3 ways medical students can help reverse distrust in medicine

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The U.S. has a long and tragic history of racism in medicine. And while it may have been decades since some of the more notorious examples of unethical experimentation, distrust of medical professionals persists in many patient groups that have been economically or socially marginalized.

An education session at the 2022 AMA Annual Meeting explored the long-term implications of these violations of the Hippocratic Oath and provided insights into how to empathize with and listen to patients.

The session was co-sponsored by the AMA Minority Affairs Section, which gives voice to and advocates for issues that impact minority physicians and medical students, and the AMA Medical Student Section, the Association’s representative body for medical student needs and issues.

First, know these terms
Michael G. Knight, MD, MSPH, said physicians should be able to distinguish what drives patient distrust—and mistrust. “Distrust is when there’s a lack of trust that’s actually based on experience or credible information. Mistrust is a general sense of uneasiness or unreadiness,” said AMA member Michael G. Knight, MD, MSPH, assistant professor of medicine at the George Washington University School of Medicine and Health Sciences, and associate chief quality and population health officer at GW Medical Faculty Associates.

“We’re not just talking about communities that have a lack of trust because they’re uneasy. We’re talking about communities that have seen centuries of being marginalized, of being experimented upon,” said Dr. Knight, an alternate delegate for the AMA Minority Affairs Section.

Two of the more recent and obvious examples are the U.S. Public Health Service Syphilis Study at Tuskegee and the sterilization and contraceptive experiments run on low-income women in Puerto Rico.

“When we have that understanding, we then more clearly understand our role” as physicians and health professionals, he noted.

Learn about the AMA Center for Health Equity and the AMA’s strategic plan to embed racial justice and advance health equity.

**Then focus on these three levers**

Given this historical freight, medical students, residents and fellows might feel at a loss to know how to approach patients from groups that have been economically or socially marginalized. The presenters outlined these three key techniques.

**Publish.** “Being someone growing up in the Bronx and attending Albert Einstein College of Medicine, it really shocked me that there was not a space where this information was being shared, where I could discuss it,” said John Paul Sánchez, MD, MPH, associate professor of emergency medicine at Rutgers New Jersey Medical School, where he is also the associate dean of diversity and inclusion.

“It is your narratives—your lived experiences, the experiences of your communities—that serve as exceptional submissions to journals,” said Dr. Sánchez, who also is executive director of the Latino Medical Student Association and president of Building the Next Generation of Academic Physicians, which is devoted to improving diversity in academic medicine.
Dr. Sánchez, an AMA member, noted that the American Association of Medical College’s MedEdPortal lets learners publish teaching and curriculum materials. “U.S. medical students, as well as residents and fellows, can serve as co-authors of that material” and bring stories of medical experimentation and abuse into the curriculum.

**Put trustworthiness before trust.** “It is important to recognize that, given the history of medical discrimination and medical racism, trust is not the obvious default for communities of color,” said AMA member and AMA Minority Affairs Section delegate Luis E. Seija, MD, an internal medicine-pediatrics resident at the Icahn School of Medicine at Mount Sinai.

That means taking nothing for granted, he said, no matter your qualifications.

“Our role and responsibility is to show that we are trustworthy, not to expect that patients will just trust us,” added Dr. Knight, who won election to the AMA Council on Ethical and Judicial Affairs at the Annual Meeting. “So when we think about the work that's done in the community, it's always going in and saying: Look, what are your needs? What do you want to get out of this interaction?”

**Take on leadership opportunities.** Many in charge of health care organizations don’t have relevant experiences.

“You have to step in and serve on education committees, admissions committees, faculty affairs committees,” Dr. Sánchez said. “Then, I think you'll move from that sense of a school co-opting [terms] to a school really facilitating this process and seeing the change that you would like to see.”

Read about the other highlights from the 2022 AMA Annual Meeting.