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# BOOK REVIEWS

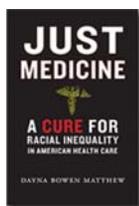
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## A Legal Solution To Health Inequality

BY KEVIN M. SIMON

**JUST MEDICINE: A CURE FOR RACIAL INEQUALITY IN AMERICAN HEALTH CARE**

By Dayna Bowen Matthew  
New York (NY): NYU Press, 2015  
288 pp., \$30.00



*Just Medicine*, the first book by Dayna Bowen Matthew, a professor at the University of Colorado Law School, addresses one of the most complex questions of

American health care: How can the United States effectively reduce health care disparities? Matthew displays an ability to engage in uncomfortable conversations that will make readers think, question their positions, and examine long-debated issues from a new angle.

When it comes to health, our nation has a troubled history of racial inequality and injustice. From the 1930s until 1972, as part of the infamous Tuskegee Study of Untreated Syphilis in the Negro Male, the US Public Health Service deliberately withheld penicillin from hundreds of black men with syphilis so that researchers could observe the natural course of the disease. And during the Jim Crow era of racial segregation (1877–1954), many American hospital wards, blood banks, and even morgues were designated as “white” or “colored,” with unequal resources devoted to the latter.

Today, some people argue that the United States is a postracial society and that these types of grievances no longer exist. From the opening paragraphs of her book, Matthew forcefully disagrees, drawing readers’ attention to alarming statistics. She writes: “83,570 minority patients die annually due to health care disparities. Black and brown patients consistently receive inferior medical treatment—fewer angiographies, bypass surgeries, organ transplants, cancer tests and resections, less access to pain treatment, rehabilitative services, asthma remedies, and nearly every other form of medical care” compared to their white counterparts. The information was derived from former US Surgeon General David Satcher’s 2005 *Health Affairs* article, which was in line with the findings of the 2003 Institute of Medicine report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*.

*Just Medicine* offers an in-depth, well-researched discussion of health law and policy; a history lesson of health care disparities; and a proposal for improving health equity by reducing the racial and ethnic health disparities created by physicians, other health care personnel, and US laws. Drawing on seminal studies in social science, the author gathers evidence of implicit bias before, during, and after clinical encounters and argues persuasively that such bias can and must be eliminated.

Quotes from health care providers and excerpts from interviews with patients reinforce Matthew’s message. While most of the book provides a history of health law and results of research about implicit bias that has negatively affected the most vulnerable patients (the uninsured and those in poverty), the final three chapters discuss how health care educators, providers, and policy makers have attempted to change the system without success. For instance, Matthew highlights cultural competency curricula and programs

“aimed primarily at affecting explicit rather than implicit biases.” These programs encourage “color blindness” and have shown mixed results at best, she says. The national Culturally and Linguistically Appropriate Services (CLAS) standards, introduced in 2000 and updated in 2013 to improve cultural and linguistic competency in health care, have also fallen short of their goals.

Matthew—a cofounder of the Colorado Health Equity Project, a medical-legal partnership—argues that a legal solution is needed to address the problem of implicit bias. “Political efforts at universalizing access, regulatory efforts at enforcing cultural competency, and private efforts at ‘doing the right thing’ have all failed,” she explains.

Matthew proposes a solution, based on the premise—and evidence supporting it—that “implicit biases are malleable.” Specific sections of the Civil Rights Act of 1964 would provide a legal and moral basis for holding liable those who unconsciously discriminate and would help establish a new standard of care in medicine, she argues.

At times Matthew’s prose is repetitive or filled with the jargon of the social sciences, and her presentations can come across as discouraging. However, the book is highly engaging and worthwhile reading for health care providers, hospital administrators, insurers, medical students and educators, and those involved in civil rights law. As a treatise on the state of bias in health care and the need for legal action, it provides a basic but not a definitive account. It can, however, serve as a springboard for critically important discussions. *Just Medicine* contributes to the ongoing debate about health care in the United States and advances a much-needed public conversation about racial disparities in medicine that—while less familiar to most Americans than the deaths that inspired the Black Lives Matter movement—continue to cost black lives. ■

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**Kevin M. Simon** (ksimon@msm.edu) is a second-year psychiatry resident in the Department of

Psychiatry and Behavioral Sciences at Morehouse School of Medicine, in Atlanta, Georgia.