AMA guidelines offer path to prevent discrimination in medicine

JUN 15, 2021

Timothy M. Smith
Senior News Writer

Any attempt at tackling discrimination in the U.S. health system will fail unless it includes an ongoing, intentional, reflective and process-oriented approach. Yet many health care organizations are likely to feel daunted by the idea of having to execute what amount to system-level changes.

In response to the urgent and abiding need for strategies to stamp out discrimination in medical settings, the AMA House of Delegates has adopted guidelines to help health care organizations establish the policy and organizational culture needed to help “prevent and address systemic racism, explicit and implicit bias and microaggressions,” according to a resolution presented at the June 2021 AMA Special Meeting.

“Systemic racism in medicine is the most serious barrier to the advancement of health equity and appropriate medical care,” said AMA Trustee Willarda V. Edwards, MD, MBA. “Today’s actions by the House of Delegates will inform the AMA’s active work to proactively identify, prevent and eliminate racism and will help the AMA guide health care organizations in efforts to adopt workplace policies that promote positive cultural transformation and address the root cause of racial health inequities.”

According to the guidelines that delegates adopted, an effective health care anti-discrimination policy should:

- Clearly define discrimination, systemic racism, explicit and implicit bias and microaggressions in the health care setting.
- Be prominently displayed and easily accessible.
- Describe the management’s commitment to providing a safe and healthy environment that actively seeks to prevent and address systemic racism, explicit and implicit bias and microaggressions.
- Establish training requirements for systemic racism, explicit and implicit bias, and microaggressions for all members of the health care system.
Prioritize safety in both reporting and corrective actions as they relate to discrimination, systemic racism, explicit and implicit bias and microaggressions.

Further, anti-discrimination policies should:

- Specify to whom the policy applies—for example, medical staff, students, trainees, administration, patients, employees, contractors, vendors, etc.
- Define expected and prohibited behavior.
- Outline steps for individuals to take when they feel they have experienced discrimination, including racism, explicit and implicit bias and microaggressions.
- Ensure privacy and confidentiality to the reporter.
- Provide a confidential method for documenting and reporting incidents.
- Outline policies and procedures for investigating and addressing complaints and determining necessary interventions or action.

When it comes to handling reports, anti-discrimination policies in health care should call for:

- Taking every complaint seriously.
- Acting upon every complaint immediately.
- Developing appropriate resources to resolve complaints.
- Creating a procedure to ensure a healthy work environment is maintained for complainants and prohibit and penalize retaliation for reporting.
- Communicating decisions and actions taken by the organization following a complaint to all affected parties.
- Document training requirements to all the members of the health care system and establish clear expectations about the training objectives.

Additionally, says the new policy, “organizations should promote a culture in which discrimination, including systemic racism, explicit and implicit bias and microaggressions, are mitigated and prevented. Organized medical staff leaders should work with all stakeholders to ensure safe, discrimination-free work environments within their institutions.”

According to the new AMA guidelines, some tactics to help create such a culture include surveying staff anonymously and confidentially to assess:

- Perceptions of the workplace culture and prevalence of discrimination, systemic racism, explicit and implicit bias, and microaggressions.
- Ideas about the impact of this behavior on themselves and patients.

Other organizational methods include:
Integrating lessons learned from surveys into programs and policies.

Encouraging safe, open discussions for staff and students to talk freely about problems and/or encounters with behavior that may constitute discrimination, including racism, bias or microaggressions.

Establishing programs for staff, faculty, trainees and students, such as employee-assistance programs, faculty-assistance programs and student-assistance programs, that provide a place to confidentially address personal experiences of discrimination, systemic racism, explicit or implicit bias or microaggressions.

Providing designated support person to confidentially accompany the person reporting an event through the process.

Read about the other highlights from the June 2021 AMA Special Meeting.