AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 320
(A-24)

Introduced by: Michigan

Subject: Anti-Racism Training for Medical Students and Medical Residents

Referred to: Reference Committee C

Whereas, the Liaison Committee on Medical Education (LCME) stated that faculty must teach students to recognize bias “in themselves, in others, and in the health care delivery process,” but does not explicitly require accredited institutions to teach about systemic racism in healthcare; and

Whereas, the members of the Association of American Medical Colleges Medical Education Senior Leaders (AAMC MESL) “condemn the structures of racism that have allowed inequities in medicine and medical education to persist and are committed to combating racism in medical education by creating policies and changes that will support an antiracist learning environment and culture;” and

Whereas, one of the long-term goals of the AAMC MESL is the provision of antiracism faculty and trainee development at least annually; and

Whereas, medical students can recognize that racism has no place in healthcare, however, this knowledge does not translate to an understanding of how historical events, historical figures, and current events play a role in race in healthcare and how patient care and health equity efforts are impacted; and

Whereas, further educating students with the knowledge of why inequalities and inequities exist in the modern day and modern medicine will allow them to speak out against structural issues and better treat their future patients; and

Whereas, a significant amount of medical distrust exists amongst persons who have been historically marginalized due to past and present experiences of mistreatment and health disparities; and

Whereas, medical distrust cannot be combated if future healthcare professionals are not properly trained in anti-racism and the root causes of existing race-based health disparities; and

Whereas, involvement of anti-racism in medical school curriculum encourages students to be aware of their own biases and implement strategies to actively work against their biases for the betterment of patient care; and

Whereas, racial discrimination has been linked to mental health issues (e.g., depression, substance use, PTSD), a variety of medical conditions (e.g., diabetes, hypertension, obesity) and dementia. It is common for marginalized individuals to experience racism in their daily lives and health care settings. Experiencing racism has also been shown to accelerate aging and affect brain circuitry that plays a role in regulating emotions and cognition. These have been

found to come from the social burdens placed on racial groups, rather than any biological or genetic factor; and

Whereas, structural racism is a major factor that contributes to health disparities in marginalized populations; therefore be it

RESOLVED, that our American Medical Association advocate that the Liaison Committee on Medical Education and Association of American Medical Colleges require, rather than encourage, anti-racism training for medical students and medical residents. (Directive to Take Action)

Fiscal Note: Minimal - less than $1,000

Received: 5/16/2024

REFERENCES

1. Lawrence, E. (2020) What doctors aren't always taught: How to spot racism in health care, KFF Health News. Available at: https://kffhealthnews.org/news/racism-in-health-care-what-medical-schools-teach/#:~:text=The Liaison Committee on Medical,accredited institutions to teach about (Accessed: 18 February 2024).
2. January 2021, Creating Action to Eliminate Racism in Medical Education Medical Education Senior Leaders' Rapid Action Team to Combat Racism in Medical Education. Available at: https://www.aamc.org/media/50581/download (Accessed: 18 February 2024).
3. Sanky, C., Bai, H., He, C. et al. Medical students' knowledge of race-related history reveals areas for improvement in achieving health equity. BMC Med Educ 22, 612 (2022). https://doi.org/10.1186/s12909-022-03650-x
4. In medical schools, students seek robust and mandatory anti-racist ... Available at: https://www.washingtonpost.com/health/racism-medical-school-health-disparity/2020/11/06/6608aa7c-1d1f-11eb-90dd-abd0f7086a91_story.html (Accessed: 18 February 2024).
5. Argueza, B. R., Saenz, S. R., & McBride, D. (2021). From Diversity and Inclusion to Antiracism in Medical Training Institutions. Academic medicine : journal of the Association of American Medical Colleges, 96(6), 798â€"801. https://doi.org/10.1097/ACM.0000000000004017
6. Durham Walker C, McCray GG, Wimes A, Levine D, Rivers D. Training Medical Students to Recognize, Understand, and Mitigate the Impact of Racism in a Service-Learning Course. Prev Chronic Dis 2023;20:220367. DOI: http://dx.doi.org/10.5888/pcd20.220367
7. How racism affects the brain and mental health, according to science ... Available at: https://www.washingtonpost.com/wellness/2023/02/16/racism-brain-mental-health-impact/ (Accessed: 18 February 2024).
8. Hobson, J. M., Moody, M. D., Sorge, R. E., & Goodin, B. R. (2022). The neurobiology of social stress resulting from Racism: Implications for pain disparities among racialized minorities. Neurobiology of pain (Cambridge, Mass.), 12, 100101. https://doi.org/10.1016/j.ynpai.2022.100101

RELEVANT AMA POLICY

Racism as a Public Health Threat H-65.952
1. Our AMA acknowledges that, although the primary drivers of racial health inequity are systemic and structural racism, racism and unconscious bias within medical research and health care delivery have caused and continue to cause harm to marginalized communities and society as a whole.
2. Our AMA recognizes racism, in its systemic, cultural, interpersonal, and other forms, as a serious threat to public health, to the advancement of health equity, and a barrier to appropriate medical care.
3. Our AMA encourages the development, implementation, and evaluation of undergraduate, graduate, and continuing medical education programs and curricula that engender greater understanding of: (a) the causes, influences, and effects of systemic, cultural, institutional, and interpersonal racism; and (b) how to prevent and ameliorate the health effects of racism.
4. Our AMA: (a) supports the development of policy to combat racism and its effects; and (b) encourages governmental agencies and nongovernmental organizations to increase funding for research into the epidemiology of risks and damages related to racism and how to prevent or repair them.
5. Our AMA will work to prevent and combat the influences of racism and bias in innovative health technologies.

Healthcare and Organizational Policies and Cultural Changes to Prevent and Address Racism, Discrimination, Bias and Microaggressions H-65.951
Our AMA adopted the following guidelines for healthcare organizations and systems, including academic medical centers, to establish policies and an organizational culture to prevent and address systemic racism, explicit and implicit bias and microaggressions in the practice of medicine:

GUIDELINES TO PREVENT AND ADDRESS SYSTEMIC RACISM, EXPLICIT BIAS AND MICROAGGRESSIONS IN THE PRACTICE OF MEDICINE

Health care organizations and systems, including academic medical centers, should establish policies to prevent and address discrimination including systemic racism, explicit and implicit bias and microaggressions in their workplaces.

An effective healthcare anti-discrimination policy should:
• Clearly define discrimination, systemic racism, explicit and implicit bias and microaggressions in the healthcare setting.
• Ensure the policy is prominently displayed and easily accessible.
• Describe the management's commitment to providing a safe and healthy environment that actively seeks to prevent and address systemic racism, explicit and implicit bias and microaggressions.
• Establish training requirements for systemic racism, explicit and implicit bias, and microaggressions for all members of the healthcare system.
• Prioritize safety in both reporting and corrective actions as they relate to discrimination, systemic racism, explicit and implicit bias and microaggressions.
• Create anti-discrimination policies that:
- Specify to whom the policy applies (i.e., medical staff, students, trainees, administration, patients, employees, contractors, vendors, etc.).
- Define expected and prohibited behavior.
- Outline steps for individuals to take when they feel they have experienced discrimination, including racism, explicit and implicit bias and microaggressions.
- Ensure privacy and confidentiality to the reporter.
- Provide a confidential method for documenting and reporting incidents.
- Outline policies and procedures for investigating and addressing complaints and determining necessary interventions or action.
• These policies should include:
- Taking every complaint seriously.
- Acting upon every complaint immediately.
- Developing appropriate resources to resolve complaints.
- Creating a procedure to ensure a healthy work environment is maintained for complainants and prohibit and penalize retaliation for reporting.
- Communicating decisions and actions taken by the organization following a complaint to all affected parties.
- Document training requirements to all the members of the healthcare system and establish clear expectations about the training objectives.

In addition to formal policies, organizations should promote a culture in which discrimination, including systemic racism, explicit and implicit bias and microaggressions are mitigated and prevented. Organized medical staff leaders should work with all stakeholders to ensure safe, discrimination-free work environments within their institutions.

Tactics to help create this type of organizational culture include:
• Surveying staff, trainees and medical students, anonymously and confidentially to assess:
- Perceptions of the workplace culture and prevalence of discrimination, systemic racism, explicit and implicit bias and microaggressions.
- Ideas about the impact of this behavior on themselves and patients.
• Integrating lessons learned from surveys into programs and policies.
• Encouraging safe, open discussions for staff and students to talk freely about problems and/or encounters with behavior that may constitute discrimination, including racism, bias or microaggressions.
• Establishing programs for staff, faculty, trainees and students, such as Employee Assistance Programs,

Faculty Assistance Programs, and Student Assistance Programs, that provide a place to confidentially address personal experiences of discrimination, systemic racism, explicit or implicit bias or microaggressions.

- Providing designated support person to confidentially accompany the person reporting an event through the process.