AMA Apologizes for Racial Discrimination

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African American physicians are looking for action to back up the words of apology recently tendered by the American Medical Association for more than a century of racial inequity and bias.

In accepting the AMA's apology, the National Medical Association (NMA), which represents minority physicians, urged the AMA leadership to work with them on three initiatives: recruiting more African American physicians, reducing health disparities among minorities, and requiring medical schools and licensing boards to make cultural competency mandatory for medical students, residents, and practicing physicians.

'Talk is cheap,' and the AMA should back it up by supporting research into minority health issues.

DR. BELL

The AMA's apology is a signal of change in the mind-set of the organization's leadership.

DR. JONES

"We really want to use this apology as a springboard," said Dr. Nedra H. Joyner, chair of the NMA board of trustees and an otolaryngologist in Chicago.

These changes will be critical to reversing racial health disparities that have led to poorer health outcomes in African Americans, she said.

"Talk is cheap," said Dr. Carl Bell, professor of public health and psychiatry at the University of Illinois at Chicago.

Dr. Bell said that while he is hopeful that the AMA will take some meaningful action to reduce health disparities, he is unimpressed by the apology alone. Instead, he would like the AMA take a stand on issues that would advance minority health in the United States.

For example, he said that he wants to see the AMA push for single-payer national health insurance, be stronger in challenging the pharmaceutical industry, do a better job of promoting public health, and support research into minority health as well as mental health issues.

Dr. Warren A. Jones, who was the first African American president of the American Academy of Family Physicians, agreed that further action will be needed but called the AMA's apology "appropriate" and "timely." This is not an apology of convenience, he said, but a signal of a change in the mind-set of the AMA leadership.

The AMA now has an opportunity to ensure that cultural competency becomes a tool in the medical armamentarium in the same way as the stethoscope or the scalpel, he said. "Now is the time for the AMA to put its resources where its mouth is," said Dr. Jones, executive director of the Mississippi Institute for Improvement of Geographic Minority Health.

The AMA offered the apology in July to coincide with the release of a historic paper in its flagship journal that examined race relations in organized medicine (JAMA 2008;300:306-313).

The paper, which chronicles the origins of the racial divide in AMA history, was prepared by an independent panel of experts convened by the AMA in 2005. The panel reviewed archives of the AMA, the NMA, and newspapers from the time to provide a history from the founding of the AMA through the civil rights movement.

The paper notes a number of instances where the AMA leadership fostered racial

TALK BACK

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segregation and bias. For example, in 1874 the AMA began restricting delegations to the organization's national convention to state and local medical societies. This move effectively excluded most African American physicians because many medical societies, especially those in the South, openly refused membership to them. Later, in the 1960s, the AMA rejected the idea of excluding medical societies with discriminatory practices.

During the civil rights era, the AMA was seen as obstructing the civil rights agenda, the paper noted. In 1961, the AMA refused to defend eight African American physicians who were arrested after asking to be served at a medical society luncheon in Atlanta.

In its review, the independent panel applauded AMA for its willingness to explore its history. But the researchers also noted that the legacy of inequality continues to negatively affect African American physicians and patients. For example, in 2006 African Americans made up 2.2% of physicians and medical students, less than in 1910 when 2.5% were African American.

In a commentary to accompany the history, Dr. Ronald M. Davis, immediate past president of the AMA, acknowledged the "stain left by a legacy of discrimination" and outlined what AMA is doing to eliminate prejudice within the organization and improve the health of minority patients (JAMA 2008;300:323-5).

Dr. Davis said that the AMA leadership felt it was important to offer the apology because it demonstrates the "current moral orientation of the organization" and lays down a marker to compare current and future actions.

Within the organization, the AMA has in place a number of policies that explicitly prohibit discrimination in membership and support funding for "pipeline" programs to engage minority individuals to enter medical school. In addition, in 2004, the AMA joined the NMA and the National Hispanic Medical Association to form the Commission to End Health Care Disparities. The commission has been working to expand the reach of the "Doctors Back to School" program, which brings minority physicians into schools to encourage students to consider careers in medicine.

The ultimate goal of these efforts is to have as much diversity among physicians as there is in the general population; African Americans make up about 12% of the inhabitants of the United States, Dr. Davis said. "Obviously, we have a long way to go," he said. ■