

# Pushing Back on Anti-Black Prejudice in Medicine and Healthcare

**Maddy Crabbe — Medical Writer, Remedica Communications**

February is an important month in the public health awareness day calendar. We acknowledge the lives of people who have been affected by cancer on [World Cancer Day](#), the burden of epilepsy on [International Epilepsy Day](#), and the impact of rare diseases, which affect an estimated 300 million people<sup>1</sup> around the world, on [Rare Disease Day](#).

February has also been marked as Black History Month in the US since 1976. Black History Month is an opportunity to reflect on important historic events and the achievements of Black people and people of African descent around the world. The occasion is also observed in countries such as Canada, France, the Netherlands, the UK and Ireland.<sup>2-6</sup>

Each year, a different theme for Black History Month is chosen by the Association for the Study of African American Life and History (also known as ASALH). The theme for 2023 is “Black Resistance”, which focuses on historic and ongoing rejection of oppression and discrimination.<sup>7</sup>

One area in which discrimination and prejudice against Black people is well characterized is in medicine and healthcare.<sup>8-10</sup> In response to this, healthcare professionals have made concerted efforts to establish nursing schools, hospitals and clinics that provide spaces for Black people to receive appropriate medical care, which has historically been lacking at mainstream facilities.<sup>7</sup>

For medical communications agencies, healthcare awareness days are an opportunity to bring attention to breakthroughs in medicine that can improve therapeutic outcomes for people affected by disease. This is especially relevant when healthcare disparities driven by multiple factors, such as absence of education, lack of ability to pay for healthcare, food insecurity, housing instability and exposure to toxic substances, are leading to increased morbidity and mortality for socioeconomically disadvantaged people.<sup>11-13</sup> A significant percentage of Black people and people of African descent in countries such as the US and UK live below the poverty line.<sup>14,15</sup>

Exacerbating the issue of racialized socioeconomic disparities in healthcare is the medical skepticism that is rife in Black people and people of African descent, who report feeling disrespected and dismissed by healthcare staff.<sup>8,10</sup> World Cancer Day, International Epilepsy Day and Rare Disease Day have more in common than simply being globally recognized public health awareness days. Poor healthcare outcomes in all three therapy areas (oncology, neurology and rare diseases) have been found to affect Black people and people of African descent.

## Cancer

Epidemiologic studies have found Black people to have consistently higher rates of cancer death compared with people of other racial and ethnic groups. Prostate cancer mortality rates are a particular cause of concern. A 2019 study found that Black men were five times more likely to die of prostate cancer than Asian or Pacific Islander men.<sup>16</sup> When Black men have access to treatment in the same way as other racial groups, they have similar or potentially improved prostate cancer-specific mortality rates compared to White men after accounting for differences in clinical factors. In the real-world prostate cancer setting, Black men are typically diagnosed later than White men, present with more advanced prostate cancer, receive less guideline-concordant treatment, and have more comorbid conditions.<sup>17</sup>

Despite the lower incidence of breast cancer in Black women compared to White women in the US, statistics from the American Cancer Society show that Black women are 41% more likely than White women to die from breast cancer. Endometrial cancer is also 2.5 times more likely to kill a Black woman than a White woman. For breast cancer, this disparity persists across all stages of disease, with 5-year survival rates 10% lower for Black women than their White counterparts.<sup>14</sup> These differences are not only linked to racism in healthcare, but also

the fact that Black women are more likely to be diagnosed with triple-negative (estrogen, progesterone and ERBB2-receptor deficient) breast cancers, which are highly invasive and difficult to treat.<sup>14,18</sup> This highlights the critical importance of early diagnosis, which in many cases makes it possible to employ non-pharmacological treatment options such as radiotherapy and surgery to increase the chance of achieving remission. Although the Black-White cancer mortality disparity has narrowed in recent decades for both men and women, targeted approaches that promote use of screening programs and diagnostic facilities are needed to ensure that patients are identified at the earliest opportunity.

## **Epilepsy**

Underutilization of health services is a key issue for African American patients with epilepsy, who report higher frequencies of seizures, hospitalizations and emergency room visits and lower rates of epilepsy surgery than White patients.<sup>19</sup> Compared with White patients, African Americans have been found to be less likely to adhere to antiepileptic drug treatments. Lack of knowledge, limited financial resources, and poor communication between healthcare providers and African Americans are well-established barriers to receiving adequate care in the epilepsy space.

Depression and anxiety are common psychiatric comorbidities in patients with epilepsy.<sup>20,21</sup> Inadequate and insufficient data on psychiatric conditions in Black people has been a longstanding issue in this therapy area.<sup>22</sup> Gaps in knowledge may lead to incorrect treatment. Without treatment, depression can result in poor quality of life and self-injurious behaviors.<sup>22</sup> Effectively addressing mental health comorbidities such as depression and anxiety will continue to play an important role in optimizing care for patients with epilepsy.<sup>20,23</sup>

## **Rare Diseases**

The field of rare diseases is fraught with challenges, such as diagnostic delays, lack of effective treatments, and the negative psychosocial effects of living with a disease that is not prevalent in the general population. Some rare diseases, such as X-linked adrenoleukodystrophy, may not be diagnosed in a timely manner in Black people because of a lack of knowledge about how the disease presents in Black patients. One of the symptoms of this disease is hyperpigmentation. In one case, a Black infant was presented to a pediatrician on multiple occasions over two years before a genetic evaluation was finally requested.<sup>24</sup> Although it is possible that the attending physician did not have enough exposure to educational materials on hyperpigmentation and adrenal insufficiency in non-White children, there are other rare diseases with well-known symptoms that are often diagnosed at a later stage in Black patients than their White counterparts.<sup>24</sup>

Testing for creatine kinase in order to establish a diagnosis of Duchenne Muscular Dystrophy typically occurs later for Black patients than White patients.<sup>25,26</sup> Determining the reasons for these disparities and addressing them in a considered way will be key to minimizing the gap between morbidity and mortality among Black people and other racial groups. Newborn screening has been recommended to prevent delayed diagnosis of Duchenne Muscular Dystrophy, although the importance of prompt initiation of treatment or enrolment in time-sensitive and age-restricted clinical trials cannot be underestimated.<sup>25</sup>

It is clear that there is no one-size-fits-all solution to the complicated issue of adverse healthcare outcomes for Black patients. Nevertheless, patient-centered approaches that raise awareness of advocacy groups, interpersonal support networks, and increased involvement of patients in treatment decisions may be a welcome step towards greater equality in healthcare and medicine.

Medical communications agencies can play a key role in addressing disparities in this area by developing materials that connect with underserved patient populations and help them to access treatment that could one day improve their quality of life.

## References

1. Rare Disease Day. Available from: <https://www.rarediseaseday.org>. Last accessed February 2023.
2. Provenzano E. Bordeaux: Lancement du premier Black History Month en France! Available from: <https://www.20minutes.fr/bordeaux/2213947-20180202-bordeaux-lancement-premier-black-history-month-france>. Last accessed February 2023.
3. Boatner K. Black History Month. Available from: <https://kids.nationalgeographic.com/history/article/black-history-month>. Last accessed February 2023.
4. BHMI. About Black History Month in Ireland. Available from: <https://blackhistorymonth.ie>. Last accessed February 2023.
5. RTÉ. What is Black History Month? A new RTÉ series delves in. Available from: <https://www.rte.ie/lifestyle/living/2021/1001/1250108-what-is-black-history-month-a-new-rte-series-delves-in/>. Last accessed February 2023.
6. Ulysse E. La Guadeloupe associée au 5ème "Black History Month" dédié cette année à Joséphine Baker. Available from: <https://outremers360.com/bassin-atlantique-appli/la-guadeloupe-associee-au-5eme-black-history-month-dedie-cette-annee-a-josephine-baker>. Last accessed February 2023.
7. ASALH. Black History Theme Executive Summary. Available from: <https://asalh.org/black-history-themes/>. Last accessed February 2023.
8. Iacobucci G. Most black people in UK face discrimination from healthcare staff, survey finds. *BMJ*. September 2022;o2337.
9. Williams DR, Rucker TD. Understanding and addressing racial disparities in health care. *Health Care Financ Rev*. 2000;21(4):75-90.
10. Hamed S, Bradby H, Ahlberg BM, Thapar-Björkert S. Racism in healthcare: a scoping review. *BMC Public Health*. 2022;22(1):988.
11. Islam MM. Social Determinants of Health and Related Inequalities: Confusion and Implications. *Front Public Health*. 2019;7.
12. Saydah SH, Imperatore G, Beckles GL. Socioeconomic Status and Mortality. *Diabetes Care*. 2013;36(1):49-55.
13. Hill-Briggs F, Ephraim PL, Vraney EA, et al. Social Determinants of Health, Race, and Diabetes Population Health Improvement: Black/African Americans as a Population Exemplar. *Curr Diab Rep*. 2022;22(3):117-28.
14. Giaquinto AN, Miller KD, Tossas KY, Winn RA, Jemal A, Siegel RL. Cancer statistics for African American/Black People 2022. *CA Cancer J Clin*. 2022;72:202-29.
15. UK Data Service. Racial inequalities within cost of living crisis revealed by Runnymede Trust research. Available from: <https://ukdataservice.ac.uk/2022/11/20/racial-inequalities>. Last accessed February 2023.
16. Lawrence WR, McGee-Avila JK, Vo JB, et al. Trends in Cancer Mortality Among Black Individuals in the US From 1999 to 2019. *JAMA Oncol*. 2022;8(8):1184.
17. Chowdhury-Paulino IM, Ericsson C, Vince R, Spratt DE, George DJ, Mucci LA. Racial disparities in prostate cancer among black men: epidemiology and outcomes. *Prostate Cancer Prostatic Dis*. 2022;25(3):397-402.
18. Medina MA, Oza G, Sharma A, et al. Triple-Negative Breast Cancer: A Review of Conventional and Advanced Therapeutic Strategies. *Int J Environ Res Public Health*. 2020;17(6):2078.
19. Kumar N, Aebi M, Lu E, Burant C, Sajatovic M. Ethnicity and health outcomes among people with epilepsy participating in an epilepsy self-management RCT. *Epilepsy Behav*. 2019;101:106469.
20. Nigussie K, Lemma A, Sertsu A, Asfaw H, Kerebih H, Abdeta T. Depression, anxiety and associated factors among people with epilepsy and attending outpatient treatment at primary public hospitals in northwest Ethiopia: A multicenter cross-sectional study. Farrukh MJ, ed. *PLoS One*. 2021;16(8):e0256236.
21. Hingray C, McGonigal A, Kotwas I, Micoulaud-Franchi J-A. The Relationship Between Epilepsy and Anxiety Disorders. *Curr Psychiatry Rep*. 2019;21(6):40.
22. Sohail Z, Bailey RK, Richie WD. Misconceptions of Depression in African Americans. *Front Psychiatry*. 2014;5.
23. Escoffery C, Johnson L, McGee R, et al. Epilepsy self-management behaviors among African Americans with epilepsy. *Epilepsy Behav*. 2020;109:107098.

24. Omorodion J, Dowsett L, Clark RD, et al. Delayed diagnosis and racial bias in children with genetic conditions. *Am J Med Genet Part A*. 2022;188(4):1118-23.
25. Wexler M. DMD Diagnosis Takes as Long Today as Decades Ago, Study Finds. Available from: <https://muscular dystrophy news.com/news/no-improvements-time-dmd-diagnosis-3-decades-study-finds>. Last accessed February 2023.
26. Luxner L. Black Father Highlights Challenges Faced by Rare Disease Patients from Minority Groups. Available from: <https://www.rarediseaseadvisor.com/features/dmd-features/black-father-highlights-challenges-faced-by-rare-disease-patients-from-minority-groups>. Last accessed February 2023.