Follow the science: Healthcare should be personalized, not political

Laura Kaiser is president and CEO of St. Louis-based SSM Health.

There has been much public discourse about the use of race and other personal risk factors in treating COVID-19—with a specific focus on risk calculators. While these may be headline-grabbing claims, our duty as healthcare providers is to always follow the best available evidence and science, without regard for political fallout.

The challenge is to remain objective, not letting predispositions or politics cloud our judgment. The people and communities we serve deserve no less.

As healthcare providers, we know that high-quality care is not indiscriminately providing care identically regardless of a patient's personal history or circumstance. Care is best when it is individualized. Patient histories are fundamental to care, as well as an understanding of how different diseases impact different age groups, genders and races, among other personal factors.

Research shows us that women are more prone to multiple sclerosis than men. Caucasians have a higher likelihood of developing atrial fibrillation and African-Americans are at higher risk for sickle cell anemia. If you're a child with Type 1 diabetes, your medical needs are quite different than an adult who has developed Type 2 diabetes. Clinicians must use all the information available to determine the best course of treatment for each individual patient.

This was the unique challenge we faced when COVID-19 first appeared in our communities. When the pandemic began, none of us had encountered this disease before—and experts around the world were grappling with how best to respond to the emerging public health crisis. There was no unified national response and data was changing hourly. At SSM Health, we quickly pulled together a multidisciplinary team of top infectious-disease physicians, infection preventionists, microbiologists, pharmacists and other experts. We also reached out to our colleagues around the country, and overseas, to share information and learn from one another in real time.

In those early days of the pandemic, emergency departments and ICUs had a preponderance of African-American patients. As we knew little about this new coronavirus, it was natural to include race as a factor in our evaluation of patient risk. SSM Health is among many health systems and states across the nation that developed risk calculators that included racial criteria to objectively distribute limited COVID-19 therapies. For us, this was no different than the risk calculators we use to determine prioritization of organ transplant patients. We needed some way to ensure the appropriate therapies were directed to patients at the highest risk.

Then, as our knowledge increased, the science progressed and so did our practices. Our research determined that race and gender were not factors in the severity of the virus, so we eliminated those criteria in March 2021. Instead, we discovered that social and economic disparities were largely to blame for the virulence with which the disease attacked African-American and other minority communities—yet another example of the systemic barriers to health that have long existed.

There are some who believe the removal of race from our risk calculators was based on external pressure or the threat of lawsuits. Others believe race has no place in the delivery of medicine. But these positions are simply untrue.

We changed our calculators because this was best for our patients. We must follow the science—the facts—and not be distracted by rhetoric. Our job is to deliver the best care possible to every patient, every time. It's a sacred responsibility we take very seriously.

Mother Teresa once said, "Give the world the best you have, and it may never be enough. Give your best anyway." Even when we are misunderstood, that's what we do. We will continue to give our very best to every person we serve. ■