Racism in all its forms exists in medicine throughout the world and has a direct impact on patients and their health, declared the World Medical Association (WMA) in a statement adopted at the annual meeting of its General Assembly held in Berlin last month.

“Racism is rooted in the false idea that human beings can be ranked as superior or inferior based on inherited physical traits,” says the statement, dubbed the Declaration of Berlin on Racism in Medicine. “This harmful social construct has no basis in biological reality; however, racist policies and ideas have been used throughout history and are still used to perpetuate, justify, and sustain unequal treatment.”
AMA leaders Jack Resneck Jr., MD, and Jesse Ehrenfeld, MD, MPH (foreground, arm raised), at the WMA General Assembly. The WMA urges its member national medical associations—representing about 9 million physicians from 115 countries—to commit to “dismantling racist policies and practices in health care and to advocate for anti-racist policies and practices that support equity in health care and social justice.”

In 2020, the AMA House of Delegates adopted policy recognizing racism as a public health threat that negatively affects and exacerbates health inequities. As one of the WMA’s member national medical associations, the AMA delegation, comprised of Immediate Past President Gerald E. Harmon, MD, President Jack Resneck Jr., MD, and President-elect Jesse Ehrenfeld, MD, MPH, traveled to Germany to take part in the General Assembly.

WMA President Dr. Osahon Enabulele said that “systemic racism is totally unacceptable” and has kept many from becoming physicians—leading to adverse outcomes for patients and allowing health inequities to persist.

“It can create barriers to entry to the medical profession for certain historically excluded groups, leading to a lack of representation,” said Dr. Enabulele, a family physician who is past president of the Nigerian Medical Association. “A medical profession that is representative of the population is crucial to addressing health disparities among patients.”

The declaration lists several ways that racism factors into poor health, including:

- Racially motivated violence and overt bias.
- Housing and employment discrimination.
- Education and health care inequity.
- Environmental injustice.
- Daily microaggressions.
- Pay gaps.
- Intergenerational trauma.

“These and other structural barriers faced by historically marginalized communities can lead to disproportionate rates of infant and maternal mortality and certain illnesses, mental health struggles, poorer health outcomes, as well as shorter life expectancies,” the declaration states.

The declaration also mentions how physicians from marginalized racial and ethnic groups can face racism from patients, other physicians and health professionals in the form of bullying, harassment and professional undermining in the workplace.


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Learn how mistreatment and discrimination by patients adds to physician burnout, and about AMA guidelines that offer a path to prevent discrimination in medicine.

Global call to act on burnout

WMA leaders also issued an urgent call to action to address the international problem of physician burnout by investing in the well-being and working and living conditions of physicians and other health professionals.

“This is to help reduce or eliminate physical and mental burnout of physicians, and the brain drain of physicians and other health professionals—especially from already underserved countries,” Dr. Enabulele said.

The WMA’s Immediate Past President, Dr. Heidi Stensmyren, detailed how so many physicians around the world are leaving the profession early.

“Many, if not most, have left due to fear, burnout and the often-overlooked feeling of helplessness—worried that they can no longer make a difference,” said Dr. Stensmyren, an anesthesiologist and past president of the Swedish Medical Association.

In the U.S., the physician burnout rate has dramatically worsened amid the pandemic, reaching an all-time high of 63%. That’s why the AMA develops resources that prioritize well-being and highlight workflow changes so physicians can focus on what matters—patient care.

Dr. Stensmyren also expressed concern about attacks on health care personnel in military conflicts.

“Heath care workers should be considered ‘neutral’ in any conflict—instead, we have become targets,” Dr. Stensmyren said. “The attacks on health care facilities have reached never-before-seen levels. The crimes against civilians and those who care for others are horrible. It is a global disgrace.”

The AMA led the development of a resolution supporting humanitarian and medical aid for Ukraine, which was immediately adopted at the meeting due to its urgency. The World Medical Association also approved a resolution on the human-rights demonstrations in Iran.

In a Leadership Viewpoints column, AMA Immediate Past President Gerald E. Harmon, MD, explored why targeting civilians and health care in war is unconscionable.

Updating the world’s medical ethics code
The WMA General Assembly also updated and revised its International Code of Medical Ethics. It was adopted via a unanimous voice vote and reflected an effort that began in 2018 with the selection of a work group consisting of representatives of the WMA’s seven geographic regions. Former AMA President Patrice A. Harris, MD, MA, represented the AMA on the work group.

The work group’s chair, Dr. Ramin Walter Parsa-Parsi, with the German Medical Association, wrote a JAMA editorial that details the updates to the code.

“Physicians are facing unprecedented challenges brought on and exacerbated by changing clinical, political, legal and market forces,” Dr. Parsa-Parsi wrote. “At the same time, the medical profession is becoming more dynamic and interconnected on a global scale, making it increasingly crucial to reaffirm the fundamental and universal principles of medical ethics.”

Learn more about the AMA Code of Medical Ethics, which has articulated the values to which U.S. physicians commit themselves as members of the medical profession since its adoption at the founding meeting of the AMA in 1847.