Black lives in urology: addressing the bias and redressing the balance

Although the inequalities and injustices faced by Black people are not new, they have recently become a talking point worldwide. Urology is not immune to these biases. It is time for change.

> African American and/or Black urologists make up just 2.0% of the workforce

On 10 June 2020, many scientists, researchers and academics took part in #ShutdownSTEM, a 1-day pause from normal activities to take time to research, educate and understand the biases — implicit, unconscious, inbuilt and otherwise — within STEM fields and the experiences of Black people in our own specialties and beyond[1]. As we take time out to reflect during #ShutdownSTEM, it has become clear that the time has come to address the biases and discrimination experienced by Black people within our own field of urology.

Black clinicians and researchers are under-represented in our field. A 2018 study that reported the racial distribution of the urology workforce in the USA included over 11,000 urologists; only 262 were African American[2]. These data are supported by the 2019 AUA Annual Census, which reports that African American and/or Black urologists make up just 2.0% of the workforce (246 of 12,300 respondents)[3].

This dearth of Black practitioners in urology has knock-on effects both within the workforce and for Black patients. First, a lack of Black urologists in leadership positions affects the next generation of urologists in training by limiting the number of Black mentors and role models in the specialty. Mentorship is improved by concordance (that is, similarity or shared identity, based on age, sex or race) between mentor and mentee and by seeing people like oneself in positions of leadership[4]. Likewise, for patients, concordance within the patient–physician relationship has been shown to improve patients' trust, satisfaction and participation in decision-making[5].

When it comes to outcomes, Black patients are also at a disadvantage. For example, Black men with prostate cancer have been shown to have worse outcomes than white men. However, whether this disparity is related to biological or socioeconomical differences remains uncertain[6,7]. If the former is true, we must dedicate research time and funding to determine the underlying biology of prostate cancer and other urological cancers in Black patients. If the latter is true, we must try to better understand why Black patients have reduced access to health services and strive to improve this discrepancy.

Studies and trials in urology and other fields include fewer Black than white patients, even in diseases that disproportionately affect Black men and women[8]. As a field, we must make the effort to educate ourselves about the reasons why Black patients might be reluctant to participate in clinical studies[9] and to actively seek to undo such harms made to the Black community in the name of medical progress in order to regain trust. We should encourage enrolment in trials and do our best to ease the obstacles that prevent Black patients from participating. Furthermore, we must also expand these efforts to include early-stage trials and preclinical investigation — many preclinical studies fail to take into account ethnicity, as the cell lines that we use for those studies originated in white patients[10].

As of today, *Nature Reviews Urology* will strive to improve. We pledge to seek out Black urologists to act as authors, advisers and reviewers. We will do our best to support and raise awareness of work from Black researchers and studies that include, consider and report data from Black patients. We will amplify Black voices. However, we cannot amplify that which is lacking, and so we will also consider how to use our platform to improve Black representation in our specialty via collaboration with conferences, colleges and medical schools, especially those affiliated with Historically Black Colleges and Universities in the USA and medical schools in Africa. We must acknowledge the white privilege that has raised some people up at the expense of others. It is no longer enough to say that we support and embrace change, but it is time for us to actively seek it out and participate in it. As a journal and as a specialty, we have a duty of care to our patients and to our colleagues. We will do better.

1. Note from the editors: *Nature* joins #ShutDownSTEM. *Nature* https://doi.org/10.1038/d41586-020-01723-9 (2020).
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