Retirement of UTI guideline among AAP efforts to end race-based medicine

A new policy from the AAP, Board of Directors and Executive Committee puts into context the retirement of Urinary Tract Infection: Clinical Practice Guideline for the Diagnosis and Management of the Initial UTI in Febrile Infants and Children 2 to 24 Months.

Race-based Medicine, which is published today in Pediatrics, describes the Academy's work to end race-based medicine, including the board's unanimous vote in May to immediately retire the UTI clinical practice guideline. The guideline was first published in 2011 and reaffirmed in 2016.

In making the decision to retire the guideline, the board factored in its "improper use of race as a factor in disease risk." According to the policy "… race should not be viewed as a risk factor that predicts disease, disease severity and disability but as a risk marker of bias, discrimination and vulnerability."

"As pediatricians, we are always learning and striving to provide better care for all of our patients," said AAP President Lee Savio Beers, M.D., FAAP. "Using race as a proxy for biology or genetics can lead to inequitable care and outcomes. Through this commentary, we describe our reasoning behind retiring this clinical practice guideline so that others can also learn and apply this knowledge to their own research and clinical care, and that they in turn can educate others."

The decision to retire the guideline also was based on careful consideration of AAP policies and guidance, including the 2019 policy The Impact of Racism on Child and Adolescent Health, the 2020 AAP Leadership Forum resolution "Prohibit the Use of Race-based Medicine," the AAP Equity Agenda and Words Matter: AAP Guidance on Inclusive, Anti-biased Language.

The policy also cites recently published commentaries that call out the UTI clinical practice guideline for systematically indicating differential care for Black or non-White children based on a theoretical lower risk of UTI.

Applying an equity lens

In the policy, the AAP notes that members have been asked to systematically apply an equity lens to all AAP core activities and functions. It will take several steps immediately to reach this goal. When developing policy,
authors will be asked to:

- ensure that race is acknowledged as a social construct rather than a genetic or biological descriptor;
- consider whether use of racial/ethnic categories in models, analyses and selection of comparison groups is explicitly justified when reviewing literature; and
- write all policies in accordance with the AAP Words Matter guidance that encourages use of inclusive, anti-biased language to mitigate and combat bias, remove stigma and avoid stereotypes.

"[Even] when practiced in good faith, race-based medicine is bad medicine that leads to inequitable medical care and hurts the health and well-being of people of color," the policy states. "Given the clear evidence and overwhelming consensus that action was needed, the AAP Board of Directors took this firm stance against the use of race-based medicine in our current and future policies and is continuing its efforts to address previous harms and promote equity and transparency throughout all AAP core activities and functions, including education, programs, policy and research."