The U.S. Supreme Court heard arguments in November in a case challenging the Trump Administration’s decision to rescind the Deferred Action for Childhood Arrivals (DACA) program under which some 700,000 undocumented immigrants who were brought to the U.S. as children are protected from deportation. That number includes AMA member Dalia G. Larios, MD, a resident at Brigham & Women’s Hospital.

Dr. Larios was born in Mexico and grew up in Mesa, Arizona. A graduate of Harvard Medical School, Dr. Larios is a DACA recipient.

“The day of the DACA Supreme Court hearing, I did my rounds and saw my patients, but I kept thinking about what was going on in the judges’ heads,” she said.

The DACA debate has brought back her childhood fears that U.S. Immigration and Customs Enforcement agents would go to her parents’ workplace and detain them. It also reminded her how her family avoided seeking care when they were ill because they feared their undocumented status would be uncovered and they would be deported. Supportive messages from her colleagues helped her get through the day.

“They said: ‘I know today was rough. Let me know if you want to talk about it,’ and ‘I’m here if you want to grab coffee,’” Dr. Larios recalled. “That made a huge difference. That meant so much.”

She added that the AMA’s support for immigrant rights has also been huge.

Dr. Larios was one of the speakers at a session, “President’s Panel Discussion: Physicians’ Obligation to Lead,” moderated by AMA President Patrice A. Harris, MD, MA, at the 2019 AMA Interim Meeting.
Physician activism is not new

Dr. Harris began the program by playing a clip from the 1970s television program “Marcus Welby, M.D.” in which the series’ lead character was shown advocating to keep a clinic open.

She showed the clip because Dr. Welby, played by actor Robert Young, inspired her, as an eighth-grade student, to think about a career in medicine and to illustrate that the concept of the activist physician is not new.

“By the way, the concept should not be left or right, conservative or liberal,” Dr. Harris said, adding that such activism is discussed in the AMA Code of Medical Ethics.

“When there are situations that are unjust, that impact the health and wellness of our patients, we have an obligation to lead. We have an obligation to get involved,” she said.

AMA General Counsel Brian Vandenberg gave a presentation looking at AMA activism in the social justice arena, past and present. He highlighted several court cases that illustrate the AMA’s commitment to expanding access to care, addressing gun violence as a public health crisis, protecting the health of immigrants and refugees, women’s health issues, LGBTQ rights, and opposing government interference with the patient-physician relationship.

Vandenberg also discussed the AMA’s involvement in Texas v. United States, a case that will determine whether the Affordable Care Act remains in effect. The AMA filed an amicus brief in the case that was joined by several other physician organizations, and Vandenberg described it as “one of the most significant briefs filed by the AMA in decades.”

Don’t be discouraged

Also on the panel were Rodney Hood, MD, past president of the National Medical Association; Aletha Maybank, MD, MPH, AMA chief health equity officer; and Jesse Ehrenfeld, MD, MPH, AMA board chair, who is the first openly LGBTQ person elected to the AMA Board of Trustees.

Dr. Ehrenfeld, who has been vocal in defending the rights of transgender military personnel, said he was originally discouraged from being an advocate on LGBTQ issues.

“I was told, ‘If you stand up and push for that, that will be the end of your career in organized medicine,’ but here we are,” the AMA board chair said.
View health inequity as medical error

Drs. Hood and Maybank talked about the toxic stress and the toll discrimination, and fighting discrimination, every day can have on the health of African Americans. Dr. Maybank cited the recent deaths of U.S. Rep. Elijah Cummings at 68 and Kaiser Permanente CEO Bernard Tyson at 60 as the “personification of health inequity.”

Although their deaths were described as “untimely,” she noted how their early deaths aligned with the lower life expectancy of black men. And, while there is a “moral imperative” that is critical to erasing health inequity, she added that there is also a scientific argument.

“Think about health equity from a systems perspective—that this is the pursuit of medical excellence,” Dr. Maybank said. “If we don’t contextualize somebody’s life and we don’t understand how these conditions related to power actually affect their health, we’re committing error.”