If affirmative action’s struck down, what’s next for medical schools?

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In early 1961, President John F. Kennedy issued Executive Order 10925, which mandated that government contractors “take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, creed, color or national origin.” Over the 60-plus years since, affirmative action has become an important lever for promoting diversity in higher education and the workplace.

But that could change soon. Plaintiffs in two legal cases, Students for Fair Admissions Inc. v. President and Fellows of Harvard College and Students for Fair Admissions Inc. v. University of North Carolina et al., seek to undo affirmative action in favor of a race-blind process for admissions to institutions of higher learning, including medical schools.

With the U.S. Supreme Court set to rule on the cases later this year, the AMA convened a panel of thought leaders in medical education and health equity to discuss the potential consequences of an adverse decision. An on-demand recording of the webinar, “Affirmative Action in Med Ed: Exploring the Consequences of an Adverse Supreme Court Decision,” is available free on the AMA Ed Hub™ (login required).

One of the panelists was Suzanne Rose, MD, MSEd, senior vice dean for medical education at the Perelman School of Medicine at the University of Pennsylvania. She summarized the cases’ potential implications for undergraduate medical education.

Who would be affected

A Supreme Court decision overturning affirmative action in higher education “will exert an impact on just about everything,” Dr. Rose said, noting that this includes admissions, curricula, the workforce and, of course, patients.
“If we’re unable to use race in consideration of admissions, then we’re going to have to consider other ways to make sure that our goals related to diversity are achieved,” she said.

Holistic review already does this, Dr. Rose noted, because it takes into account such things as advanced degrees and talents in art, music, literature and sports.

It also includes “what we’ve referred to as miles traveled—what an applicant might have had to do to overcome to get to this point,” she said. “This can include having been homeless, having had to care for younger siblings while one’s parents were in jail, having lived in a refugee camp or having survived a school shooting.”

Still, she noted, “we can't abandon the need for diversity related to race.”

The AMA and more than 40 other organizations joined an Association of American Medical Colleges-led amicus brief (PDF) that urges the Supreme Court to “take no action that would disrupt the admissions processes the nation’s health-professional schools have carefully crafted in reliance on this court’s longstanding precedents.”

“Medical educators have learned—through both scientific research and years of experience—that health disparities can be minimized when professionals have learned and worked next to colleagues of different racial and ethnic backgrounds in environments that reflect the ever-increasing diversity of the society the profession serves,” says the brief filed by the AAMC, AMA and others.

**Why it matters to patients**

“Students who train in diverse settings are more comfortable treating patients from a wide variety of backgrounds,” Dr. Rose said. “If practices that promote racial diversity and admission policies are eliminated, medical educators will not only have to consider the admissions processes with our holistic measures, [they] will need to make sure that our environments continue to provide the best education for our students who are going to care for those diverse communities.”

Diverse cohorts can help, but medical schools will also need to pay special attention to the composition of other educational elements, such as virtual and authentic patients.

“Having a diverse workforce is critical for our patients,” Dr. Rose said. “In fact, patients who belong to a racial or ethnic minority group report having more positive experiences with race-concordant physicians and caretakers.”

An adverse decision by the Supreme Court could, therefore, affect medical education and the health care enterprise.
“It’s incumbent upon us as medical educators,” she said, “to consider these possibilities and to prepare for adverse decisions relating to affirmative action with innovative recruitment strategies and creative and diverse learning environments that will provide the optimal education for all of our students.”

Learn what the AMA is doing to promote greater diversity in the physician workforce and find out how a diverse workforce can help overcome the physician shortage.