averaged 22.62 miles to a large retailer, compared to 5.44 miles in urban counties, increasing travel burdens.

Limited product availability, diminished income, and greater travel distances impede sun protection efforts among rural populations. Addressing these disparities include policy initiatives to enhance product accessibility, incentivize retailer participation, and raise awareness about the importance and proper application of sunscreen.

Limitations include variations of online versus in-store pricing, exclusion of small retailers, and cross-sectional nature of data collection. Future research includes expanding to other states and monitoring product availability and pricing throughout all seasons.

—Simran Kaur, MD; Eva M. Shelton, MD; Alexa Figueroa Baiges, BS; Janmesh D. Patel, BS; Yaohui Gloria Xu, MD, PhD

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Hidden Bias in EMR Flagging Systems: A Call for Standardization

To the Editor:

Yass et al's article[1] on electronic medical record (EMR) flagging and its association with patient demographics and psychiatric medication use in a recent issue of *WMJ* is intriguing. It found that Black male patients and those prescribed psychotropic medications were more likely to receive "vulnerable/unsafe behavior" flags. This study sheds light on a critical yet underexplored intersection of hospital safety protocols and structural bias. When EMR flagging is not standardized and routinely audited, it may reinforce stigma, particularly disproportionately affecting marginalized populations and resulting in unequal care delivery.

Another study revealed that hospitalized patients from minoritized racial and ethnic groups (eg, Black, Hispanic, and others) had significantly lower levels of EMR engagement compared to White patients at 2 academic medical centers.[2] Clinicians were less likely to perform key EMR actions—such as pending notes, reviewing problem lists, medication records, and scanning barcodes—for these patients, even after adjusting for demographic, socioeconomic, and clinical variables.[2] The presence of stigmatizing language in EMRs can influence the perceptions and prescribing behaviors of resident physicians.[3] It has been associated with more negative attitudes toward patients and less aggressive pain management, highlighting an important yet often overlooked means of bias transmission between clinicians.[3]

Artificial intelligence (AI) has the potential to implement transparent and standardized flagging protocols in EMRs to audit flag use, identify patterns of inequity, and establish real-time feedback mechanisms that alert clinical teams to potential bias.[4,5] This is both a clinical necessity and an ethical responsibility in efforts to reduce health care disparities. Emerging AI applications – particularly those using natural language processing – can be integrated to detect stigmatizing language within clinical documentation and notify clinicians and administrators to help ensure unbiased records.[5] Such interventions may raise awareness of how implicit bias influences communication and contribute meaningfully to advancing equitable care for diverse patient populations.

—Farzana Hoque, MD, MRCP

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