NEW YORK CITY’S DIABETES REPORTING SYSTEM HELPS PATIENTS AND PHYSICIANS

Goldman et al. present themselves as protectors of the doctor–patient relationship and suggest that New York City’s Health Department exceeds its mandate in addressing noncommunicable disease. Yet outreach for noncommunicable conditions, often using confidential information, has long been an essential part of public health practice (e.g., newborn baby visits, lead poisoning prevention programs), as has involvement with clinical management of patients (e.g., asthma, school health, and primary care provision).

Facilitating letters from doctors to their patients with diabetes extends this tradition. Letters include educational materials, and the service is supplemented by resources given to providers for patients (e.g., glucose strips, blood pressure cuffs, and recreation center memberships). The registry gives providers information about glycemic control that, in the absence of electronic records in practices, most would find difficult to obtain. If electronic records were universally adopted and their registry potential used in New York City, A1C registry would not be necessary. The Health Department, in a separate initiative, is promoting precisely this approach by extending electronic health records to providers caring for the sickest patients in New York City.

Diabetes disproportionately affects people of color. To claim that services mainly benefiting Blacks and Latinos will “racialize” diabetes confuses a “racialized” disease with the actions to address it. Failing to prioritize vulnerable populations because of concern about “racializing” condemns people to inadequate care.

Goldman et al. also question the department’s proposal to remove the requirement for separate written consent for HIV testing. Ironically, the New York State law they defend actually deprives physicians of their autonomy to use judgment about how to counsel patients. In September 2006, the Centers for Disease Control and Prevention issued revised guidelines recommending routine HIV testing and removal of separate written consent. Currently, only 10 states require separate written consent for HIV testing. Written consent is a barrier that impedes early treatment and risk-reduction counseling for HIV-infected people. People who know they are HIV-positive decrease risky sexual behavior by approximately half. Separate consent procedures result in delayed diagnosis, premature death, and continued spread of HIV. Furthermore, 71% of Blacks, 63% of Latinos, and 69% of Whites think “HIV testing should be treated just like routine screening for any other disease.”

The system that Goldman et al. defend is failing miserably to deliver appropriate care for common and devastating diseases, despite the fact that the United States spends far more than any other industrialized country on health care. Diabetes and HIV/AIDS are major epidemics of our era, disabling and killing millions in this country, particularly people who are poor, Black, or Hispanic. Public health agencies have an obligation to intervene to try to reverse these epidemics and to reduce their impact.

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This letter was accepted April 28, 2008.

doi:10.2105/AJPH.2008.142026

Acknowledgments

The author thanks Shadi Chamany, Lynn Silver, Mary T. Bassett, Monica Sweeney and others in the health department for their dedication to monitoring, understanding, and working to reduce the burden of chronic disease and HIV/AIDS in New York City.

References


