

# Reckoning with medicine's history of racism

FEB 17, 2021

**James L. Madara, MD**

CEO and Executive Vice President

---

It is a difficult and potentially perilous exercise to examine our past through the lens of 21st century thinking. Each person is a product of the time in which he or she lives, demanding both principled conviction and righteous humility when we make judgments about people who lived centuries earlier.

We wrestle with this whenever we try to better understand those who founded our nation, and when we try to reconcile their actions with the values of equality that our country pledged in the Declaration of Independence. And yet, honest self-examination is a critically important step to better understanding ourselves, to heal old wounds, and to take corrective actions to address ongoing societal harms.

## Grappling with our history

In 2008, the AMA concluded a three-year study on the racial divide in organized medicine and publicly apologized for our organization's past discriminatory practices against Black physicians. The AMA's apology was never intended to be the final word on the subject of race for our organization. In fact, the AMA called it "a modest first step toward healing and reconciliation." This is a journey of reflection and action that continues.

As we grapple with AMA's 174-year history, we must acknowledge that decisions by AMA leaders contributed to a health care system plagued by inequities and injustices that harmed patients and systemically excluded many from our physician ranks.

In 2018, our AMA House of Delegates adopted policy and a strategic framework for addressing health equity on a national scale, work that led to the creation of our AMA Center for Health Equity the following year.

Already, the center has become a recognized voice nationally on issues of equity and social justice in medicine. It is tasked with embedding the principles of health equity across our AMA and partnering

with others to urgently eliminate longstanding barriers and structural inequities in the U.S. To advance this work, our AMA Board of Trustees and AMA House of Delegates last year named racism as a serious threat to public health and advanced concrete steps toward addressing it.

## Reconsidering a seminal figure

One critical next step in this journey of reflection and action is evaluating the person commonly thought of as the founder of the AMA, Dr. Nathan Davis.

Dr. Davis was a seminal figure in the early days of the AMA, serving as AMA president and as the founding editor of the *Journal of the American Medical Association*. As drafter of the 1845 resolution that ultimately led to AMA's founding, he believed he was responsible for holding together the AMA as a national governing body of medicine in the years after the Civil War. He has commonly been referred to as the "father of the AMA."

Dr. Davis' answer for maintaining the AMA as a national organization was to explicitly exclude women and Black physicians from representation in our House of Delegates, thus appeasing many state and local medical societies who barred all but white men from their membership.

## Pursued racist path

Perhaps what is most egregious—a "smoking gun" as it were—was an event concerning physician groups in the Washington, D.C., area. A physician organization there refused to admit Black physicians resulting in the formation of another organization composed of both Black and white physicians. This second group subsequently appealed to join the AMA House of Delegates.

In considering this proposal, other AMA physicians—led by a physician also involved in the founding of the American Medical Association—supported membership for this integrated group, a stance that might well have directed the AMA toward a path of integration early in our history.

However, Dr. Davis blocked the acceptance of this integrated group of physicians, doing so largely through parliamentary maneuvers. This historical fact defines Dr. Davis' role in blocking integration and promoting and embedding racism in the AMA. Dr. Davis' role was highly active, not passive, and his choice for a racist direction was pursued with energy and force.

Thus, in an era when some fought for greater representation within organized medicine and clearly saw the harms caused by racism and sexism, Dr. Davis and some of his contemporaries doubled down on discriminatory policies for AMA membership by leaving admission standards to regional

medical societies that, in some cases, banned the participation of women and Black physicians for far too long.

The above actions helped maintain the white, male-dominated power structure in American society. Sadly, this would remain AMA policy for nearly a century, until race- and gender-based discrimination was officially outlawed by the Civil Right Act of 1964.

Dr. Davis made considerable and important contributions to medicine in his long career, but his decisions at the AMA, coming in a crucial period of reconciliation for America, severely limited opportunities for Black and women physicians. The decisions silenced their voices in organized medicine, and led to a host of inequities and injustices in health care that remain today.

## Clarifying choices

I recently visited the glassed-in enclosure that honors Dr. Davis at our AMA headquarters in Chicago. Located just a few steps from my office, I have passed this display countless times over the years, but only recently have I begun to reflect on the man and ask myself if his actions represent our newly embraced equity values of the AMA and of organized medicine. The answer is clearly no.

We can't erase history, but we can decide the appropriate way to recognize individuals from our past. For this reason, I had the bust and display of Dr. Davis removed from public view and placed in our archives where they will rightly serve as educational materials. Additionally, the AMA has removed the name of Nathan Davis from an award we give annually to honor individuals for outstanding government service. These are two small but necessary steps toward reconciling the AMA's past and laying the groundwork for our future.

"First, do no harm" is a guiding ethos in medical ethics, reminding us that at its core the art of care and caring for others seeks to reduce and eliminate harms that our patients and communities are experiencing. By continuing to examine our long history, our AMA is reaffirming medicine's commitment to this ethos, and to creating a more just and perfect union for all.