We have heard from many in our physician community and beyond this past week who expressed anger, hurt, frustration and concern about a harmful podcast that was posted on the JAMA Network™ and the AMA Ed Hub™, along with the tweet that promoted it. They both minimized the effects of systemic racism in health care and questioned its profound impact on millions of people across our country.

To be clear, structural racism exists in the U.S. and in medicine, genuinely affecting the health of all people, especially people of color and others historically marginalized in society. This is not opinion or conjecture, it is proven in numerous studies, through the science and in the evidence. As physicians, and as leaders in medicine, we have a responsibility to not only acknowledge and understand the impact of structural racism on the lives of our patients, but to speak out against racial injustices wherever they exist in health care and society.

This is the view of AMA’s leadership, including our Board of Trustees, and the AMA House of Delegates, which adopted policy recognizing racism as “an urgent threat to public health” and calling upon us to actively work in partnership with others to dismantle racist and discriminatory policies and practices across health care. This policy calls on the AMA to take steps such as acknowledging unconscious bias within medical research, helping to develop medical education to promote greater understanding of racism’s impact on health, and working to prevent the influences of racism and bias in the development of new digital health technologies.

Importantly, the AMA is investigating the circumstances that led up to the podcast and tweet and will make the changes necessary to address them. The AMA and JAMA have taken immediate actions in this past week, and more will follow.
How we are responding

The AMA issued a statement expressing our anger and concern and noted the obvious inconsistencies with AMA policy, published research and our understanding about systemic racism. JAMA Editor-in-Chief Howard Bauchner, MD, issued an apology to JAMA stakeholders and staff, many of whom said they were offended and outraged by the events. In the apology, Dr. Bauchner stated that “racism and structural racism exist in the U.S. and in health care.” He also asked for, received and accepted the resignation of Deputy Editor for Clinical Reviews and Education Edward H. Livingston, MD, who hosted the podcast.

The AMA’s Journal Oversight Committee (JOC) has launched an investigation into how the podcast and associated tweet were developed, reviewed, and ultimately posted. This investigation and report will be conducted via our general counsel’s office and an independent outside counsel to ensure the integrity and objectivity of its findings. The JOC was established in 1999 as an independent governance body to ensure JAMA’s editorial independence from AMA, its fiscal accountability, and the journalistic responsibility for JAMA and JAMA Network publications. Dr. Bauchner reports to the JOC.

JAMA Network Executive Publisher Thomas J. Easley hosted an employee town hall this week to hear firsthand the concerns of JAMA employees. Separately, JAMA Network also laid out a number of additional actions and reforms, including:

- Acknowledgement by JAMA that structural racism is real, pernicious and pervasive in health care and that it shared AMA’s commitment to dismantling of structural racism.
- Removal of the podcast (“Structural Racism for Doctors—What Is It??”) and associated tweet from publication and replacement with a short audio message from Dr. Bauchner describing the hurt that this content caused.
- JAMA is conducting an end-to-end review of all editorial processes at JAMA Network, from creation to publication and dissemination of all content, including multimedia and social media engagement. This review will examine and change processes to ensure that both process and culture support the highest standards and are consistent with AMA values.
- JAMA will define, recruit and fill a new associate editor role. That person will report to the editor-in-chief, have specific expertise in the topics of racism and structural racism in health care, and will be able to provide insight and counsel on these complex issues, including—but not limited to—the review of what is published in all forms.

We believe these and other changes are necessary to not only hold ourselves to the high standards we expect from both the AMA and JAMA, but to fulfill our dual missions of advancing science,
medicine, research and, ultimately, improving public health.

**More to be done**

The AMA recognizes how our own decisions throughout history have contributed to the inequities that exist in health care, and we have taken a number of actions to address past wrongs. But we must and will do more to help dismantle structural racism across health care, including within our own institution.

Our goal in this, and other work, is to advance health equity and foster social justice. As physicians and as leaders, we are guided in this by our AMA *Code of Medical Ethics*, which calls on us to provide “competent medical care, with compassion and respect for human dignity and rights” while working to change laws, policies and practices that prove contrary to the best interests of our patients.

Not only must we follow our oath to do no harm, we must prevent the harm that inequity inflicts on individuals, communities and our nation. To fight for equity is to fight for a stronger, healthier and more unified nation that provides opportunity to all and allows us to realize our full potential.