Medical Xpress

A call to action to address racial inequities in medical tests

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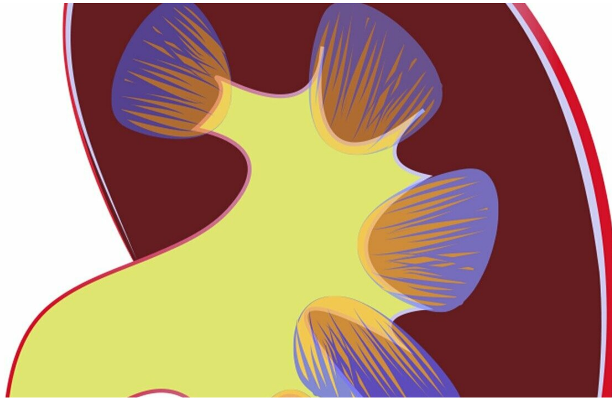

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A new perspective article published in *CJASN* examines how the use of race in calculating kidney function, as well as other aspects of health, can cause harm to patients.

The authors—Richard E. Neal, the Chairman of the Committee on Ways and Means in the House of Representatives, and Michelle Morse, MD, MPH, an internal medicine and public health doctor who works on global health equity, social medicine, and racial justice, and was recently named the first-ever Chief Medical Officer of New York City's Department of Health and Mental Hygiene—explain that currently a modifier for Black race in calculations of kidney health indicates that the Black patient has higher kidney function. This could delay access to additional tests and treatments. Other examples of misuse of race in clinical algorithms exist across diverse areas of medicine.

Numerous institutions have decided to end reporting of the race modifier used in kidney care because of these concerns. Also, in response to letters sent by the Committee on Ways and Means, professional medical societies have agreed that the use and misuse of race and ethnicity in clinical algorithms needs to be re-evaluated with more research on the unintended consequences of removing race correctors. The authors argue that "this circular lack of accountability cannot continue."

Neal and Morse stress that the medical community must step up to achieve consensus on paths forward. "Data on race and ethnicity should be rigorously and consistently collected and used to measure the social and health impact of racism, not for biological racial distinctions," they wrote. "To this day, racial differences in outcomes are often misinterpreted as biological differences instead of the result of social and structural forces."

The perspective is part of a Disparities and Workforce Diversity collection developed by *CJASN*.

Of note, the Agency for Healthcare Research and Quality, which is part of the U.S. Department of Health & Human Services, is requesting information and evidence on clinical algorithms that may introduce bias into clinical decision making and/or influence access to care, quality of care, or health outcomes for racial and ethnic minorities and people who are socioeconomically disadvantaged.

More information: "Racial Health Inequities and Clinical Algorithms: A Time for Action," *CJASN*, DOI: 10.2215/CJN.01780221

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