



Written by [David Kelly](#) on April 17, 2023

Social Justice Corrupting Medical Science

Woke healthcare social-justice warriors seeking to end systemic racism by supposedly dismantling white supremacy in medicine have now implemented new policies that have made race and skin color a deciding factor in who can receive life-saving kidney transplants.

The Organ Procurement and Transplantation Network ([OPTN](#)) and the United Network for Organ Sharing ([UNOS](#)) are the latest of numerous medical associations to embrace the idea that medicine is overflowing with racism and inequity. Their new policy on kidney transplants, according to [City Journal](#), “is perhaps the most dangerous victory for wokeness in health care to date.”



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“In the name of ‘equity,’ UNOS and OPTN purport to be expanding black patients’ access to kidney transplants. They essentially claim that the longstanding system for such transplants is racist, pointing to how black patients make up 30 percent of the dialysis population and transplant wait list but receive a smaller fraction of kidney transplants,” [wrote](#) Stanley Goldfarb, chairman of [Do No Harm](#) and [City Journal](#) contributor.

OPTN and UNOS instituted the new policies because they believed black kidney transplant candidates were disadvantaged by previous use of the race-inclusive estimated glomerular filtration rate (eGFR) calculation to estimate level of kidney function.

Jerry McCauley, M.D., M.P.H., president of UNOS, said in an [announcement](#), “we and many other organizations have now prohibited the use of a race-based calculation that has unfairly delayed care for many Black patients with kidney failure. Waiting time for a transplant is a major factor in the priority that kidney candidates receive. Thus, we are acting along with kidney transplant programs nationwide to ensure that any candidates known to have been disadvantaged by a race inclusive GFR calculation will receive all the waiting time credit for which they qualify.”

However, the new policies are not truly about equity, as there are actual, defined race-based medical differences that affect a patient’s transplant suitability. [According](#) to Goldfarb, “research shows that people of African-American descent tend to have higher levels of muscle mass compared with other population groups, which can affect the levels of creatinine, a waste product produced by muscles, in their blood.... African Americans may have higher creatinine levels even if their kidney function is normal.”

Thus, the longstanding and accurate medical kidney-function test, in the name of the false science of “diversity, equity and inclusion” (DEI), has been replaced, as [reported](#) by [City Journal](#), with a less accurate test. The new test “lowers kidney-function assessment for black patients to the point that some who did not qualify for placement on the transplant list now meet the requirement. It is a case study in politicized manipulation of data to achieve a predetermined goal.”



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A *Washington Examiner* [editorial](#) explained:

The new formula will favor black patients in a way that ignores human biology and makes no medical sense. The new regime requires doctors to ignore a medically documented and racially significant difference in a specific chemical marker of kidney function. From now on, these organizations will treat the readings as if there is no difference by race. This will push nonblack patients further back in line despite desperate need. Many black patients will move forward for replacement kidneys even if their eligibility or need for a transplant is less than that of some white patients.

Kidney transplants are just one life-saving procedure that is suffering from wokeness in healthcare. New York state is now [requiring](#) hospitals and other medical providers to submit health equity assessments when applying to open any new facility or to consolidate existing services in neighborhoods. The *New York Post* [reported](#) that “State health officials say the assessments will determine the impact on care to underserved New Yorkers: residents who are poor, racial and ethnic minorities, immigrants, people with disabilities and the elderly.”

New York Conservative Party Chairman Gerard Kassir, who “served on a Brooklyn hospital board and is familiar with the application process,” criticized the required health-equity assessments, telling the [Post](#):

“The Democrats and the progressive are creating tyrannies that don’t exist — it defies logic,” Kassir said of the plan.

“The current review process takes the community’s needs into account. The racial aspect has always been taken into account.

“The application process should be based on medical need. Instead, they are turning hospitals into social-service experiments.”

It is apparent that the practice of medicine is no longer immune from the illogical and potentially life-altering woke policies instituted by radical leftists. Those policies are detrimental to all who simply seek to improve their health — whether that’s acquiring a needed kidney or simply a path to wellness — regardless of race, creed, or standing.

Now is the time to fight and push back and tell the policymakers that social justice has no place in medical science. If the Left is not stopped, the only “equitable” measurement that social justice warriors will be able to celebrate is that overall quality of life will decrease for everyone.



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