Shedding light on racial variations in the outcomes of congenital heart surgery

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“Of all forms of inequality, injustice in health care is the most shocking and inhuman.” These are the words of Martin Luther King, Jr, from more than 50 years ago, but they still ring true today. Despite numerous advances in health care and in the surgical management of congenital heart defects, evidence suggests a persistent racial and ethnic disparity in the outcome of children with congenital heart disease.¹⁻³

As an example, African American children have been shown to have higher postoperative mortality, longer length of hospital stay, and more postoperative complications than white children undergoing congenital heart surgery.⁴ This disparity in postsurgical survival is seen with Hispanic children as well, and it exists for African American children in other medical disciplines.⁵ African American children are more likely to die of asthma and leukemia, and to have a higher infant mortality rate than white children even in the current era.⁵ Access to care, differences in complexity of procedure, socioeconomic status, and education level have all been suggested as potential causes for this disparity,^{5,6} but no cause has definitively been found.

In a thought-provoking and thorough analysis, Chan and colleagues⁷ begin to shed light on the cause of ethnic and racial disparity after congenital heart surgery. Using a large multi-institutional administrative database, they analyzed racial variations in the use of extracorporeal membrane oxygenation (ECMO) after congenital heart surgery. Their hypothesis was that differences in the use of ECMO as a postoperative support modality may lead to differences in postoperative survival. The findings are sobering. African American children were more likely to die without postoperative ECMO support even though the authors were unable to demonstrate any difference in contraindications to ECMO or any difference in disease complexity based on Risk Adjustment for Congenital Heart Surgery score between races. Patients of other race and those with government insurance had increased mortality after ECMO and

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Central Message

Despite significant advances in the care of children with congenital heart disease, racial and ethnic disparities in outcomes persist.

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showed variations in the use rate.⁷ These data are revealing, but what is the reason for the variation? The authors opine implicit bias as a cause but acknowledge that it is difficult to prove. That may be so, but many authors believe implicit bias lies at the heart of physician behavior that causes differences in the application of medical therapies across racial and socioeconomic lines.^{8,9} Until the medical community embraces this harsh reality and makes changes, the words of Dr King will continue to ring true.

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