In Response to “Impact of Targeted Temperature Management on ED Patients with Drug Overdose–Related Cardiac Arrest”

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To the Editor:

We read with interest the article by Khan et al. [1] that retrospectively assessed the outcome of patients who received targeted temperature management (TTM) after a drug overdose-related cardiac arrest. The authors’ primary finding was that incorporating TTM into post-arrest care was associated with improved survival. We agree with the authors’ conclusion that this research provides important insight into the post-arrest management of patients with drug overdose and encourage further research on this topic. However, we would like to highlight another finding of this research that is an equally important consideration for patient care.

The patient demographic data reported by Khan et al. reveals a stark racial contrast between the patients that received TTM and the patients that did not receive TTM [1]. The TTM group contained 12 White patients and 17 non-White patients, while the non-TTM group contained 12 White patients and 78 non-White patients (data was not provided for 2 patients). Based on these data, White race was associated with a significantly higher likelihood of receiving TTM as a component of post-drug overdose arrest care (OR 4.59; 95% CI, 1.76–11.95; $p = 0.0018$). This difference remained significant when comparing White race to all individual races reported, except for Hispanic race.

Previous research has suggested that patient race is associated with significant differences in the delivery of pa-

tient care [2, 3]. The results of this retrospective review support the concept that patient race may be associated with differences in drug overdose post-arrest care. Although it is not possible to assess all of the factors that influenced each patients’ post-arrest care plan from a retrospective cohort, it is essential to consider the role race may have played in this process. As healthcare professionals, our goal must be to provide and increase access to high-quality care for every patient. In order to attain this goal, we must first be able to recognize, deconstruct, and eliminate our own preconceived beliefs and biases.

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Compliance with Ethical Standards

Conflicts of Interest None.

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