

HIGHLIGHTS
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AHA Scientific Sessions

Race influences decision making for advanced HF therapies

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PHILADELPHIA — Health care professionals' decision-making processes may contribute to racial disparities in HF treatment.

Researchers asked 422 physicians, nurses and other health care professionals to determine whether hypothetical black and white male patients should be referred for a heart transplant after reviewing patient photos and other health information. The hypothetical cases had identical medical and social history; the only variant was race.

Survey responses suggested no difference in overall racial ratings for advanced HF therapies, according to the results.

The researchers further examined the decision process using clinical vignettes. When a subgroup of 44 reviewers discussed the cases, racial bias emerged. Reviewers perceived black patients as less healthy than white patients, less likely to comply with follow-up care recommendations and less trustworthy. Black patients were more likely to be recommended to receive a ventricular assist device than a heart transplant, especially if the health care provider was aged older than 40 years, according to a press release.

The data were published in the *Journal of the American Heart Association*.

“Social support and adherence were the most important factors contributing to the allocation of advanced heart therapies. These factors were subjectively, rather than objectively, assessed, as is the case in most institutions. Race influenced the evaluation of social support and adherence, and race influenced the allocation of advanced heart therapies,” **Khadijah Breathett, MD, MS**, assistant professor of medicine in the division of cardiology at the University of Arizona and Sarver Heart Center finalist for the Samuel A. Levine Early Career Clinical Investigator Award for this work, told Healio. “There is an opportunity for reform by investigating whether

objective assessments of social support and adherence contribute to equity in the allocation process. Increasing objectivity in advanced heart therapy allocation may lead to health equity.”

This work is funded by the National Heart, Lung and Blood Institute of the NIH. Breathett told Healio the next phases will investigate how the group decision-making process influences allocation and intervening upon the allocation process through bias-reduction training and objective assessments of social support and adherence.

“The majority of health care professionals in our field are altruistic and want to do the right thing for our patients,” Breathett said in an interview. “Sometimes bias can unconsciously prevent us from offering the best treatment. This study increases awareness of the presence of health care professional bias and may be a catalyst for systematically changing the way we provide care.” – *by Scott Buzby*

References:

Breathett K, et al. Oral Presentation 114 and Poster Presentation Sa3062. Presented at: American Heart Association Scientific Sessions; Nov. 16-18, 2019; Philadelphia.

[Breathett K, et al. *J Am Heart Assoc.* 2019;doi:10.1161/JAHA.119.013592.](#)

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