
Health disparities and race are important issues for physicians to understand. The population of the United States is becoming increasingly more diverse. The US Census estimates that minorities, now roughly one third of the US population, are expected to become the majority in 2042, with the nation projected to be 54% minority in 2050.

Health disparities in the context of race have gained national attention. Addressing the issue of disparities, the former American Academy of Family Physicians (AAFP) President Warren A. Jones, MD, stated in his keynote address during the 2008 National Conference of Special Constituencies, “There is a preponderance of evidence to suggest discrimination and bias in how care is delivered.”

Physicians need to understand how their patient population will change in order to provide effective health care. Health Disparities in the United States: Social Class, Race, Ethnicity, and Health by Donald A. Barr, MD, PhD, provides a foundation to understand health outcomes in a changing population.

The preface opens with a story that explains Dr Barr’s motivation to write the book and concludes with an overview of each chapter. The book is divided into 10 chapters with 272 pages of text. Chapters 1 through 4 address socioeconomic status and its relationship to health. The author begins with definitions of basic concepts of social class, then presents social models of health and continues with explanations of how class and race influence health outcomes. Chapters 5 through 9 explore race and ethnicity within the medical context. Chapter 5 is discourse on race and its origins as a social construct. Chapters 6 through 9 move from disparities in health status to access to health care and show how race and ethnicity affect health outcomes and utilization of health services. Finally, Chapter 10 concludes with a plan to change and improve the US health system.

Chapters are organized in sequential order from basic definitions of concepts to exploration of race, ethnicity, and class and then to racial and class factors that influence health. Dr Barr provides numerous examples when making his points and presents information effectively. He does not overburden the reader with an abundance of data but presents enough information in tables and graphs to highlight his main findings. In addition, some sections contain historical information, which provides a deeper understanding of social issues.

Dr Barr’s book is an excellent read on how race and ethnicity affect health care and contribute to health disparities. After numerous chapters that define social status and race, the author puts the discussion in a clinical context. In Chapter 9, the author begins with the following question: Is it ever appropriate for a physician or other health care practitioner to use race to predict the expected risks of disease or the expected outcomes of treatment? He then proceeds to discuss with clinical examples how race and ethnicity can be used in clinical practice. Six clinical scenarios illustrate his points. Cases on glaucoma, breast cancer, skin cancer, hypertension, CHF, and pregnancy are presented.
in a succinct clinically relevant manner. He concludes his chapter with the following answer, “Yes, under certain limited and carefully considered circumstances.”

In the final chapter, Dr Barr describes his plan to address and reduce health disparities. The five basic steps include: eliminate unconscious racial/ethnic bias, monitor patterns of care to identify disparities, strengthen the physician-patient relationship, increase racial and ethnic diversity of the medical profession, and provide universal health insurance. Dr Barr bases his plan on research studies or reports from government or professional organizations. For example, reports from the Institute of Medicine and American Medical Association are used to support his claim for a more diverse health care workforce, and the proposal to monitor patterns of care derive from the federal government’s 2005 National Health Care Disparities Report and data from the US Agency for Health Care Research and Quality. His plan thus is an organic outgrowth of multiple existing programs and ideas.

Dr Barr has done a great job explaining how social class, race, and ethnicity affect health disparities. This theme runs throughout the entire book in a coherent discussion that culminates in a proposal to change the US health system. The text is easy to read, chapters are well developed, and arguments are well supported. The book is not clinically focused and thus would have limited relevancy to residents and teaching faculty. This book would be more appropriate for a master’s class in public health or health care management. It would be a great source of discussion during a community medicine rotation or when trying to fully understand one’s clinic population. In the end, after reading this book, a practitioner will have a more robust view of the social and racial dynamics that influence clinical practice in an ever-changing world.

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References


White Coat Tales is a delightful selection of noteworthy and intriguing items, including scientific discoveries, medical trivia, and reports of effects of diseases and drugs throughout history. Author Robert Taylor has collected volumes of information over 3 decades of medical practice and compiled the information into various chapters, each with a particular theme. He blends multiple patient encounters with his researching of the history of medicine and reflects on personal experiences that have led to his understanding of the art of medicine.

Dr Taylor’s intent is to share the heroic traits and personal foibles of giants in medical history, discuss the historical background of various diseases and syndromes, and provide some medical trivia to humanize our profession. In Part One (“Heroes, Diseases, and Remedies”), he identifies key discoveries that separated superstition from science and led to significant changes in the diagnosis and treatment of disease. The heroes in this section are curious individuals who relied on persistence and experimentation as well as serendipity.

Part Two (“The Heritage and Culture of Medicine”) displays the author’s love for word origins. He traces the source of medical terms and phrases and references mythology, language, specific geographic locations, and literature in doing so. He includes a variety of stories about medical eponyms, abbreviations, acronyms, euphemisms, and aphorisms.

Part Three (“Clinical Notes and Medical Misadventures”) conveys to readers the effects that famous individuals with common diseases had on public health. Dr Taylor demonstrates that the link between notoriety and health care is not only a recent phenomenon but also has altered research endeavors throughout history.

Throughout the book, the author presents tales of medical curiosities, myths, and speculation. Among his examples are the Florentine sculptor Cellini who was poisoned with mercury to prevent progression of his syphilis, the University of Edinburgh’s Dr James Young Simpson’s discovery of chloroform for use as a general anesthetic, and physics professor Wilhelm Roentgen’s discovery of both the X ray and the use of mercurial agents as diuretics. Dr Taylor also reflects on the influence that misadventures, myths, and wrongdoings have had on the medical profession. He speculates on whether different chains of events could have altered medical history.

The final chapter of White Coat Tales supports readers learning more about the lore of medicine. It lists Osler’s 12-book “Bedside Library for Medical Students” and recommends landmarks, museums, and sites of interest pertinent to medical history. It concludes with the author’s 10 reasons why each of us involved in health care should