Recognizing diversity’s benefits in classrooms—and exam rooms

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Research has demonstrated that achieving a physician workforce that more closely resembles the populations we serve will result in better health outcomes for our nation. This is essential for advancing our ability to deliver high-quality care to an increasingly diverse patient population.

That’s why it’s disheartening that the U.S. Supreme Court, for the third time in a decade, will again today hear arguments that could imperil more than four decades of precedent permitting holistic, race-conscious admissions policies. In the latest challenge, a group known as Students for Fair Admissions is suing Harvard University and the University of North Carolina, arguing that their current selection models unfairly discriminate against white and Asian applicants for the sake of a more diverse and inclusive study body.

The decision in this matter, expected next year, will have significant implications for higher education in the U.S., including medical school enrollment. A ruling prohibiting race as a consideration in admissions would reduce diversity just as focused recruitment campaigns and other strategies are beginning to succeed.

For example, the number of Black first-year medical students in the U.S. rose by 21% between 2020 and 2021, and Hispanic or Latinx students grew by more than 7%. For the first time since the Association of American Medical Colleges began reporting data on racial and ethnic backgrounds, the majority of applicants last year came from underrepresented communities.

Underrepresentation persists, however, and we must not retreat from efforts to further boost the growing representation of talented and highly qualified medical students from historically marginalized racial and ethnic groups.

Recognizing the mounting research that convincingly demonstrates that outcomes improve for patients—especially those from historically marginalized populations—who receive treatment from racially diverse health care teams, the AMA has joined the Association of American Medical Colleges and 44 other leading health care organizations to push back on efforts to remove any consideration of race as a factor in admissions.
We jointly filed an amicus brief (PDF) in support of Harvard and the University of North Carolina, arguing that a diverse physician workforce is good for patients, good for medicine, and critical to improving the health of our increasingly diverse nation.

Our arguments are backed by science and evidence in published research. Medical students who learn alongside peers from a broad range of backgrounds, cultures, and lived experiences gain greater cultural competence and reap benefits from an educational environment that values inclusion and diversity.

**Prior rulings support holistic reviews**

U.S. Supreme Court rulings supporting race-conscious admission practices in higher learning date to 1978. In deciding *Regents of the University of California v. Bakke* that year, a case that specifically involved medical schools, Justice Lewis Powell identified the benefits of such policies in bringing “experiences, outlooks and ideas that enrich the training of its student body and better equip its graduates to render with understanding their vital service to humanity.”

Subsequent Supreme Court decisions affirmed the constitutionality of race-conscious admissions. Most recently, in 2016, the nation’s highest court issued a 4–3 ruling in *Fisher v. University of Texas* that reaffirmed the longstanding concept that educational diversity enriches the experience of all students, not just those from racial or ethnic groups that have been marginalized in the past.

As the AMA stated in an amicus brief filed in *Fisher*: “Removing the ability of medical schools to consider applicants’ race and ethnicity as one of many personal attributes would undermine their ability to assess the entirety of each individual’s background, thus frustrating the goal of best serving the public’s health.” That remains the case today.

**Diversity benefits everyone**

Similarly, both experience and research have shown that physicians who learn and train alongside colleagues of varied racial and ethnic backgrounds become better doctors. If we are to eliminate health inequities that afflict minoritized and marginalized communities, we must not prevent medical educators and medical school admissions personnel from considering race as part of a holistic review of applicants that also takes into account test scores, grades and other measures of prior academic achievement, personal interviews, and a host of other considerations.

In holistic admissions processes, schools consider and balance this broad set of factors when building a class of students who are likely to succeed and contribute to the school, the field of medicine, and
the health of the public. Race and lived experiences may be considered among many factors among highly qualified candidates to produce a diverse medical school student body that is imbued with cultural humility – to help create a physician workforce equipped to meet the needs of all patients. Considerations of race and ethnicity have a rightful place in medical school admission policies when they meet the requirements for narrow tailoring and strict scrutiny laid down by the courts.

**Commitment to health equity**

The AMA is committed to a leadership role in establishing and promoting diversity among the ranks of our physicians. Almost one in three people in the U.S. comes from a historically marginalized racial or ethnic group, but only one in nine is a physician. That has to change.

To speed this process, the AMA has spent nearly a decade convening leading medical institutions through our Accelerating Change in Medical Education effort. Our Reimagining Residency initiative, launched in 2019, reinforces our efforts not only to create a diverse pipeline, but also to ensure all future physicians are equipped to tackle the immense challenges of 21st-century medicine, including the advancement of health equity.

We are taking critical steps in our journey to provide optimal care for everyone, no matter who they are, where they live or what they look like. To achieve greater diversity in our physician workforce, we must retain and utilize every tool at our disposal, so we vigorously oppose any effort to abandon the benefits of diversity in our classrooms, exam rooms or anywhere else.