In ruling’s wake, diversifying medicine requires upstream efforts

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The recent Supreme Court decision restricting race-conscious admissions in higher education will present more than theoretical challenges to efforts to advance health equity in the United States, according to Sanjay Desai, MD, the AMA’s chief academic officer and group vice president of medical education.

“This relates directly to the health of our country,” Dr. Desai said in a recent episode of “AMA Update” in which he was joined by David Henderson, MD, who is the AMA’s vice president for equity, diversity and belonging in medical education. “Systemic and structural racism are major contributors to the existing health inequity that we see in this country.”

The Supreme Court ruled in June to restrict higher-learning institutions’ consideration of race or ethnicity in admission decisions. The court’s six conservative justices struck down race-conscious admissions in two separate cases regarding Harvard University and the University of North Carolina.

The AMA had joined in an amicus brief led by the Association of American Medical Colleges in the cases, asking that the high court refrain from overturning what had been an important precedent for medical schools seeking to diversify the nations’ physician workforce.

“Affirmative action has been much more effective than any of the other strategies that have been employed” in achieving diversity, Dr. Henderson said.

What comes next? An earlier approach

Drs. Desai and Henderson discussed the research showing clear benefits when physicians more closely reflecting the racial makeup of the nation’s patients.
“A physician workforce that reflects the diversity of the nation is key to eliminating those health inequities,” Dr. Desai said. “And there's convincing evidence … that racially diverse care teams produce measurably positive health outcomes for patients in historically marginalized populations.”

Dr. Henderson said the aim to diversify the nation’s physician workforce will have to be achieved through concerted upstream efforts.

“The issue of diversity in higher education—which creates a pipeline that provides matriculants to medical school—universities and colleges can't manage the work of diversifying the workforce by themselves,” Dr. Henderson noted. “It needs to begin well before high school, which is where a lot of pathways programs start.”

Interventions from the earliest stages of education are needed, Dr. Henderson said.

“There are large racial gaps in kindergarten readiness between students from affluent neighborhoods and students from poor communities. And these gaps in achievement actually continue throughout K–12 education,” he added. “So, if you are a poor child, if you are from a group that's underrepresented and disadvantaged, you have challenges from the time you begin education in this country in kindergarten.”

Despite the ruling, the nation’s medical educators will continue to do their part to diversify medicine and advance health equity.

“The goal, to be clear, is not that we create a system of racially segregated care, but rather a health care workforce … in which racial and ethnic representation is a more common aspect of our care teams,” Dr. Desai said.

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