

# Black and Latino People Have Higher Risk of Death After Surgery

The analysis underscores the impact of structural racism and underinvestment in public health on Black and Latino patients.

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Latino and Black patients are significantly more likely to die after [surgery](#) compared with white patients, according to recent findings presented this month at the annual meeting of the [American Society of Anesthesiologists](#).

An analysis of more than 1.5 million inpatient hospital procedures in the United States found that the likelihood of death within 30 days after surgery is about 42% higher for Black people and 21% higher for Latinos compared with white people, according to [Everyday Health](#).

What's more, about 12,000 deaths could have been avoided had there been no racial or ethnic disparities.

"Although we saw post-surgery [mortality](#) decline for all groups, people are still dying every day because of persistent disparities in surgical health in the United States, and if we do not intensify efforts to reduce this disparity, people are going to continue to die," lead study author, Christian Mpody, MD, an assistant professor of anesthesiology and pediatrics at the Ohio State University College of Medicine in Columbus, told Everyday Health.

For the analysis, Mpody and his team reviewed data from about 1.5 million surgical procedures performed between 2000 and 2020. About 75% of analyzed patients were white, 14% were Latino and 11% were Black.

The Northeast had a higher number of deaths among Black patients and the West had more deaths among Latinos, according to researchers. Mpody and his team are investigating the reasons for these regional differences.

Researchers wrote that additional research may "underscore the impacts of systematic underinvestment in public health, unequal access to primary health care services and distrust in the health care industry created by historical and enduring structural racism and medical mistreatment of minoritized groups."

Mpody noted that expanding access to health care, promoting diversity, enhancing culturally competent training for medical professionals, addressing socioeconomic factors (such as insurance and social support) and increasing research on health care disparities could help reduce the number of Latino and Black patients who die after surgery in the United States.

“We should not become used to reading statistics about people dying,” Mpody said. “It’s essential to remember that beyond the statistics, there are real people—brothers, sisters, mothers and fathers. There are families and communities that are torn apart. It’s important to convey the gravity of the issue to policymakers, health care professionals and the general public.”

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