

## Black elderly more likely than whites to die after intestinal surgery

November 21 2011

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Black senior citizens who need surgery for the intestinal disorder diverticulitis are significantly more likely to die in the hospital than their equally ill white counterparts, even when each racial group carries the same health insurance, new Johns Hopkins research suggests.

While all of the patients in the study required surgery, [black patients](#) were 26 percent more likely than white patients to undergo riskier and more expensive emergency diverticulitis surgery rather than "elective" scheduled surgery for their condition, the Hopkins researchers found. The results emerged in a study of data from [Medicare](#), the government health insurance for senior citizens.

Black seniors also spent more time in the hospital recovering from their operations and the costs of their stays averaged nearly \$30,000 more than those of comparable white patients.

Publishing in the November issue of the medical journal [Archives of Surgery](#), the researchers say that while lack of insurance is often a major driver of [racial disparities](#) in health care, their analysis shows that even with equal access to a doctor, race-based differences in outcomes persist.

"Even if everyone has coverage, black patients are doing worse, so we need to find out what else is going on," says study leader Eric B. Schneider, Ph.D., an [epidemiologist](#) at the Johns Hopkins Center for Surgical Trials and Outcomes Research. "Maybe then we can make a difference."

Schneider and his team analyzed data from more than 50,000 [Medicare patients](#) who underwent surgery — removal of part of the colon with or without or a colostomy procedure — between 2004 and 2007 in the United States. The researchers, adjusting for age, gender and other underlying illnesses, found that being black was associated with a 28 percent increase in in-hospital mortality, regardless of whether the patient underwent emergency or pre-planned surgery.

Diverticular disease is a common gastrointestinal condition, affecting up to 25 percent of the elderly. In severe cases, it is treated with surgery.

Previous research has found higher rates of mortality, complication and readmission among black surgical patients when compared to white patients undergoing similar procedures. Schneider says the conventional wisdom is that black patients' poorer outcomes can largely be accounted for by differences in socioeconomic status, including [health insurance](#) coverage and greater underlying comorbidity. The new research contradicts that hypothesis, he says.

Schneider says past research has shown that even when they have insurance, black patients are less likely to go to the doctor than white patients, even for routine preventive services such as vaccination. Black patients may also have more undetected or undiagnosed illnesses than white patients, as research shows black patients are less likely to undergo diagnostic evaluations than white patients.

One study, says Schneider, suggested that under-utilization of health care resources by blacks may be related to a higher level of distrust of the medical establishment.

If black seniors were encouraged to see doctors more quickly when they are sick, an illness like [diverticulitis](#) could be treated earlier, potentially obviating the need for surgery, or at least allowing for a less-risky, pre-

planned operation.

"It may be an access issue. It may be a cultural issue," he says. "Whites are more likely to have a family practitioner and that may be a factor."

**More information:** Arch Surg. 2011;146[11]:1272-1276

Provided by Johns Hopkins Medical Institutions

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