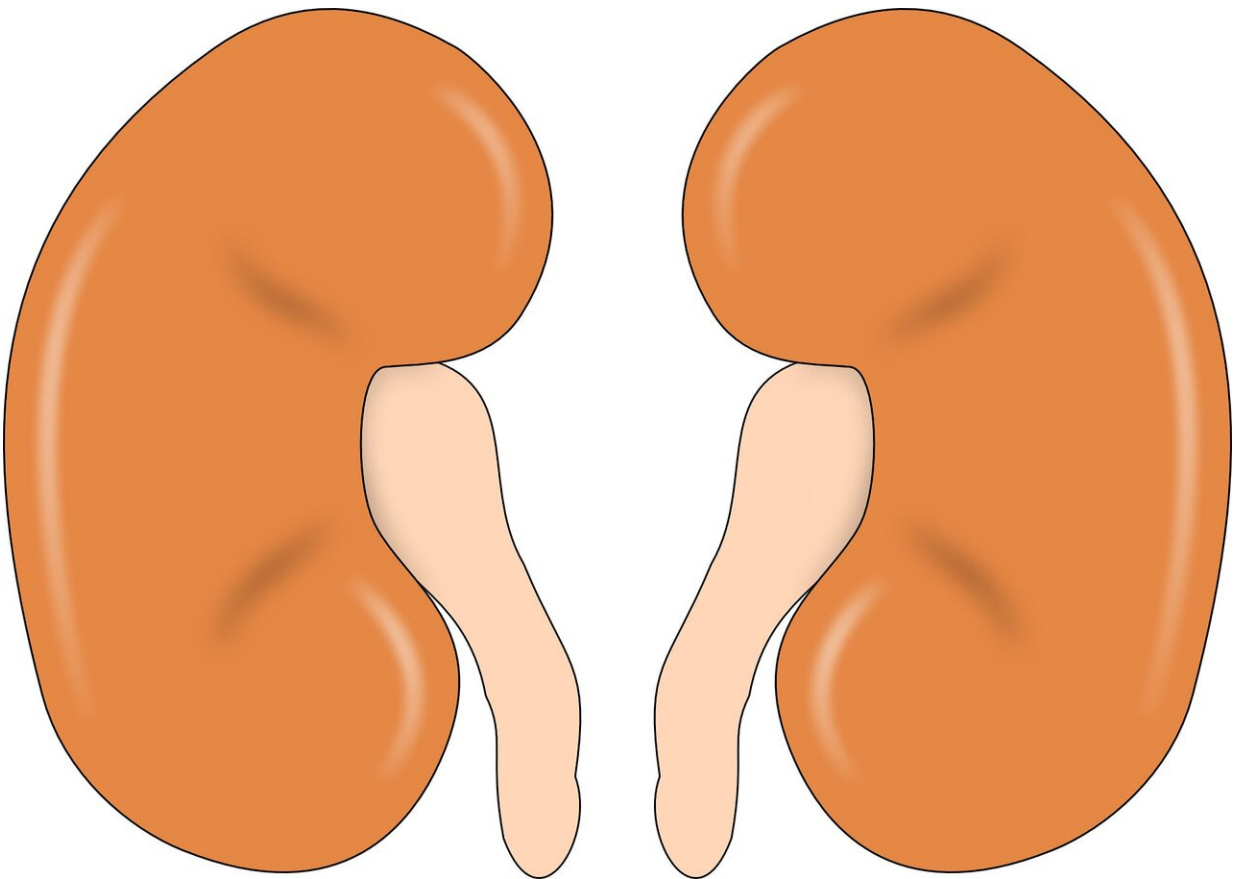


Researchers illustrate the need for anti-racism in kidney care, research

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There is a growing awareness of systematic inequality and structural racism in American society. Science and medicine are no exception, as

evidenced by historical instances of discrimination and overt racism.

In a perspective piece in the *Journal of the American Society of Nephrology*, researchers from Boston University School of Medicine (BUSM), take an honest look at how the current practice of nephrology (kidney medicine) may have elements rooted in racist ideologies.

For twenty years, [kidney function](#) has been estimated based on lab tests and equations that consider black vs. non-black race. Many institutions are now reconsidering whether this practice is defensible, and several have stopped reporting kidney function based on racial identity. The researchers contemplate what other aspects of clinical practice and research may have subtle racist undertones.

Despite the fact that race is now understood as a social rather than biological construct, many examples in nephrology implicitly assume a biological basis for race. Examples include the use of race in estimating the risk for kidney stones in black vs. [white individuals](#), for assessing the suitability of kidneys from black vs. white individuals for transplantation, and in studies of kidney function and physiology. "The practice and teaching of nephrology in graduate and medical school today continues to perpetuate an ideology that is non-scientific, misleading to students and trainees and ultimately, corrosive to society," explains corresponding author Sushrut S. Waikar, MD, the Norman Levinsky professor of medicine at BUSM.

According to Waikar, reporting kidney function separately for 'black' and 'white' patients is setting the stage for people to accept a biological basis for race. "Kidney function tests are among the most commonly reported tests by laboratories around the world. Tens of thousands of lab reports every day make a distinction between 'black' and 'white' [kidney](#) function. This may influence the way we think about race, leading to subtle and pervasive racism in everyday clinical medicine," he adds.

Waikar and Insa Schmidt, MD, MPH, nephrologists at Boston Medical Center, stress that physicians and scientists have a [moral obligation](#) to take a critical look at historical practices that may be rooted in racist ideology, and re-think the appropriate use of [race](#) in [medicine](#). "We believe we have an obligation as doctors and researchers to be advocates for [social justice](#) and anti-racism. We also have to be honest and call out our own practices when they fall short of this ideal."

More information: Insa M. Schmidt et al. Separate and Unequal: Race-Based Algorithms and Implications for Nephrology, *Journal of the American Society of Nephrology* (2021). [DOI: 10.1681/ASN.2020081175](#)

Provided by Boston University School of Medicine

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