

Transplanted organs from women more likely to be rejected

Patients who receive organs from female donors are more likely to reject the transplant than those who receive organs from a male donor, according to the results of a new large study. Mortality was also found to be higher among this group.

Researchers at the University of Heidelberg in Germany who analysed a worldwide database of more than 124 000 kidney transplants, 25 000 heart transplants, and 16 000 liver transplants, found that kidneys from female donors fared worse than those from male donors, and the effect was more pronounced among male recipients.

A report of the research, reported in the *Journal of the American Society of Nephrology* (2002;13:2570-6) shows that the risk of a male patient losing a transplanted kidney was 22% higher when the organ came from a female. Women who received a kidney from a female donor were at a 15% increased risk of losing the kidney compared with those who received an organ from a male donor.

Roger Dobson *Abergavenny*

Children in the Gaza Strip suffer malnutrition

The Palestinian Ministry of Health has declared a nutritional emergency, after a study from a leading aid organisation showed the extent of malnutrition among children living in the West Bank and Gaza Strip.

Care International, a humanitarian agency that emphasises the importance of self help, has recently published the results of three surveys carried out with the help of the Johns Hopkins University Emergency Medical Assistance Project, Al Quds University, Jerusalem, and the US Agency for International Development.

The first survey showed that on the Gaza Strip almost 13% of children under 5 years old were

suffering from short term malnutrition and almost 18% had long term malnutrition—compared with a level of about 2% in countries that the World Health Organization defines as having moderate malnutrition.

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See www.careinternational.org.uk/

NICE recommends greater use of thrombolytics

More patients with acute myocardial infarction should be treated with thrombolytics, given intravenously in hospital or by bolus injection in pre-hospital settings, the National Institute for Clinical Excellence (NICE) recommended last week.

The NICE guidance says that only an estimated 50 000 of the 240 000 patients who have an acute myocardial infarction each year in England and Wales currently receive thrombolysis, even though it is the established, standard treatment.

The appraisal committee, chaired by David Barnett, professor of clinical pharmacology at the University of Leicester, noted: "Evidence suggests that thrombolysis continues to be underused." After reviewing available research, the committee recommended: "In hospital, the choice of thrombolytic drug should take account of the likely balance of benefit and harm (for example, stroke) to which each of the thrombolytic agents would expose the individual patient."

The committee concluded that standard alteplase was as effective as streptokinase, reteplase was at least as effective as streptokinase, and tenecteplase was as effective as accelerated alteplase in reducing mortality in the hospital setting.

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The NICE's *Guidance on the Use of Drugs for Early Thrombolysis in the Treatment of Acute Myocardial Infarction* is accessible at www.nice.co.uk or can be obtained by telephoning 0870 15555 455 and quoting the reference number N0170.

Patients are more satisfied with care from doctors of same race

Janice Hopkins Tanne *New York*

When patients have a choice, they are likely to choose a doctor of the same race or ethnic background and they are more likely to be satisfied with their care, says a study in the *Journal of Health and Social Behavior* (2002;43:296-306).

The idea that patients prefer a doctor of their own race is common but had never been tested, said lead author Dr Thomas LaVeist, associate professor of health policy and management at the Bloomberg School of Public Health, Johns Hopkins University in Baltimore, Maryland.

The study reviewed data on 2720 patients in the 1994 Commonwealth Fund minority health survey, a nationally representative telephone sampling of adults aged 18 years and older living in the lower 48 states of the United States—that is, not including Alaska or Hawaii.

Patients with a usual source of medical care were asked how good a job their doctor did at providing good health care, treating them with dignity, making sure they understood what they had been told, listening to their health problems, and being accessible by telephone or in person. Answers were reported on a four point scale from poor to excellent.

The racial and ethnic categories included white, black, Hispanic, and Asian-American. Participants were asked how much choice they had in choosing a physician, because some health plans may allow little

choice or assign a patient to a physician. They were also asked about English as a primary language, sex, age, income, education, and health insurance.

American physicians are overwhelmingly white, so many patients might have been unable to select a physician of the same race or ethnicity. Most patients in the study had white physicians, except for Asian-Americans, 52% of whom had an Asian-American physician.

However, only 21% of African-American patients and 19% of Hispanic patients had a doctor of the same race or ethnic group. Almost half of the patients surveyed (47%) had a doctor of the same race or ethnic group.

African-American, Hispanic, and Asian-American patients reported greater satisfaction with care if their doctor was of the same race or ethnic background than if their doctor was of a different background. White patients did not report lower satisfaction with African-American doctors, but the numbers were small. Patients who could choose their doctor were more likely to be of the same race as the doctor, compared with patients who could not choose.

The authors suggest that patients choose a doctor of the same race because they feel greater comfort and trust with such a physician. They may distrust physicians of a different race or may be reacting to past experiences. □



One in five African Americans has a doctor of the same ethnic group