

Black and Hispanic patients much more likely to die after surgery than white patients, suggests study

October 16 2023



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About 12,000 Black and Hispanic patients who died after surgery the past two decades may have lived if there were no racial and ethnic

disparities among Americans having surgery, suggests a study of more than 1.5 million inpatient procedures presented at the [ANESTHESIOLOGY 2023 annual meeting](#).

This estimate draws attention to the human toll of disparities in [surgical outcomes](#), with Black patients being 42% more likely and Hispanic patients 21% more likely to die after surgery compared to [white patients](#).

Unless efforts to narrow the racial and ethnic gap in surgical outcomes intensify, [preventable deaths](#) will continue among minority patients, the researchers said. The development of equity policies to address disparity gaps can make a difference, with even a 2% reduction in projected excess mortality rates among Black patients averting roughly 3,000 post-surgery deaths in the next decade, they determined.

"This study represents the first effort to move beyond merely documenting the ongoing disparities in surgical outcomes in the U.S. by quantifying the aggregate human toll of these disparities," said Christian Mpody, M.D., Ph.D., MBA, lead author of the study and assistant professor of anesthesiology and pediatrics at The Ohio State University College of Medicine, Columbus.

"We should not become used to reading statistics about people dying. It's essential to remember that beyond the statistics, odds ratios and p-values, these are real people—brothers, sisters, mothers and fathers."

"The findings bring to light the deaths that may have been preventable if people of various racial and ethnic backgrounds had comparable mortality rates to white patients," he said. "That's important for conveying the gravity of the issue to policymakers, [health care professionals](#) and the general public."

Researchers analyzed the Nationwide Inpatient Sample data of more

than a million surgical procedures performed at 7,740 U.S. hospitals between 2000 and 2020.

They determined Black patients were 42% more likely than white patients to die within 30 days of surgery, driven by higher mortality in the Northeast (Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island and Vermont). Hispanic patients were 21% more likely than white patients to die within 30 days of surgery, driven by higher mortality in the West (Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington and Wyoming).

Although death rates declined for all groups over the 20-year period, the disparity gaps did not narrow over time. The study did not identify causes of death.

"It's important to note that disparities in these regions do not necessarily mean that the surgical care is inferior. It may reflect overall [population health](#) and socioeconomic conditions," said Dr. Mpodoy. "Our team is currently investigating the underlying causes of these regional variations."

Dr. Mpodoy said the study didn't assess the effectiveness of specific interventions or policies, noting that addressing the problem requires a three-pronged approach involving research, education and service. Suggested interventions by the authors include increasing investment in disparity research and incorporating race and racism lectures in medical and nursing school curricula.

Health systems should: provide cultural competency training; focus on diversity in grand rounds; invest in patient education and health literacy; develop personalized medicine approaches that take into account individual patients' needs and race-sensitive protocols; and increase the

number of minority providers.

Provided by American Society of Anesthesiologists

Citation: Black and Hispanic patients much more likely to die after surgery than white patients, suggests study (2023, October 16) retrieved 27 April 2024 from

<https://medicalxpress.com/news/2023-10-black-hispanic-patients-die-surgery.html>

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