

Discrimination in a Urine Test

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As a 12 year kidney transplant recipient, I have had a frequent lab test for 30+ years which measures kidney function (glomerular filtration rate GFR). Lab results today display two values: African American vs non-African American. The former is a number multiplied by 1.21 to lower the result because it was historically and falsely assumed African Americans had more muscle mass. This can prevent African Americans from receiving much needed treatment as this factor makes their kidney function look better.

There is no valid research supporting the need for these two values. Even the Human Genome project concluded genetically all races are 99.9% the same though patients are frequently asked to identify their race. Some hospitals have started to remove the use of the adjusted GFR value because race is a social, and not a biological structure but there is a lot of resistance. Separating one ethnic group from the general population on a lab order has psychological and unconscious bias impacts to patients and clinicians of all races.

For decades, I have seen these two GFR values on my lab reports and never once questioned it, even though items like glucose, sodium, potassium, etc. only had one value. I however am white and didn't see until now how a routine blood draw had an unfounded racial bias displayed right in front of me for years.