

# Shhh, let's not talk about health care disparities

Written by

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April is National Minority Health Awareness Month. If you ever feel a deep, passionate desire to clear a room, start talking about health care disparities in America.

If the room is not clearing fast enough, wave “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care” above your head — it's the 764-page book of research from the Institute of Medicine guaranteed to make people stampede out of the room. Very few people are willing to admit that health care disparities exist in America in the year 2011, and even fewer are willing to talk about it.

As a trauma surgeon, I can point to hundreds of articles that clearly reveal that racial, ethnic and socioeconomic disparities exist in America. Let's take the example of two 40-year-old men who both fall off a ladder from the exact same height. Both have the same rib fractures on the same side of their bodies. Their previous state of health is also identical, and they're admitted to the same hospital where they're treated by the same physicians. Yet

one patient will get better significantly faster than the other; he will heal, be rehabilitated, get back to work and resume his normal activities significantly sooner than the other.

Income, race, ethnicity and education are just a few of the key factors that have been proved to affect health outcomes. Even the well-intended people make assumptions about and stereotype others based on these factors. One important way to break down assumptions is by communicating effectively with one another.

Multiple studies have shown that communication influences the health care treatment we receive. The simple phrase, “Doctor, I'm really hurting,” can elicit a variety of responses from the doctor.

The doctor could inquire for more information: “How long have you been hurting? Does this pain go anywhere or radiate?” The doctor could begin an examination to see if the pain is associated with significant tenderness. He or she could

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order laboratory tests or radiologic tests like a CT scan or an MRI. The physician's interpretation of what the patient is communicating is directly related to how much the physician believes the patient is in pain and the subsequent course of treatment.

As a patient, you can help your doctor understand your condition by being more specific. For example, tell your doctor exactly where you hurt, when it started and how bad the pain is on a scale of 1 to 10. As a community, we are fortunate that organizations like the Asheville Buncombe County Institute for Parity Achievement, Mission Hospital and the WNC/Buncombe County Medical Society take health care disparities very seriously.

Together, they are working to educate health care providers, patients and the larger community about health disparities so that all of us receive equal treatment and achieve better health outcomes here in Western North Carolina.

This is the opinion of Dr. Errington C. Thompson, a trauma surgeon, medical researcher, full-time sports fan, author, part-time political activist and a member of the WNC/Buncombe County Medical Society.

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