



# The Influence of Racial and Socio-Economic Aspects on Physician-Patient Interaction

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## Case Study

The tobacco use has been identified as having the main part in the development of lung carcinoma is given. Anyway, epidemiological research has focused also on ethnic variations and their relation to identified further cancer risk factors. This is the way interesting ethnic variations in cancer risk and survival have been founded, suggesting the need for health care readjustments based on various racial and minority groups [1-2]. That is how many studies have found that lung cancer arises more frequently among blacks than among whites and is the most common cause of cancer-related death in the United States.

Current literature shows that the greatest of these differences between African Americans and whites concerns male [3]. However, when compared to their white counterparts, also African Americans women with lung carcinoma (Figure 1) have higher incidence rates and worse survival.

Abidoye et al. [4] have already faced this issue in 2006. Based on a solid data review they were able to identified many topics for future investigations, especially concerning genetic polymorphisms in African Americans.

Twelve year later, the Authors have published a randomized trial focused on race influence in risk assessment and recommendations for lung resection [5].

It is a fact that higher lung cancer incidence among African Americans is determined by different genetic susceptibility but also by socio-economic issues as differences in exposure to carcinogens, for instance. In the same way, it is conceivable that also survival could be negatively influenced by health inequalities, including no access to screening, delayed access to treatment for early-stage lung cancer or admission in less qualified hospitals.

Besides this, another meaningful point is if racial implications or preconceptions could influence surgeons in daily physician-patient interaction, worsening indirectly lung cancer patient's outcomes. In particular, race differences could affect risk assessment during preoperative decision-making. This is a burning issue because closely concerns medical ethics beyond social inequalities.

The aim of Ferguson paper was expressly focused on a possible influence of the breed in the pulmonary resection recommendations. The design of the study was clear and consistent with their paper of 2017 [6]; vignettes and videos given to the participants aimed to assess whether the indications for lung cancer resection could be conditioned by the race, both by patients and by surgeons. The paper is well written and developed, the statistical analysis very well done as well. However, results could have been influenced by some biases. Our concern was captured by the initial number of participants, which was 495; only 113 completed the study, including 38 practitioners and 75 trainees, although money was offered to complete the study. This fact emphasizes a lack of attention on these issues regarding the doctors involved. Examining the participant's characteristics we must underline the fact that even if the level of comfort seems to be well allocated and gathered in "competent", the status is strongly in favor of the student instead of practicing the surgeon; this turns out to be an important part of the results. In fact, not surprisingly in our opinion, results show that, despite there was a modest increase in risk estimates for black standard patients compared with whites, race did not influence indications for a correct lung cancer management; this was seen either showing only vignettes or collected with videos in which several black people were shown with different outfits that imitated various socioeconomic or wellness backgrounds. What needs to be stressed about the status of the participants is that some differences were found in the surgical indications before and after adding videos instead of simple vignettes; these data do not indicate

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Received Date: 20 Jan 2019

Accepted Date: 11 Feb 2019

Published Date: 14 Feb 2019

### Citation:

Raveglia F, De Simone M, Baisi A, Cioffi U. The Influence of Racial and Socio-Economic Aspects on Physician-Patient Interaction. *Clin Oncol.* 2019; 4: 1578.

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**Figure 1:** Right lung adenocarcinoma.

an influence of the race in the choices but a notable relevance of surgeons experience; beyond the stated level of comfort, years of surgical activity could make a difference in judging patients who are able to undergo surgery and those who are not. Furthermore, we must emphasize that the majority of the participants were male and, in our opinion, in a document with the aim of discovering an influence of the race in the surgical indication, the attention must be given to the equal representation in the characteristics demographic of the participants.

In summary, results are encouraging since seem to remove the thought that peri-operative decision-making is influenced by racial considerations. However, the paper does not explain why published data indicate that black patients undergo operations less often than whites as if suffering of a minor willingness to undergo surgical treatment [7].

This mismatch, between data collected in the latest literature and current understanding of disparities in treatment of early-stage lung cancer, supports that further studies are need on this sensitive field.

## References

1. Stewart JH. Lung carcinoma in African Americans. *Cancer*. 2001;91(12):2476-82.
2. Higgins RS, Lewis C, Warren WH. Lung cancer in African-Americans. *Ann Thorac Surg*. 2003;76(6):S1363-66.
3. Alberg AJ, Brock MV, Samet JM. Epidemiology of lung cancer: looking to the future. *J Clin Oncol*. 2005;23(14):3175-85.
4. Abidoye O, Ferguson MK, Salgia R. Lung carcinoma in African Americans. *Nat Clin Pract Oncol*. 2007;4(2):118-29.
5. Ferguson Mk, Demchuk C, Wroblewski K, Huisingh-Scheetz M, Thompson K, Farnan J, et al. Does race influence risk assessment and recommendations for lung resections? A randomized trial. *Ann Thorac Surg*. 2018;106(4):1013-17.
6. Ferguson MK, Huisingh-Scheetz M, Thompson M, Wroblewski K, Faman J, Acevedo J. The influence of physician and patient gender on risk assessment for lung cancer resection. *Ann Thorac Surg*. 2017;104(1):284-89.
7. Lathan CS, Neville BA, Earle CC. The effect of race on invasive staging and surgery in non-small-cell lung cancer. *J Clin Oncol*. 2006;24(3):413-8.
8. Cykert S, Dilworth-Anderson P, Monroe MH, Walker P, McGuire FR, Corbie-Smith G, et al. Factors associated with decisions to undergo surgery among patients with newly diagnosed early-stage lung cancer. *JAMA*. 2010;303(23):2368-76.