On April 9, 2020, a panel of AMA leaders took to YouTube for a live town hall to shed light on the most pressing issues facing physicians during the COVID-19 pandemic.

Below, you’ll find answers to your pressing questions about health equity.

**Does the AMA have guidance on how physicians can combat the longstanding structural inequities that are exacerbating health disparities during the pandemic?**

The AMA *Code of Medical Ethics* offers insight into steps physicians can take to correct personal biases and begin dismantling barriers to care, ensuring that marginalized and minoritized populations aren’t overlooked or ignored during the COVID-19 crisis. Highlighting some quick takeaways:

1. The importance of using procedurally fair criteria to determine who gets what resources, including the possible use of an objective lottery system.

2. It is critically important also to not use subjective judgments about "social worth" or the degree to which the patient contributed to the illness, rather understand that quality of life can only be defined by the patient.

During this critical time, it is important that the health care system does not allow the high volume and fast paced nature of COVID-19 cases to normalize making subjective judgments of who gets what service, resources and care.

**How is the AMA addressing the inequities in access to care in the U.S. during the COVID-19 pandemic?**


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Now, more than ever, the AMA is dedicated to the mission of health equity, working to mitigate disparity factors in the United States.

In the COVID-19 pandemic, accurate data is the first step in understanding and correcting inequities, and the AMA is leading the charge to collect the racial and ethnic data needed to track trends, develop strategies and direct financial resources. As AMA’s Chief Health Equity Officer, Dr. Maybank states, “You can’t address what you can’t measure.”

As a result, the Center for Health Equity is working with cities and states to determine who is collecting data, ensuring that data includes racial and ethnic content and identifying what communities are doing to address inequities in testing, treatment and outcomes for marginalized and minoritized communities.

What can be done to encourage marginalized and minoritized groups to participate in clinical trials in light of the clear health inequities associated with COVID-19?

Marginalized and minoritized groups have good reason to distrust doctors and the medical system. There are many studies of bias in health care.

Physicians wanting to take the lead as trusted sources of information and support to increase participation of underrepresented groups in COVID-19 clinical trials should acknowledge historical injustices and the intergenerational trauma that may exist in their patients that come from these marginalized and minoritized groups. They can also encourage test runners to make similar acknowledgments and offer special considerations to provide or account for transportation, time off work and childcare that could prevent participation.

Does the AMA have any plans to advocate for student loan forgiveness or other incentives that would encourage more physicians to serve in underserved communities?

The AMA manages several programs, like Doctors Back to School™ program and the Physicians of Tomorrow Award, aimed at bringing diversity to medicine and eliminating disparities in health care.