

Human Biology 1090

Taking Sides: "Should Doctors Prescribe Drugs Based on Race?"

The study of medicine regarding race has been a very sensitive subject throughout history. Assuming an individual's race may help treat a patient more quickly; although, ethical research can be easily corrupted by using race as a factor. Exploitation of specific races throughout history shows that race exclusive experimenting is extremely questionable. The study of BiDiI has shown several social, scientific and ethical issues that still exist throughout society. In today's social world, race is becoming less apparent with bi-racial reproduction, causing issues with race specific diagnosing for physicians. Current trends of physician practices, ethics, corruption and racial changes are all aspects to take in consideration when it comes to the study of medicine.

Doctors first impression of a patient is what they see. A doctor could not properly diagnose a patient without visual analyzing. Physical characteristics used in analyzing patients may include: hygiene, behavior, posture, weight, height, age, gender, and race. Sally Satel argues that race is an important variable in diagnosing and treating patients; although, Satel refers to the experience with African American patients and anti-depressants. Many African American livers metabolize Prozac slower and increase the potential of toxicity, therefore, prescribed lower doses than their Caucasian counterparts. African Americans may not respond the same as Caucasians to the anti viral medications, Alpha Interferon and Ribavirin; which is used for Hepatitis C treatment. Other races may have other biological differences as well. Asians can have a rare condition with low potassium that causes temporary paralysis, usually induced by alcohol (Satel) In many aspects of medicine, using race as a variable can assist in treating a patient.

Gregory Michael Dorr and David S. Jones consider race a risky variable in the study of medicine. There have been many sensitive issues within history in regards to medicine and race. The

issue of Tuberculosis treatment in Native Americans within the 1940's; Physicians were unsure if medication for Tuberculosis would work on Native Americans. Another example is the Tuskegee Syphilis Study. The study brought up several ethical issues regarding race with improper diagnosing and treatment of patients.(Dorr, and Jones) An advancement in social science, regarding racial equality in medicine, was the Human Genome Project. The project proved that racial differences are meaningless and everyone is 99.9 percent the same.(Satel) It is undeniable that history has shown many exploitations of individuals in regards to race and medicine. .

Many debate that race should or should not be considered relevant in regards to prescribing medications, the study of BiDil has been a great example. The race specific medication, BiDil, has been promoted to help with Congestive Heart Failure in African American patients. Specifically, BiDil is approved for self-identified African Americans. In 2005 FDA approved BiDil for treatment of Congestive Heart Failure in African Americans exclusively. The official testing done by Vasodilator Heart Failure Trials I and II, showed 43% decrease in mortality compared to the placebo patients. All the individuals in the test were self-identified as black or of African decent.(RadioLab) The study of BiDil towards a specific race was very questionable, but was still approved as a exclusive medication for African-Americans. By doing tests exclusivity on a race discriminates against other races, as well as, can exploit the race being tested.

Although BiDil sounds like a great medication for African Americans, the information on the drug continues to show how using race can exploit individuals. BiDil has shown a great outcome for patients of African decent that are suffering from Congestive Heart Failure but at a price. BiDil is not a generic prescribed drug and is expensive. Two main ingredients in BiDil are 2 generic drugs, Hydralazine and Isosorbide Dinitrate, also known as H/I. The combination of these two medications have been used for heart failure issues since 1980, to individuals of all races. BiDil exclusivity to African Americans may cost substantially more than the two generic forms that do the same thing. Medicaid and Medicare does not cover BiDil because the generic forms are already available. (Dorr,

and Jones) The the history of BiDiI is an example of how race can be used to manipulate the medical industry financially, as well as, take advantage of a specific group of individuals.

Race should not always be a variable in diagnosing a patient. Statistically, black individuals tend to have high blood pressure more than other races. (“BiDiI”) Epidemiologist, Richard Cooper took blood pressures all over the world. He found out Russia and Germany was highest in blood pressure, while Nigeria was the lowest. His study proved that race may not be a factor. Diet may be more of a variable than race.(RadioLab) As per Richard Cooper's study, other aspects may contribute to diseases and illnesses instead of race.

In conclusion race can be a variable for treatment in referencing historical statistics, such as, Sickle Cell and Multiple Sclerosis. Physicians may need to do more in depth family history questionnaires in the future. Many individuals of the future generations are bi-racial or multiracial, consequently, causing difficulty for racial diagnosing. Many studies can become corrupted when the study is exclusively pushed on a specific race or to gain profit. Racial isolating studies could be a form of healthcare segregation. Segregation of healthcare may cause issues with quality of healthcare, as well as, financial exploitation for specific groups. I'm grateful to know that new science advancements are being made to change the path of medicine, but until then, race will always be one of the variables used to analyze patients. For the safety and proper treatment of any patient, individuals of all races need to make sure to be well educated and communicate effectively with their physicians to receive proper care.

Bibliography

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