3 ways medical educators can help right wrongs of racism in medicine

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Perceiving, acknowledging and undoing the many ways medicine has contributed to racial injustice can be a daunting task for health care organizations. And while developing a plan for doing this is a good first step, putting that plan into action in training future physicians can be fraught with false starts and failed objectives.

In a plenary presentation, “Operationalizing Racial Justice,” at ChangeMedEd® 2021, AMA Senior Vice President and Chief Health Equity Officer Aletha Maybank, MD, MPH, provided a survey of the forces in the U.S. that have inhibited a reckoning with racism in medicine. She also outlined the roles of individuals and organizations in improving health equity and the key steps organizations need to take to ensure a successful and thorough transition to a racially just health care system.

ChangeMedEd is the AMA Accelerating Change in Medical Education initiative’s national conference, which brings together innovative leaders from institutions across the medical education continuum to reimagine the way future physicians are trained.

Make honesty your foundation

The AMA this year released a strategic plan to embed racial justice and advance health equity. The plan recognizes the harmful effects of the AMA’s past, targets the systemic inequities in the health care system and other social institutions, and charts a path toward a more promising and equitable future for patients and physicians alike.

The AMA’s plan centers on a three-year road map with five strategic approaches. Dr. Maybank focused on three of them to help other organizations get their health equity aspirations out of the abstract and into action.
Embed racial justice everywhere

One of the AMA’s approaches is to embed racial and social justice throughout its systems, policies, practices and culture. And while those might seem like macro-level issues, they all play out on the level of individuals.

“Most of us have good intentions about the impact of the decisions that we’re making,” Dr. Maybank said. “We tend to focus on the parameters definitely around diversity and inclusion—great, important to do. We’ll talk about how are we engaging with communities—[also] important to do.”

But what often isn’t discussed is how to transform ourselves—our minds and hearts—to “work towards changing the structures and the systems that are in place within our institutions that are perpetually harming and driving these inequities,” Dr. Maybank said.

Learn more about health equity education on the AMA Ed Hub™, which features CME from the AMA Center for Health Equity and curated education from collaborating organizations. Resources include AMA STEPS Forward™ open-access toolkits, *AMA Journal of Ethics*® articles and podcasts and the “Prioritizing Equity” video series.

Push upstream, and keep pushing

Addressing the determinants of health inequities requires shifting one’s gaze to structural drivers and also empowering physicians and their employers to dismantle structural racism.

Medical education is crucial to this in several ways. One is by adopting a public health framework, which includes supporting the 10 essential public health services.

Another is by eliminating race-based clinical algorithms and teaching about their historical public health implications. Conversations about race-based medicine, Dr. Maybank noted, often center on the impact they have on individual patients. But they may fail to ask about the public health implications that result from so many patients having been prevented from accessing care for so long.

Foster racial healing

URL: https://www.ama-assn.org/delivering-care/health-equity/3-ways-medical-educators-can-help-right-wrongs-racism-medicine

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Charting a new course for a health system and a community requires promoting pathways for truth, reconciliation and transformation.

The AMA, for its part, recently removed the bust of Nathan Smith Davis, MD—commonly thought of as the association’s founder—from public view and placed it in the organization’s archive. Dr. Davis actively worked to exclude Black and women physicians from membership in the AMA in the mid- to late-19th century.

“These are not easy decisions, but again, I think if we’re really committed to this space of equity—not harming [but] valuing, caring for people … we have the opportunity to do better and differently,” Dr. Maybank said.

Watch a recent “Prioritizing Equity” panel discussion with leaders from the AMA, American Academy of Pediatrics and the American Psychiatric Association on moving beyond apology toward restorative justice.

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