



Health Disparities and Medical Abuse: Why Blacks Shouldn't Support Assisted Suicide

By Anita Cameron

As we celebrate the contributions of the Black community to American history it's important to know and understand racial disparities in healthcare, its history, the impact it has on the Black community and why Black people, particularly disabled people, must fight against assisted suicide.

There is a long and shocking history of medical abuse and experiments on the Black community, fueled by racism and stereotypes, that has led to, and continues to spur, disparities in healthcare.

From the earliest days of this nation, Blacks have received abysmal treatment at the hands of doctors. Black enslaved people were property and seen as little more than animals. Enslaved people came to know that when they were purchased by doctors, their lives would be especially hard because they would be experimented on without anesthesia. In everyday life, enslaved people who became ill got the most cursory of medical treatment; most slaveowners called in the veterinarian for them, while whites got to see a regular doctor.

An illustration of the the worthlessness of the Black body and how expendable we were can be found in the practice of J. Marion Sims, called the "father of modern gynecology". He used enslaved Black women to test his techniques and to perform surgeries on them without anesthesia. When white staff could no longer bear the screams of agony of Dr. Sims's patients as he did surgery on them, other Black enslaved women were forced to restrain the patients during these barbaric acts.

After slavery, the treatment of Black patients did not improve much. Hospitals and medical schools saw us as medical or research material, rather than patients and based their diagnoses, prognoses and treatments on vicious racial stereotypes about us and our community. Many types of junk science such as phrenology, which made racial assumptions based on the size of, and bumps on the skull, were in vogue, and it greatly influenced the thoughts and attitudes of the white medical establishment towards us.



Black doctors in the late 19th and early 20th centuries often could not practice medicine in the United States, and those who were allowed to, could not have white patients. They spoke out against the cruel and disrespectful treatment of Blacks in hospitals and research centers but were largely ignored. Unlike whites, who could sue for mistreatment, Blacks had no legal recourse. Our community came to fear hospitals and deeply mistrust doctors, particularly white or non-Blacks because we knew that at their hands, we would die or at the very least, suffer abuse.

Today's racial disparities in healthcare are a direct result of this history. Blacks are more likely to die from a heart attack or cardiac disease, yet we receive inferior care compared to whites.

The stereotype that Blacks are closer to animals, and therefore feel less pain than whites, has led to Black patients receiving abysmal treatment for pain. Our pain isn't taken seriously. We are accused of being hysterical, emotional, or outright drug seeking. In a recent study of 1 million children with appendicitis in emergency rooms around the nation, Black children were one-fifth as likely to receive opioid painkillers for their severe pain as white children. In a 2016 study, 1/3 of 222 white medical students and residents surveyed held the false belief that Blacks had thicker skins and a higher tolerance for pain. They were less likely to perceive the intensity of black patients' pain and recommend appropriate treatment.

We die from diabetes at twice the rate of whites. We are the sickest patients waiting for organ transplants, yet often die waiting. Blacks are diagnosed with cancer at much later stages and our prognosis is worse. Due to the stereotype of Black patients' noncompliance with doctors instructions and orders, we are not afforded the state of the art medical care that white patients routinely get, especially when they have the money.

Much of what was learned about medicine in America was learned on the backs of Black enslaved people and poor Blacks. One example is the infamous Tuskegee Experiment, where poor blacks, mostly men, were not treated for syphilis, while doctors allowed the disease to take it's course so that they could learn what the end results were. HeLa cells, the first line of immortal human cells, were taken from the body of Henrietta Lacks, a Black woman who died of cervical cancer in 1951, without the knowledge or consent of her or her family. Those cells are still being used in medical research today.

The Black community has been and is being ravaged by COVID. We are three times more likely to die from COVID and four times more likely to be hospitalized for it.



COVID has laid bare racial disparities and disability discrimination in healthcare that leads to medical rationing and futility decisions.

Michael Hickson's case is a clear case of discrimination against disabled people.

Michael Hickson was a 46 year old Black man from Texas, the father of 5 children. Mr. Hickson was a quadriplegic, the result of a brain injury caused by a heart attack.

He was placed in a nursing home, where he contracted COVID. He was sent to St. David Hospital, in Austin, Texas. However, due to his disability, the doctor decided not to treat him, stating that he had no quality of life, but family videos show him laughing and singing with his wife and children.

He was placed in hospice and allowed to die.

So, what does this have to do with assisted suicide?

Everything! If you are not getting effective pain treatment for a terminal illness and you live in a state where assisted suicide is legal, you'll be more likely to seek that recourse. If you are poor and live in such a state, your doctor can convince you to choose assisted suicide so that you won't be a financial burden on your family.

Wait, what exactly is assisted suicide?

Assisted suicide is when someone, usually terminally ill, with six months or less, to live, makes a request for a lethal dose of medication prescribed by a physician or medical provider. After the waiting period, if there is one, the provider issues the prescription, the person or someone designated by them picks it up, and the medication is ingested by the person to whom it is prescribed. There is no doctor or witness present to report if the medication was taken by the person, themselves, as is the law, or administered by someone else, which is illegal. Currently, assisted suicide is legal in ten US states and the District of Columbia. As of this year, 20 states have either introduced assisted suicide legislation or are expanding bills that have already passed.

We Blacks are overwhelmingly against assisted suicide, but there's an organization called Compassion and Choices that's going into Black communities trying to convince us that assisted suicide is a good thing and that it's a right. That's how they bamboozle us by couching it in those terms, because we know what it feels like not to have basic human and civil rights.



Compassion and Choices is an organization formed and led by middle and upper middle class whites. This demographic of white people overwhelmingly support assisted suicide. Compassion and Choices hires middle class Black staff to come into our communities to spread the lie about assisted suicide because they know that we're more likely to listen if information comes from someone who looks like us. As a result, some middle class and wealthy Blacks are falling for this farce. As assisted suicide becomes normalized, racial disparities in healthcare will mean that Black patients will be more likely to be written off as terminal and steered towards ending our lives. Being disabled compounds this. Disabled people also experience health disparities because doctors quite literally devalue our lives, don't want us as patients and don't believe that we are treated unfairly. Add being Black to that, and the risks of being written off as terminal in a state where assisted suicide is legal, rises exponentially.

In the face of rampant healthcare inequities, it's no surprise that assisted suicide is rarely used by the Black community. We fight to live. We fight to get access to treatment. We fight for medical care that most white folks take for granted.

Black people, wake up and remember our history! Realize and understand what white supremacy is and how it works! Listen to our elders. Listen to Black disabled folks whose lives are devalued every day. Listen to poor Black folks on the street who can tell of the injustices they suffer in emergency rooms across the nation because they're poor and homeless. Compassion and Choices does not have the best interests of the Black community in mind. They do not care about us; they are merely promoting an agenda. They know full well about the racial disparities in healthcare, but are hoping that either we don't know or that we have forgotten. They want us to believe that since we Blacks are less likely to receive adequate end of life care that assisted suicide is the answer. It is not! It is not our culture. It is not our life. It puts us, particularly if we have disabilities, are sick or are elders, or poor at grave risk. It is discrimination of the highest order and we must fight back and fight hard against this malevolent form of white supremacy.

<https://notdeadyet.org/health-disparities-and-medical-abuse-why-blacks-shouldnt-support-assisted-suicide/>

© 2024