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THE HEALTH DISPARITIES MYTH: DIAGNOSING THE TREATMENT GAP

By Jonathan Klick and Sally Satel, MD

Two fifty-year-old men arrive at an emergency room with acute chest pain. One is white and the other black. Will they receive the same quality of treatment and have the same chance of recovery?

Many experts today insist that race profoundly affects how the medical-care system deals with patients and that a black patient will get inferior care. Is this true? In *The Health Disparities Myth: Diagnosing the Treatment Gap*, authors Jonathan Klick and Sally Satel examine recent research bearing on this question.

Klick, a legal scholar and health economist, and Satel, a physician, conclude that differences in treatment do indeed vary by race but not because of it. People living in places with inadequate medical resources tend to receive poor care, whether they are black or white. It is not a question of physician bias, according to Klick and Satel. The authors found that socioeconomic status and geographic location—not race—make a much greater difference in a person’s health and the quality of care he receives. As such, policy prescriptions to increase “cultural competence” (e.g. racial sensitivity training) or medical school affirmative action do not make sense.

The notion that physicians are biased against minorities—overtly or subtly—has acquired considerable and unmerited weight in both academic literature and the popular press. It enjoyed a great boost in visibility from a 2002 report from the Institute of Medicine (IOM), part of the National Academy of Sciences, called *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*.

The IOM report concluded that “bias,” “prejudice,” and “discrimination” in the doctor-patient relationship were major causes of the difference in treatment and, by extension, the poorer health of minorities. Since the report was issued, many medical schools, health philanthropies, policymakers, and politicians are proceeding as if physician “bias” were an established fact.

In *The Health Disparities Myth*, the authors explore additional explanations for differences in the quality of health care provided to blacks and whites. Data show that third factors, especially geographic and socioeconomic factors, generate most of the treatment gap. White and black patients, on average, do not even visit the same population of physicians, making the idea of preferential treatment by individual doctors a far less compelling explanation for disparities in health than has been claimed.

Not only is the charge of bias divisive, it siphons energy and resources from endeavors that are more relevant to improving minority health: expanding access to high-quality care and facilitating changes in individuals' lifestyles and their capacity to manage chronic disease. From this perspective, proposed race-based remedies for the treatment gap—such as racial preferences in admission to medical school, racial sensitivity training for doctors, and legal action using Title VI of the Civil Rights Act—become trivial or irrelevant at best, and potentially harmful at worst.

The Health Disparities Myth concludes:

- Focus on “bias” in the health-care system distracts from the more powerful reasons, such as socioeconomic status and geographic location, why there are unacceptable differences in care.
- Because “bias” is nearly impossible to detect and measure within a health-care setting, civil-rights based solutions to the health-care gap are likely to fail.
- A true public health solution to inadequate care would focus resources on improving the quality of care and self-care, (e.g., lifestyle, treatment adherence, health literacy), regardless of race.

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