

# Minorities suffer from lack of access, quality medical care

Published on the Internet Friday, Jan. 27 and in print, Sunday, Jan. 29, 2012

Opposite the Editorial Page

*The Connecticut Post*

Complications resulting from medical errors are the sixth-leading cause of death in the United States, but that is merely one facet of a deeper issue. Quality of care and access to it can vary widely -- especially for minorities, the poor and patients with inadequate insurance.

Studies in the past decade show that nearly 100,000 people die each year due to medical mistakes while in a doctor's care. Ten times that number suffer serious injuries.

Using a series of core measurements that include care for heart attack, pneumonia and improvement after surgery to compare access and treatment, government studies show that only one in five poor people received care comparable to that received by the more financially secure. In addition, using those same methods of comparison, the studies found that Hispanics received worse care than whites about 60 percent of the time. African Americans, American Indians and Alaska natives received worse care than whites about 40 percent of the time. Two in ten Asians received substandard care when compared to whites.

Government studies show that minority patients have to wait longer than whites to get an appointment with a doctor, and to receive treatment in emergency departments, often resulting in more serious complications and longer stays in the hospital. These findings are especially significant since medical malpractice cases often result from inappropriate treatment delays.

As might be expected, the federal [Agency for Healthcare Research and Quality \(AHQR\)](#) reports that this breakdown in America's health care system directly increases the risk of medical malpractice for minority groups.

Another recent study reveals discrimination against children who don't have private insurance. In particular, it shows that these children have a far more difficult time gaining access to medical specialists. This study, by the [New England Journal of Medicine](#), found that two-thirds of children covered by Medicaid and the [Children's Health Insurance Program](#) were denied appointments while children with private insurance were accepted. It is shocking that the even when the children with public insurance could get an appointment, they had to wait an average of 22 days longer to see a specialist.

The AHQR report states that the annual costs attributable to medical and surgical errors amount to \$21 billion. This is a cost that eventually must be borne by our entire society.

Reducing the numbers of Medicaid recipients often is touted as a means to reduce government expenditures, but that is not the case. Increasing the number of uninsured people will lead to more emergency room visits, longer hospitalizations, greater morbidity and mortality, and more medical malpractice. Each child who loses Medicaid coverage costs taxpayers an estimated \$2,121 more each year.

In addition to the ongoing reviews of the American medical care system, the AHRQ and medical professionals -- including facilities and trade groups -- should work to address the causes of the disparity in care and access. Digital medical record-keeping should ease the assembly of relevant data that then could provide medical professionals with information needed to find solutions.

Improving access to quality health care can result in numerous economic benefits including an increase in the rate of productivity due to a reduction in sick days. This in turn provides economic benefits not just to employers but to minorities who themselves benefit from a more healthy lifestyle. In terms of costs to insurers and the public, improved access and treatment can help reduce incidents of malpractice and the associated expenses.

For the concerned medical services provider, data on care and access based on race and economic status can help the provider increase awareness of the disparities and subsequently work to overcome them.

Reviewing and collecting this data can provide valuable insights into the problems inherent in the current system, including conditions that may lead to acts of malpractice and solutions to those issues. In the ongoing debate over America's health care system, this data can also provide a valuable tool for both state and federal legislators seeking to revise and improve our current system.

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