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BIOL-1090-042

Position and Reflection Statement

February 23, 2012

Taking Sides Assignment (Issue 7: Race)

Medical treatment based on race is a very difficult topic with plenty of controversy. Should doctors use race as a tool for diagnosing patients or will it only cause stereotyping and lead to discrimination? One of the main supporters of racial profiling in medicine is Dr. Satal. Her and her supporters believe that personalized medicine can change the health care of millions of people. They think that medicine created for an individual's genetics can be the key to treating patients more efficiently. The FDA states that "differences in response to medical product have already been observed in racially and ethnically distinct subgroups of the U.S. population."(Scientific American, 2007) Dr. Satal and her supporters concluded that racial and ethnic groups are affected by diseases differently so the medical treatment should very accordingly to give the patient the most effective and best chance for recovery. By recognizing ethnic differences and patterns doctors can diagnose and treat ethnic and racial groups more effectively.

African Americans are much more likely to suffer from heart failure than other Americans because they are more likely to develop high blood pressure and diabetes. It was felt that medical advances needed to be made in order to reduce the risk of heart failure. Drug manufacturers began working on the first "ethnic drug" called BiDil. The medication BiDil is the first FDA approved medication that is specifically designed for the treatment of African Americans to reduce heart failure and the symptoms of heart failure. In a trial study BiDil showed great results in reducing the risk of hospitalization, symptoms, and death associated with heart failure in African Americans.

Although some medical professionals believe that racial profiling in medicine is not useful. Dr. Satal, a psychiatrist, rebuttal is "the study may have saved some lives. What is more useful than that?" (Satel, 2002) She argues that as long as different races react differently to diseases and illnesses than medicine or doses of medications should reflect those differences. Dr. Satal also argues that some doctors use stereotyping and racial profiling in their treatment without even realizing it. Professor Kassirer says that "Typically the clinician generates an initial hypotheses merely from a patients age, sex, appearance, presenting complaints, and …race." (Satel, 2002) The article claims that it is known in medical fields that some medications or doses work better with certain races, therefore doctors will make the diagnosis and prescribe the most racially effective medication. Professor Kassiner, a supporter of Dr. Satal and a professor of medicine at Yale and Tuft, thinks that most of the time a patient can be diagnosed without ever knowing their race, "but knowing that detail early on helps make educated guesses more efficiently." (Satel, 2002) Dr. Satal and her supporters believe that a "one size fits all" approach to medicine is not giving the patients the quality of health care they deserve.

One of the fallacies of Dr. Satal's arguments is that she used an example from an anesthesiologist about the salvation differences in races but then later retracted the statement based on lack of evidence to support it. Most of her article seemed to be based on her opinions or the opinions of her colleagues without scientific evidence. A fallacy of the drug trial study was that it only enrolled African Americans. There were health improvements during the trial but a more effective study would have been one using a variety of races. Then you could see if all the people benefited equally from this

medication. It would have been more beneficial to see the statistics of a wide variety of races on BiDil, as well as the statistics of African Americans on standard heart medication versus BiDil.

The propaganda of Dr. Satal's article, *I Am a Racially Profiling Doctor*, is that it provides selective facts and a lot of her personal opinions to convince the audience that race is a viable way of diagnosing patients and prescribing medication. The article refers to BiDil and raced based medicines as medically advanced. Also, when referring to people who disagree with her, Satal says that the "public is wrong," which is propaganda because it discredits anyone who disagrees with her. (Satel, 2002) The article uses propaganda that appeals to fear. The article uses fear by reinforcing the idea that without racial medication, ethnic and racial groups will not receive adequate health care. BiDil uses propaganda because it makes claims to influence the audience into thinking that standard medication is not quality medication for all groups of people. BiDil is the only FDA approved "ethnic drug" therefore it has the market on heart medications for African Americans. The drug companies are securing themselves a large amount of orders by implying that their medications is the only medicine constructed especially to save Africa American's lives.

The cause and effect relationship that is implied is that if you are African American with any heart failure issues then BiDil will improve your symptoms and extend your life and because BiDil is specifically designed for African Americans than it is the best medication for doing that. If more doctors practiced racial profiling in their diagnosis and treatment then more patients' lives would be saved. If African Americans use BiDil then their heart symptoms will improve and they will require less hospital visits. It can then be concluded that if patients use BiDil then thousands of dollars will be saved in health care costs. If doctors are already using racial profiling in their diagnosis and making the necessary adjustments to the treatment then it is believed by Dr. Satal and her supporters that it would make sense to have a race based drugs.

On the opposite side of this debate are Professors Gregory Michael Dorr and David S. Jones and their supporters, who oppose racial profiling in medicine. They believe that there can be a major problem in using race as an analysis tool in medicine. Race should not be considered a scientific category. Those opposed to racial profiling in medicine believe that if a drug company makes medications specifically for different races then it can lead to medical professionals stereotyping patients. There can be complications for mixed race patients if in the future there are several race based drugs. There are also problems of race based medication on a worldwide view. In America race is generally classified by physical characteristics like skin color but in places like Rwanda the racial groups, like Hutu and Tutsi, are based on physical structures. In the U.S. they would generally be considered the same race and therefore given the same medication. These two groups would strongly disagree that they are the same race. If drug companies make race based medications the future of medicine then who decides what is classified as race. Also, it seems that BiDil's manufactures are using race as a medical category to make money when scientific evidence can't prove that there is a need for diverse medications. Charles Rotim, The Director of the National Human Genome Center says that "while race can be useful to understand how diseases manifest in certain groups, hinging studies on race distracts from the underlying cause of health disparities." (Grens, 2007)

Professors Dorr and Jones strongly believe that medications should work with every patient. After all, unrelated African Americans are no more biologically similar than a black and white person. In fact, we are all biologically 99.9% the same. Race based medicine may treat the differences in diseases and illness of races but it won't change the hidden cause of the diseases. Although African American are in fact more at risk for heart disease, race or skin color shouldn't be the assumed reason for those differences. Doctors can get focused on racial profiling and prescribing racial specific medications and

then neglect to consider other options. BiDil is not specifically connected to any genes and it's not a brand new drug. It is actually a combination of two medications. There has been no scientific proof that BiDil works better in ethnic groups than in anyone else. Without any hard evidence there is no justification for race based medication.

Dorr and Jones and their supporters believe that racial profiling in medicine will cause more controversy than benefits. It will encourage medical personnel to rely on physical characteristics as a way of analyzing and treating patients. Racial profiling can lead to reinforcing ideas of "different than me." Patients may not like being diagnosed based on their race. It is only going to cause tension and make patients uncomfortable. Also, BiDil is just a higher priced combination of two medications. Dorr and Jones think that drug manufactures are using race as a way to make more money by leading ethnic groups to believe that they need "ethnic drugs" to receive the best treatment.

The fallacies provided by Professor Dorr and Jones is their assessment that the drug BiDil is not much more than a marketing play used to convince consumers that because they are a certain race, they need a certain medication. Another fallacy is that there is no scientific proof that BiDil works better in African Americans but there is no proof is doesn't either. Another example is the assumption that Dr. Satal and her supporters are "politically incorrect" which is only an opinion.

The propaganda used by Dorr and Jones is overwhelming the reader with lots of facts to reinforce their positions. They also using propaganda by using an example from the television drama "House" to appeal to a range of people and to use entertainment to show a patient's lack of comfortableness with receiving race based medication. They also use propaganda in implying that their research is fact, where Dr. Satal's is mostly based on fiction. The article also appeals to fear. Fear that if people agree with race based medication then they are potentially racist or using stereotyping.

The cause and effects implied are that if race based medications become widely used then it would potentially cause problems of discrimination between races. If the drug BiDil is just an expensive combined version of generic medications then it must be because drug makers are trying to make race a diagnostic tool in medicine in order to make more money. If BiDil is just Hydralazine/Isosorbide combined then it would have the same effectiveness as BiDil without being an "ethnic drug." If race based medicine is successful than others will follow suit with race based products. If products become about race then more companies will try to capitalize using differences to try to show the need and exploit it.

Professors Dorr and Jones impress me as being the most empirical in presenting their thesis. Their article was very thorough with lots of data and statistics backing up their opinions. They seemed to thoroughly consider the ramifications of race based medications on patient's feelings, on profit making, and on company's exploitations of race as a product market. Dorr and Jones state their opinion clearly with examples of the history of race based medicine. They consider race based medicine a regression in history. Their article provided a more impressive outline, examples, research, and data.

Both articles include some bias and opinions but neither seemed overly biased. Dr. Satal is a psychiatrist and Dorr and Jones are professors. Dr. Satal has some bias because of her experience as a psychiatrist as a Washington drug clinic where she has seen the benefits of adjusting medications. Neither seems to be financially invested in the success or failure of BiDil.

Both Dr. Satal's and Professor Dorr and Jones articles provide compelling reasons for each of their opinions. I can see how race based medicine is stereotyping. I can also see how doctors can have the need to address medical issues related to race by realizing what diseases are more common in one

race or ethnic group. Both articles provided excellent opinions and examples. After reviewing all the information I personally am against prescribing medications based on race. It seems a bit archaic. Instead of creating drugs to benefit certain races money should be spent on creating medicine that can benefit all races. Also, money should be spent in discovering and treating the underlying causes of why African Americans are so much more at risk for heart failure. I believe the race based medicine will lead to more problems than benefits. We are biologically nearly identical and so I feel that medicine should benefit the entire human race. I agree with a quote from the book Biology, Science for life with Physiology, which is that "we now understand that grouping human populations on the basis of skin color and eye shape is arbitrary as grouping them on the basis of height and weight." (Belk, 2010) I feel that race based on skin color encourages the idea of differences in race.

I also felt the study of BiDil could have benefited from a more diverse study group. BiDil could potentially be a great heart medication for all races. More studies and diverse studies should have been done to test that race based medicine makes a significant difference. Since BiDil is two generic drugs combined it is not really an "ethnic drug," so it seems like it was a marketing ploy to get African Americans to only purchase their medication. Drug makers are using race as a way of making more money for themselves. Products geared towards race only contribute to the idea and attitudes of differences. When there are negative attitudes towards differences between races then social groups tend to feel superior over others, which can lead to racism and discrimination.

Reflective Statement

I really learned a lot by researching both sides of the argument of racial profiling in medicine. Before my research I didn't know that there was race based medicine. I determined from my research that while diseases and illnesses affect races differently, it is the underlying causes, not skin color, that should be treated. I believe that race based medicine can lead to stereotyping and discrimination of patients. This project made me consider when fallacies and propaganda were being used. At first, reading over the articles I didn't notice any propaganda used. Once I stated rereading thoroughly going through the articles I could start to see how propaganda had been subtly used to influence the reader. I feel like I was taught how to take writing and break it down to recognize propaganda, fallacies, distinguish between fact and fiction, and consider the source of the writing. I think this knowledge will benefit me to realize what is really being said and how reliable it is in any future readings.

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