

High court shouldn't impede efforts to diversify medical schools

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Tanya Albert Henry

Contributing News Writer

U.S. medical schools have for decades positively considered race when deciding which students to admit. It's one of many parts of the equation—along with test scores, grades and individualized interviews—when determining the mix of students that will result in a class of physicians best equipped to serve all of the nation's patients.

But the U.S. Supreme Court is taking up two cases that could prevent medical schools from considering race and ethnicity. It's a change that would undermine the nation's health at a time when studies and experience show a diverse physician workforce is the best way to serve the nation's increasingly diverse patient population.

The AMA and more than 40 other organizations joined an Association of American Medical Colleges-led amicus brief (PDF) that urges the Supreme Court to “take no action that would disrupt the admissions processes the nation's health-professional schools have carefully crafted in reliance on this court's longstanding precedents.”

“Medical educators have learned—through both scientific research and years of experience—that health disparities can be minimized when professionals have learned and worked next to colleagues of different racial and ethnic backgrounds in environments that reflect the ever-increasing diversity of the society the profession serves,” says the brief filed by the AAMC, AMA and others.

“Diversity in medical education yields better health outcomes not just because minority professionals are often more willing to serve (and often very effective at serving) minority communities, but because all physicians become better practitioners overall as a result of a diverse working and learning environment,” says the brief filed with the Supreme Court as it considers the cases of *Students for Fair Admission Inc. v. President and Fellows of Harvard College* and *Students for Fair Admission Inc. v. University of North Carolina et al.*

In the first case, the court is considering whether Harvard is violating Title VI of the Civil Rights Act, penalizing Asian American applicants, engaging in racial balancing, overemphasizing race and rejecting workable race-neutral alternatives. In the North Carolina case, the question is whether the Supreme Court should overrule a 2003 case, *Grutter v. Bollinger*, that allows higher-education institutions to use race as a factor in admissions.

Better health outcomes

The amicus brief points to “an overwhelming body of scientific research compiled over decades” that shows that “diversity literally saves lives.”

For example, one study showed that Black physicians are far more likely than others to accurately assess Black patients’ pain tolerance and prescribe the correct amount of pain medicine. Another study found high-risk Black newborns who had a Black physician were more than twice as likely to survive.

“Preventing medical educators from continuing to consider diversity in admissions ... would literally cost lives and diminish the quality of many others’,” the brief tells the court.

Learn more about the groundbreaking series of CME courses on health equity from the AMA that is an outgrowth of the AMA’s strategic plan to embed racial justice and advance health equity.

Improved representation

Medical school applicants from historically marginalized racial and ethnic groups remain low.

“Overruling *Grutter* would potentially trigger a spiral of severe and self-reinforcing decreases in diversity in the health care professions. States that have banned race-conscious admissions have seen the number of minority medical school students drop by roughly 37% as a result,” the brief says.

Learn what the AMA is doing to promote greater diversity in the physician workforce and find out how a diverse workforce can help overcome the physician shortage.