

HEALTHCARE DISPARITIES AT THE CROSSROADS WITH HEALTHCARE REFORM

Edited by Richard Allen Williams
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RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE ARE WELL recognized, although the reasons underlying them are complex. The 2002 Institute of Medicine report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* has become the de facto standard reference for cataloging the reasons, mechanisms, and possible approaches to solving this vexing health care problem.¹ Not surprisingly, therefore, the structure and topics of *Healthcare Disparities at the Crossroads With Healthcare Reform* parallel the organization and content of the Institute of Medicine report. With an editor and chapter contributors who are recognized leaders in the field, the book describes the multidimensional contributors to disparities, including health systems factors (eg, patients having difficulty navigating the health care system), clinician factors (eg, challenging patient-physician communication because of language barriers or cultural beliefs, clinician stereotyping of patients), and patient factors (eg, mistrust) as particularly pertinent. In addition, this book has chapters on cultural diversity, history, law, and the federal government's efforts to address disparities. A few chapters address new and important considerations such as the role of health information technology (chapter 21) and innovative programs such as Remote Area Medical (chapter 22).

The ostensible motivation of this book is exploring how the Patient Protection and Affordable Care Act of 2010 (ACA) will tackle disparities as the law is implemented in stages over several years. Several chapters are especially noteworthy in this regard. Chapter 10 by Williams provides an excellent overview and catalogs the numerous aspects of the ACA that address health disparities. Chapter 16 by Randall briefly discusses the failure of the ACA to correct known inadequacies in Title VI of the Civil Rights Act. Chapter 21 by Jain and Blumenthal "summarizes our current state of knowledge about health [information technology] adopting among underserved communities and outlines a vision for how broad adoption and use of health information technology can limit or correct health disparities." Other chapters would have benefited by more such intriguing discussions of the implications of the ACA.

Individuals who have read the 2007 compendium on disparities, also edited by Williams,² should be aware that about two-thirds of the chapters in *Healthcare Disparities at the Crossroads With Healthcare Reform* appear in some form or another in both books. Some chapters appear to be repeated almost verbatim (eg, chapters 2 and 5), whereas others contain modest amounts of new material (eg, chapters 4, 12, and 16). Other minor modifications that appear be-

tween the 2007 and 2011 works include changed presentation formats, reordered sections, and altered titles, whereas the substantive chapter contents remained largely unchanged (eg, chapters 3, 7, 13, 15, and 18). More explicit statements about the nature and extent of the overlap between the 2007 and 2011 texts would have assisted previous readers to identify the new material.

Eliminating racial and ethnic health care disparities is an ethical imperative. *Healthcare Disparities at the Crossroads With Healthcare Reform* allows new readers—or persons being introduced to the field—to learn from respected scholars about key aspects of the field of disparities research. The several chapters that substantively address the ACA and its implications for disparities offer interesting new insights and present a laudable agenda for future disparities research.

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1. Smedley BD, Stith AY, Nelson AR, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Washington, DC: Institute of Medicine, National Academies Press; 2002.

2. Williams RC, ed. *Eliminating Healthcare Disparities in America: Beyond the IOM Report*. Totowa, NJ: Humana Press; 2007.

BIOETHICS, PUBLIC MORAL ARGUMENT, AND SOCIAL RESPONSIBILITY

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BIOMEDICAL SCIENCE AND TECHNOLOGICAL DEVELOPMENT AND its ready application in clinical medicine are helpful in solving many problems but simultaneously may create new challenges for society. The rapid development of molecular genetics, biotechnology, and imaging has in recent decades often outpaced the ethical debate on many issues, and because the boundaries of the potential of these technologies for medicine are moving fast—at the beginning of life, during life, and at the end of life—there is a need to redefine the fundamentals of public moral argument. *Bioethics, Public Moral Argument, and Social Responsibility*, edited by Nancy M. P. King and Michael J. Hyde, is a collection of essays on this topic.

Helpful chapters in the first part of the book cover the tension between individual and societal values and how group thinking or democracy may influence moral arguments. The authors clearly describe the effectiveness (but also the peculiarity) of having committees decide on solutions for bioethical dilemmas. Subsequent chapters provide extensive discussion of the concepts of dignity, self-determination, and

(genetic) determinism as significant factors in bioethics. I was intrigued by the discussion of whether any biomedical intervention would by definition be considered natural and hence acceptable. These chapters also contain a lucid paragraph on the parallel (and the lack thereof) between religious determinism and fate and destiny attributable to genetic information. In the well-written chapter on blame and responsibility regarding genetic disease and gene-environment interaction, many concepts come together, resulting in a well-illustrated and well-documented overview on the effects of medical, scientific, and—importantly—media illiteracy contributing to the public debate on bioethics in genetics.

The last part of the book explores the role of the media. Using childhood obesity as an example, the authors convincingly maintain that advanced medical knowledge on this topic does not match societal understanding—a situation further complicated by television exposure and advertisement on behalf of the food industry (and a situation quite similar to that for smoking and the risk of pulmonary and cardiovascular disease). One of the last chapters contains an eloquent and provocative call for bioethicists to be more involved in what is called investigative bioethics. The author argues that bioethics scholars often have an academic background in philosophy or law and are active in constructing arguments or developing theories but seldom involved in original fact-finding or investigative studies. The recent trend toward institutionalized bioethics departments in academic medical centers, stimulated by large funding programs (eg, the human genome project), has not improved the situation but rather has caused the bioethics field

to adopt an even less critical position on biomedical developments and the interaction of the field with society.

The chapters are well coordinated and connected. The editors have divided the book into 3 parts: “Public Moral Argument and Social Responsibility,” “Moral Relationships and Responsibilities,” and “The Media, the Public and the Person.” This division of essays into 3 themes is understandable as an effort to organize the different strands of thought but is somewhat artificial, because many texts surpass their theme and fluently connect with each other. Remarkably, although almost none of the authors are physicians, they all succeed in making their argument clear for a medical audience and apply their reasoning to many examples in the medical field. That makes this book a readable fountain of knowledge that may serve as a refresher on the fundamentals of bioethics and public moral argument.

As the editors of *Bioethics, Public Moral Argument, and Social Responsibility* state, “The need to consider carefully the meaning of responsible public moral argument—and the responsibility to achieve it—could hardly be more pressing than it is today. Moral argument and moral relationships are increasingly articulated not only in words, but in images, technologies and settings by which words are framed and delivered.” That makes this valuable collection of short essays a precious contribution to the bookshelves of not only bioethicists but also practicing physicians.

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