

Correspondence

Re: Use of Point-of-Care Ultrasonography in Primary Care to Redress Health Inequities

To the Editor: I highly commend the strong take on point-of-care ultrasonography (POCUS) and its attributes in primary care. In the article, POCUS was highlighted for its ability to address health care disparities by enhancing a physician's ability to screen, diagnose, and safely perform procedures in patients who otherwise would not have received that level of care.⁵ Imaging is often thought of as the ultimate objective measurement of a patient, defying bias, race, ethnicity, or sexuality and being safe from the disparities that challenge our system. POCUS has the potential to help our skills as diagnosticians, but the multifactorial nature of health disparities demands that we determine whether we have fully addressed the cause of these health disparities in our POCUS physicians.

Health disparities can be defined as differences among specific population groups that affect the attainment of one's full health potential.² These disparities can be measured in differences in incidence, prevalence, mortality, the burden of disease, and other adverse health conditions.¹ In the United States, racial/ethnic minority groups are at disproportionate risks of being uninsured, lacking access to care, and experiencing worse health outcomes from preventable and treatable conditions.² Furthermore, emergency departments have been plagued by evidence that diagnostic imaging examination orders differ significantly by patient race and ethnicity, commonly known as implicit bias.⁴

POCUS is a powerful tool regarding diagnosis, but implicit bias and subjectivity of perception with minority populations are still prevalent in our health care system.¹ Point of care examinations requires clinical judgment and interpretation of images to determine diagnosis and intervention.⁵ There is no evidence that POCUS physicians are not subject to the same bias and subjectivity plaguing our

health care system. Until we can address this issue, the benefits from POCUS could still be limited to nonminority populations.

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