From COVID-19 to ALS

Looking Beyond Just Black and White

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In a thriving and just society, all constituents must have equitable access to basic human needs, without which all components of that society will eventually fail. This is the basis for the fundamental necessity of health equity, which can be described as the absence of health disparities or disadvantages that are conferred on individuals or particular societal groups. More constructively, health equity requires that every individual has a just and fair chance to attain the highest standard of health possible. The coronavirus disease 2019 (COVID-19) pandemic provides a striking example of health inequity as evidenced by the disproportionate burden of disease observed in certain groups, particularly Black and Latino patients. While compelling, the racial and ethnic disparities related to COVID-19 are neither unique nor surprising. A large and growing body of literature describes significant inequities in health care broadly and within the field of neurology specifically.^{1,2}

Whether it be prevention or treatment of COVID-19 or providing optimal care for patients with degenerative disease such as amyotrophic lateral sclerosis (ALS), we as a profession have a moral mandate to ensure that our potentially limited resources are distributed on the basis of the principle of fairness according to need. This requires, like all scientific inquiries, a rational approach that attempts to isolate and understand the underlying cause of a problem. Whether it be COVID-19 or ALS, it is not enough to simply describe the presence of disparities in disease prevalence, care, or outcomes. In doing so, we fail to understand the true basis of these inequities. To effectively direct resources in pursuit of health equity, we must strive to understand the actual causes of inequity using rational collection, consideration, and analysis of the available evidence. As a profession, we have a fiduciary responsibility to ensure that arbitrary and capricious responses prone to biased and potentially discriminatory influence do not occur.

Identifying and proportionately weighting the extensive list of potential causes of racial health disparities is a formidable task. Understanding social determinants of health is of primary importance because these causes are potentially preventable or rectifiable. Identifying potential biological causes for susceptibility or response to treatment, as attempted by Brand et al.³ in this issue of *Neurology*®, is also important to better understand disease pathophysiology and to ensure appropriate allocation of limited health care resources.

In their study, Brand and colleagues have explored racial differences in how ALS behaves and is cared for in their large and diverse ALS clinic. By doing so, they have admirably attempted to enhance our understanding of how both social and biological factors may contribute to racial differences in how ALS presents, progresses, and is cared for. Accordingly, they provide insight that may allow racial disparities in ALS to be addressed directly and rationally. The insights provided are timely as our country grapples to respond to the disproportionate racial effects of COVID-19. Ideally, the same evidence-based approach and fairness according to need response will be used by those who are contemplating the racial disparities in COVID-19 as provided by Brand and colleagues in their ALS population.

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