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## Book Review

# Just Medicine: A Cure for Racial Inequality in American Health Care

By Dayna Bowen Matthew

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## Book Review

### **Just Medicine: A Cure for Racial Inequality in American Health Care**

By: Dayna Bowen Matthew. 2015, Paperback Edition. 271 pp. ISBN 978-1479851621

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*Just Medicine: A cure for racial inequality in American health care* addresses a long-standing socio-political issue in this country: disparate health care access, treatment, and outcomes among communities of color. The author, Dayna Bowen Matthew, focuses on what she refers to as, “the single most important determinant of health disparities that is *not* being widely discussed in straightforward terms: ... racial and ethnic discrimination against minority patient populations, an uncontroversially significant contributor to health inequality” (p. 2). Matthew argues that the overwhelming literature on the impact of implicit racial bias, or unconscious prejudicial beliefs about groups of people based upon their perceived racial or ethnic identity, among health care providers and patients reciprocally creates disparities and that these biases are avoidable. If they are avoidable, then it is therefore unjust and immoral to continue to ignore them at the policy level.

To address the impact of biases, Matthew calls on stakeholders to acknowledge the existence of such biases and take real steps to ameliorate them. She asserts, “to defeat inequality due to unconscious racism in health care, ... institutions must realign themselves away from this social norm that is incongruous with the core underlying values to which our nation’s doctors, patients, and health care professionals expressly aspire” (p. 3). In *Just Medicine*, Matthew moves the discussion away from overt acts of racism to the more common covert acts of racism expressed through implicit biases. Matthew begins by methodically walking the reader through a historical recounting of the origins of these prejudices from legal and institutional perspectives. She then reviews the current social science literature supporting the existence of implicit bias, while ending with specific suggestions for addressing this problem.

Matthew has written a solid, well-researched, compelling review on the effect of unconscious bias on health disparities. The writing is clear and matter of fact. She progresses from topic to topic in a rational manner that helps the reader understand the many complex points being made. She thoroughly reviews that literature on these issues and includes the appropriate seminal studies and meta analyses. The breadth of research discussed is multidisciplinary, ensuring that her perspective is well-informed and well-rounded. The book flows from section to section smoothly, making for an easy, digestible afternoon read. Because of these things, this book serves as a great primer for anyone interested in learning more about this topic.

In addition to the many empirical studies cited throughout the book, Matthew incorporates interviews from patients and health care providers to further elucidate the reasons for and impact of health disparities. These first hand accounts give credence to her

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argument by making clear the abstract and oftentimes complex ways in which individuals are impacted by systematic and structural biases.

*Just Medicine* is ambitious in its efforts to shift the discussion about these issues. Matthew not only wants to document the history of this problem and provide empirical evidence for her position that unconscious bias explains poor health outcomes, but she also proposes several sophisticated conceptual models to address it. In chapter 4, Matthew proposes what she calls The Biased Care Model to “address mechanisms that link implicit bias to health disparities” (p. 75). The model proposes six mechanisms by which reciprocal bias among patient and provider result in devastating health disparities. The model is a synthesis of the health disparities literature and attempts to inform not only direct-patient practice, but provide future avenues for academic researchers to continue investigating real solutions to disparate health outcomes.

I appreciated several things about the proposed model. First, Matthew’s model begins with perceptions of the patient’s race or ethnicity. This beginning is important because it acknowledges that many of the automatic biases discussed in the book happen before a word is spoken between patient and provider. The provider’s perceptions of the patient’s racial or ethnic group are purported to set off a chain of events that ultimately end in disparate outcomes. The key part of this dynamic is that the identification is based upon the ‘apparent race or ethnicity of the patient,’ not necessarily the patient’s actual or preferred identity. As is often the case, assuming a person’s racial or ethnic identity based upon their physical appearance leads to mistaken identity. As our society grows more diverse, it is not uncommon for an individual to have a racially ambiguous appearance. Our dated notions of categories such as Black, Latino, or Asian, are often misleading, inadequate, and erroneous. As described by Matthew throughout the book, these racial assumptions often have disastrous health outcomes.

Of the six mechanisms discussed, the section on patients’ biased conduct and communication with health care providers was the most interesting. While all of the other mechanisms are well-documented and part of the regular discussion of poor patient outcomes, the focus on the patient’s contribution to their own health outcomes because of their own biases, alienation, and decision to discontinue care due to disappointing encounters with medical professionals was the most complex and nuanced section of the proposed model. Matthew handles the way in which communities of color can sometimes contribute to these negative outcomes by simply withdrawing from a system in which they have no faith to properly care for them with sensitivity. This part of the equation is sometimes missing from discussions of poor health outcomes and I commend Matthew for highlighting this particularly important aspect of this issue.

In chapter 7, Matthew proposes a typology of evidence-based points of intervention in the process from first meeting to negative health outcomes. Using the literature as a guide, Matthew suggests how certain empirical strategies should be used at various points of her six mechanism model to interrupt negative health outcomes. This alone makes the book worth reading. While I thoroughly appreciated the meticulous way the author mapped evidence-based interventions onto her model, I did detect a possible area for continued study. Matthew argues that part of the reason that we have persistent health disparities is that patients lose faith in their provider and either stop seeking treatment or seek treatment through alternative means. Perhaps evidence-based pathways to re-engage those patients

into a traditional health care setting once the loss becomes apparent could be a continued area of investigation for those doing this work.

By chapter 8, Matthew has thoroughly engaged the reader in the complex process of disparate health outcomes involving subjective thoughts, beliefs, and motivations. This chapter proposes a model of hierarchical responses that should be used to address continued health disparities. Unfortunately, Matthew concedes that many of these responses would have little and probably no meaningful impact on the issue of health disparities in communities of color if the underlying issue of relevant socioeconomic factors is not addressed.

At the end of the book Matthews unveils her plan to end race and ethnicity-based health disparities. In a proposition that Matthew describes as a “radical and fundamental transformation” (p. 193), the author proposes that if we are ever to have equitable health outcomes we have to have, “the courage to make unconscious racism illegal” (p. 190). Matthew then discusses her idea to codify unconscious bias as a form of discrimination that is actionable in court. Only by doing this, the author proposes, will institutions be motivated or required to get to the root cause of health disparities. Using a carrot and stick model, Matthew proposes legislation that will incentivize agencies that invest in articulating “nondiscriminatory goals clearly and adopt compliance policies, procedures, and infrastructure to implement nondiscriminatory training assessment, and enforcement” (p. 189). If they do not, then Matthew proposes changes to Title VI of the Civil Rights Act of 1964 to restore an individual’s right to sue agencies when their policies have disparate impacts, regardless of the intention to discriminate.

To be sure, Matthew’s plan is radical. She is suggesting several large-scale, federal policy-level interventions that will fundamentally reshape the way in which health care is delivered in this country at a time when some politicians are still trying to repeal The Affordable Care Act, more commonly known as ObamaCare. Perhaps because the idea is so radical, I found this section of the book to be the most underdeveloped. While appreciating how ideas like this have the potential to jolt and reshape the contours of the national dialogue, this section left me with more questions than answers about the proposed plan. For example, how would this legislation address the reciprocal role of patient bias in poor health outcomes identified earlier in the book? How would this plan impact doctors of color engaged in cross-racial/ethnic doctor-patient relationships? Matthew acknowledges that doctors of color are most likely to staff medical facilities serving community of color. What impact would these potential lawsuits have on those communities? How long would her idea take to produce improved health outcomes? What are the unintended consequences of such a policy? Could this actually reduce access to good care rather than encourage it?

While Matthew discusses several likely objections to her plan, questions still remain. Given the controversial nature of the proposed plan, I think this chapter could very well be its own book to properly give Matthew the chance to make her case. Because Matthew has engaged the reader in such a thoughtful, comprehensive, and exhaustive manner to this point, only giving one chapter to this idea seemed insufficient to fully flesh out a proposition that, on the surface, seems more aspirational than feasible given our political and cultural realities.

I hope Matthew continues to investigate how this proposal might actually work in an environment that she frequently acknowledges doesn’t see itself as the problem. If the

author does continue this investigation, I would encourage continued use of patient interviews to help clarify how her proposal would work by using specific examples to illustrate how her suggestion would lead to a different outcome in a specific instance.

Overall, *Just Medicine* is a solid contribution to the field. Matthew has done a superb job of culling, synthesizing, and presenting an immensely complex collection of sources, topics, and histories. This author is masterful at clearly defining problems, proposing evidence-based models to address them. This book offers a glimpse of what could do if only we were willing.

### **Author Notes**

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