Diversifying Syllabi 2015 Text Summary and Teaching Tips

SECTION ONE: to be completed by presenter

Article/Essay Title: Debating the Cause of Health Disparities: Implications for Bioethics and Racial Equality
Author: Dorothy Roberts
Readability: Easy

Thesis: Racial health disparities are rooted in racial inequality as opposed to race-based genetic difference or race-neutral economic facts.

Key Definitions: Institute of medicine committee defined racial health care disparities as "racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention" (Roberts, 323).

Brief Summary: In the US, there are widespread health disparities when it comes to race. Minority patients are more likely to experience health setbacks than white patients. This paper explores one possible explanation for these disparities. In particular, Roberts argues that these health disparities are rooted in "social inequality" as opposed to race-based genetic differences or race-neutral economic differences. This thesis challenges her interlocutors who argue that "geography, independent of racism determines the quality of healthcare, and black people happen to live in locations where healthcare is worse" (Roberts, 333). Roberts thinks this answer to the question doesn't go deep enough: the geography of health care is such that it is because "government and private business have developed inadequate healthcare and inferior healthcare resources where black people are concentrated" (Roberts, 333).

Studies that point to genetic explanations to explain racial health disparities often conclude that, since socio-economic status has been controlled for, racial disparities must be due to some biological fact about race (genetic). This ignores the socially constructed nature of race and also unmeasured factors in the studies such as racial discrimination and racial biases.

The paper looks at BiDil—a heart failure drug marketed specifically for African American patients—as an example of an approach that seeks to alleviate racial health disparities by intervening on the *body* and treating race as the source or root of the health problem.

Roberts cautions against this approach and argues it falls in line with a long history of naturalizing inequality.

SECTION TWO: to be completed by note taker during discussion

Possible Applications: This paper is a great paper to include in bioethics courses that discuss race, medicine, and healthcare disparities and distributive justice.

Other possible uses:

- To use BiDil as a case study when discussing research ethics, pharmaceuticals, medical marketing and sales
- To discuss different definitions of health and the social determinants of health
- To critique the biologizing of social factors of health, and the medicalization of race
- To discuss racialized (or gendered, etc.) diagnoses in general (ex. Mental illnesses)
- To discuss the limits of distributive justice
    - To emphasize that access to health care is not enough to eliminate health care disparities
- Could be discussed along with papers on implicit bias in medicine, especially racial bias
- Could be used to discuss research ethics, specifically the way that socio-economic variables can't capture all relevant aspects of racial disparities
- Could be used in philosophy of science and critical thinking classes to discuss inductive reasoning and what kind of conclusions you are warranted to draw from a data set
- To discuss bioethics as a discipline that has moral obligations to right injustices

Necessary background/scaffolding:

- It would be helpful to discuss the metaphysics of race beforehand, and to emphasize that race is not a biological category
    - Ex. Charles Mills "'But What Are You Really?' The Metaphysics of Race"

Complementary Texts/Resources:

- "Is Racial Profiling More Benign in Medicine Than Law Enforcement?" by David Wasserman
- "The Role of non-verbal behavior in racial disparities in healthcare: implications and solutions" by Cynthia Levine and Nalini Ambady
- "The Problem of Race in Medicine" by Michael Root
- Dorothy Roberts lectures online (ex. https://www.youtube.com/watch?v=-tiSnAtpxQE)
- Elizabeth Anderson's work on the "Capabilities Approach"
- Iris Marion Young's work on structural injustice
- *The Immortal Life of Henrietta Lacks,* by Rebecca Skloot
- "Wanted, single white male for medical research" by R. Dresser

- “Why a Feminist Approach to Bioethics?” by Margaret Little
- Ta-Nehisi Coates – “The case for reparations”
- “Ideal theory as ideology” Charles Mills
- Charles Mills “’But What Are You Really?’ The Metaphysics of Race”
- Robin De Angelo “White Fragility”
- Iris Marion Young “From guilt to solidarity”

Possible Class Activities:
This article helps start a conversation about the racial disparities in US healthcare and about how health care providers, policy makers, companies, etc. ought to approach reducing these disparities. This article can also spur a conversation about the benefits and limits of distributive justice approaches solving these sorts of problems. They can help but can’t guarantee that individual biases are eliminated unless redistribution principles are racially conscious.

Discuss study design and the potential flaws in the BiDil study. Get students to write their own study proposals that would avoid the problems they see (if any) with this sort of study.

Possible discussion questions:
Should the FDA have approved Bi-Dil for a specific race?
What policy measures could help reduce racial disparity in health care?
What are some other ways that biological accounts of race have made social inequality invisible? (race specific diagnosis, stereotypes about inherent character traits used to explain economic inequality, etc)
Should we use the concept of race when we study people?

What traditional texts might this text replace?
Bioethics course – Could replace texts on justice or healthcare allocation. Perhaps replace a unit on one of the more “traditional topics” in bioethics (death, dying, abortion, etc.) for a unit on race and medicine. Bioethics should be concerned with how to right injustices as well as how to deliver just or good care.

Distributive justice course – Could replace Norman Daniels-esque work on healthcare as a requirement of justice and the social determinants of health.