



The Potential Benefits and Risk of Facilitating Racially Concordant Care for Black Patients

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While healthcare organizations are seeking to reduce racial disparities in healthcare outcomes, progress has been slow. Studies showing that Black patients have better health outcomes when treated by Black physicians have, therefore, garnered considerable attention. In this month's *Pediatrics*, Ethics Rounds commentators, with diverse disciplinary training, consider whether a hypothetical healthcare organization, Just Healthcare, should adopt a voluntary system to facilitate racially concordant care ([10.1542/peds.2021-051113](https://doi.org/10.1542/peds.2021-051113)).

Some identify additional reasons in support of such a proposal. Keisha Ray, a bioethicist, notes that there already is an informal mechanism that facilitates racially concordant care and argues that such care is different from race-based medicine which uses a patient's race to guide treatment.

All commentators cite potential problems. Dr. Ray also argues that this program may place undue burden on Black physicians and create longer wait times for Black patients. Helen-Maria Lekas, a sociologist, calls attention to the roles that gender, social class, age, and sexual orientation also play in shaping individuals' dispositions or tendencies and why focusing on race may be insufficient.

If Just Healthcare proceeds, Dr. Lekas emphasizes the importance of including Black physician and patient voices in the program's development. Osaze Udeagbala and Lauren Taylor, health management scholars, discuss the importance of transparency in communicating the reasons for the Just Healthcare's decision. Commentators emphasize the importance of concurrent efforts to increase diversity and promote inclusion.

What do you think? What can be done to minimize the potential risks of a program to facilitate racially concordant care and do the potential benefits outweigh the risks?

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