How to be an Anti-Racist Transplant Psychiatrist

Jordan Schwartzberg, DO; Storm Portner, MD; Jacob M. Appel, MD, JD; Shruti Mutalik, MD

Icahn School of Medicine at Mount Sinai

BACKGROUND

There have been great strides recently to help understand and address the history of inequity within medicine. The organ transplantation field, including transplant psychiatry, is no different. By its very nature, organ transplantation has always dealt with difficult ethical, moral, and medical questions, and struggled to promote fair and just outcomes.

As the transplantation field grows, and with it the number of people receiving solid organs, transplant psychiatrists are in a prime position to help promote anti-racist approaches and ensure a more equitable future.

METHODS

Search query on PubMed:
"Transplant Racism" Last 5 years
Results: 47 articles, 14 after exclusion

Exclusion criteria: article not predominantly focused on transplantation; not solid organ transplantation; focused on pediatric population; focused on cultures and peoples outside of the United States

Reviewed the Stanford Integrated Psychosocial Assessment for Transplant (SIPAT), Psychosocial Assessment of Candidates for Transplant (PACT), and the Transplant Evaluation Rating Scale (TERS).

CONCLUSIONS

Structural and systemic racism, in combination with mistrust of the medical establishment, unequal access to resources, and the resulting inequality has manifested in disparate outcomes in the transplant field.

Therefore, we recommend using a holistic and flexible approach in transplant evaluations, with a focus on equity, by advocating for patients and helping to promote positive and impactful changes to those with the greatest needs, as listed below:

RECOMMENDATIONS

- ❏ Adopting a more holistic and nuanced approach when using transplant rating scales, specifically with regard to social support systems, substance use/abuse, health literacy, and lifestyle factors.
- ❏ Promoting teaching of diversity, equity, and inclusion education for primary care and other referring specialty providers
- ❏ Advocating for increased health literacy and outreach in marginalized communities
- ❏ Promoting services to help process the effects of racism and promote increased treatment alliance
- ❏ Advocating for abolishing eGFR race corrections, on the basis of potential misdiagnoses and prolonged time to transplantation
- ❏ Allowing for introspection of our current practices and being open to new and emerging ideas regarding equity

RESULTS

Our literature review showed many barriers that would serve to limit or diminish the candidacy for transplantation among minority groups.
There are likely a multitude of factors resulting in disparate transplant outcomes, but the following are major determinants: lower health literacy rates, being uninsured/not fully insured, inadequate social support, medical mistrust, perceived racism, and discrimination (Rosenblatt, 2021; Hamoda, 2019).

Specifically, on the practitioner's part, implicit bias also plays a major role. It is believed that bias directly impacts the level of patient care and that providers are more likely to have negative attitudes towards minority patients (Rosenblatt, 2021).

As an example of this inequity, black patients have worse outcomes and lower referral rates for liver transplantation as compared to white patients, and black ESRD patient are less likely to even engage in pretransplant evaluations (Rosenblatt, 2021; Hamoda, 2019).

Furthermore, three of the major transplant assessment tools, the SIPAT, PACT, and TERS, all have a reliance on categories assessing for substance use/abuse, the quality of social support systems, and overall transplant literacy (Maldonado, 2008; Olbrisch, et al. 1988; Twillman, et al., 1993). The scoring on these categories may vary intrinsically among different groups of people as a result of different cultural attitudes to certain drugs, the makeup of social systems, and a mistrust of the medical institution as a whole, among other factors.

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