there is a segment along the Prejudice Interval scale which is a neutral zone where one passes from vice to virtue.
This approach provides a tool by which one might explore this ethical question. Such is possible for each of us, thinking about our own prejudices and stereotypes, by undertaking simple thought experiments. Such an approach is certainly amenable to population surveys using a simple questionnaire. I would predict that the “neutral zone” along the Prejudice Interval scale would be somewhere in the broad range of 50-90 percent.

The neutral zone of the Prejudice Interval scale corresponds to that subjective feeling we all have, in real life, where our consciences try to over-rule the “common sense” derived from past experience.

**Conclusion**

Stereotyping in medicine has a number of important practical connotations. One of the most important is the attitudinal tradition of medical paternalism - the norm in past centuries but hopefully the exception in the present one. Doctors have often stereotyped patients as subjects not being capable of considering relevant options in their own personal, clinical circumstances - for example, where major surgical intervention might be one course of action. Withholding full information of all the outcomes, and rushing the doctor-patient decision process in such circumstances, constitutes one type of unethical stereotyping. It is certainly unacceptable paternalism and has been rightly condemned in the courts.

One contemporary issue relating to medical stereotyping concerns those who have been diagnosed as having a malignant neoplasm. The fact that an individual has or has had cancer, whether this is incurable or not, so often stamps them as a “cancer person” in the eyes of friends, family and associates. All of us can think of individuals whom we know who have been diagnosed as such; and we constantly make the association with all its associative baggage, whenever we encounter them. Overcoming such stereotyping has been a major challenge for many cancer support organisations. Many of the slogans one sees on billboards or on bumper-stickers attempt to address this unfortunate association. “Cancer is a word, not a sentence” is one such aphorism.

There exists a current tendency to cloud the discussion about stereotyping with an anti-intellectual fad of political correctness. This has tended to produce a “knee-jerk” reaction to any form of stereotyping, even when such is manifestly desirable for safety in personal lives, or for prudent action in business and commerce. It is, in my view, important to appreciate that stereotyping has great evolutionary survival value on the one hand; yet when employed by unthinking people to characterise an individual unfairly because of a small association-class quality, is unfair and one of the greatest challenges to peace in the world today. An ethical analysis, with progress to quantitative study using indices such as the Prejudice Interval, might lead to new approaches in counselling and remediation.

**Notes**

2. Parris, M. “Damned if they hid and damned if they were visible.” *The Spectator* 2000;12 February: 11.