Why organized medicine must “clean up” to advance health equity

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The AMA has taken critical steps to recognize and address the organization’s historical role in blocking opportunities for Black, female and other minoritized and marginalized physicians, and also for siding with the advocates for segregation rather than inclusivity. But the AMA is not alone. Other groups within organized medicine are also struggling to right past wrongs and to keep pushing forward in advancing health equity.

The AMA “released an ambitious, multiyear strategic plan to dismantle structural racism in medicine within our own organization and recognizing the importance that—in order to do that well and thoroughly—we have to recognize our own past harms and do a critical examination of our institutional roles that uphold the structures of racism and white supremacy,” said AMA Chief Health Equity Officer Aletha Maybank, MD, MPH.

Dr. Maybank made those remarks while introducing AMA Executive Vice President and CEO James L. Madara, MD, and the CEOs of the American Academy of Pediatrics (AAP) and the American Psychiatric Association (APA) during a virtual panel discussion held as part of a Becker’s Healthcare Physician Leadership event. Two more similar programs are in the works as part of the AMA Prioritizing Equity Spotlight educational series.

“When I was growing up, my mother's rule was 'clean up after yourself,'” Dr. Madara said. “We messed up our health care room, and now we have to clean it up.”

This includes being candid and factual about the AMA's past actions, Dr. Madara explained, followed by repairing some harms that they caused. Efforts in this direction include establishing the AMA Center for Health Equity, recruiting Dr. Maybank to lead it, helping to expand the minoritized and marginalized physician workforce, and working to improve the health of all, including more than a million Black patients with hypertension.
It started with an apology

“Our mission statement is ‘to promote the art and science of medicine and the betterment of public health,’ but we can't do that with the amount of inequity that is currently in our society when it comes to health,” Dr. Madara said. “So to recognize our mission statement, we have to get rid of this glass ceiling of inequity in our health care system and we're committed to do that through this plan.”

After the Institute of Medicine, now the National Academy of Medicine, released its 2002 report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, the AMA began examining the organization’s role (PDF) in creating the inequities detailed in the report.

This culminated with an apology (PDF) delivered by Ronald Davis, MD, then the AMA’s immediate past president, at the 2008 annual meeting of the National Medical Association—an organization of Black physicians founded in response to the AMA’s support for state medical society segregationist policies.

“Today, on behalf of the American Medical Association, I unequivocally apologize for our past behavior,” Dr. Davis said at the meeting. “We pledge to do everything in our power to right the wrongs that were done by our organization to African-American physicians and their families and their patients.”

Dr. Madara, however, noted that “there was little intentional work done” in this area until the 2018 AMA House of Delegates meeting when policy was adopted that led to the development of the AMA Center for Health Equity. This was followed in 2020 by the adoption of policy declaring that racism is a serious public health threat.

Dr. Madara said he was surprised to learn some of the details about Nathan Davis, MD, the AMA’s first president and the first editor of the Journal of the American Medical Association, now JAMA, who used “parliamentary maneuvers” to stymie integration of the AMA.

“This historical fact defines Dr. Davis' role in blocking integration and promoting and embedding racism in the AMA,” Dr. Madara wrote in an AMA Leadership Viewpoints column earlier this year. “Dr. Davis’ role was highly active, not passive, and his choice for a racist direction was pursued with energy and force.”
Yet, every day, Dr. Madara said he would pass a lobby display case in the AMA’s Chicago headquarters that housed a bust of Dr. Davis and other items honoring his legacy. Dr. Madara said this display had to go.

“I could not ask our colleagues to walk by that every day,” Dr. Madara said during the program. The bust has since been stored in the AMA archives and the name “Nathan Davis” was removed from an AMA award honoring outstanding government service.

Dr. Madara pointed out that colleagues and the press were critical (PDF) of Dr. Davis for blocking integration of the AMA. “So, this isn't holding someone to some different standard of the time,” he added.

One of the AMA’s strategic approaches to advancing health equity is to “foster pathways for truth, racial healing, reconciliation and transformation” for the organization’s past. To do that, the AMA will:

- Amplify and integrate narratives of historically marginalized physicians and patients.
- Quantify the effects of AMA policy and process decisions that excluded, discriminated and harmed.
- Repair and cultivate a healing journey for those harms.

**Organized medicine’s equity journey**

American Academy of Pediatrics CEO and Executive Vice President Mark Del Monte said the AAP has also been exploring its past and issued an apology to Alonzo deGrate Smith, MD, and Roland Boyd Scott, MD (PDF).

These two established pediatric leaders applied for AAP membership in 1939 and had to navigate a “shameful gauntlet” of exclusionary barriers before finally being admitted in 1945.

The AAP released a policy statement on the impact of racism on child and adolescent health in 2019 that followed an earlier statement on poverty as a social driver of children’s health.

“In order to optimize the lives and well-being of children, you have to overcome poverty, but you can’t think about poverty very long before you start thinking about racism,” Del Monte said. “So right after the poverty statement came our policy statement on racism.”

Saul Levin, MD, MPA, CEO and medical director of the American Psychiatric Association, told of being motivated by his organization’s Black Caucus to do better and “to do better now.” In January, the APA apologized for its support of structural racism within psychiatry.
Dr. Levin compared the need for sustained effort to overcome racial inequity in the U.S. to the battle to break the system of apartheid in South Africa, where he was born.

“In South Africa, that struggle there had to continue to continue to continue—and eventually they got to a tipping point,” he said, which culminated in the election of Nelson Mandela.

Dr. Levin said the power of organized medicine and the trusted voice of physicians “will help us get a lot more power to change everyone’s daily existence in this country on this topic.”

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