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Letters to the Editor

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Letters to the Editor

Dear Dr. Nash,

I was thoroughly intrigued by your editorial, "The Vision for a National Quality Report" (September 2001). Over the last several months, I have read numerous articles outlining the disparity in healthcare received by African American and minority patients in this country when compared to that given to white patients. Black patients with coronary artery disease are less likely to be referred for coronary bypass surgery than white patients. We are also less likely to be referred for kidney transplantation when faced with chronic renal failure. Interestingly enough, we are more likely to undergo leg amputations, testicular removal for the treatment of cancer, and shunt implantation for hemodialysis. In addition to this, in a recent study that appeared on Medscape (medscape.com) last year, it was demonstrated that black physicians had more difficulty obtaining medically necessary hospital admissions for their patients than their Caucasian counterparts, while Hispanic physicians encountered significantly greater difficulty obtaining necessary referrals and consultations for their patients than white physicians. These differences were independent from the level of experience of the physician, the location of the medical practice, and the ability of the patient to pay for medical services. Given the fact that African American physicians take care of large numbers of African American patients, and Hispanic physicians care for large numbers of Hispanic patients, one can easily see how the difficulties faced by minority physicians increase the disparity in healthcare received by minority patients in this country.

The Agency for Healthcare Research and Quality has an obligation to address these issues in its National Healthcare Quality Report. Racial discrimination continues to be rampant throughout the healthcare system in this country, even in the 21st century. Thevoices of minority patients must be heard in composing such a report. In addition to this, African American and minority physicians must be an integral part of the "blue-ribbon panel" appointed by the Institute of Medicine. We must have an active role in making recommendations and designing studies that will impact on this Quality Report.

As a practicing internist, I continually strive to provide my patients with the highest quality of healthcare possible. During my career I have been privileged to be able to take care of patients from varied racial and cultural backgrounds. One must be aware of ethnic and cultural differences within the patient population, and be able to adjust to these differences in a manner that is beneficial, and not prejudicial, to the patient. Obviously, in order to be successful one must strive to maintain an honest and open relationship with his or her patients, so that the patient feels free to ask questions and receive healthcare in an environment that is non-threatening and non-judgmental. We must also keep up with a growing volume of medical developments and information that appear in the medical journals, on the Internet, and in the newspapers.

Finally, we are all under increasing pressure to provide high quality healthcare, while healthcare budgets continue to shrink. Even with all of these challenges, our patients

must always come first. When a patient comes to us for care, they are literally putting their life in our hands. We must never betray that trust.

Karen Edwards-Crawford, MD

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