To train better doctors, medical education must focus on equity and advancing anti-racism

By Dr. Mark A. Schuster

As millions have taken to the streets to protest social injustice and anti-Black racism in the aftermath of George Floyd's murder, leaders are taking a long-overdue look at their institutions to identify past failures—and finally make changes. Medical schools must do the same.

The students who study in our classrooms and clinics come to us to learn how to heal. But for too long, medical schools—like so much of our society—have not prepared our students to heal everyone.

Deep disparities in healthcare equity and quality contribute to greater health challenges for people of color. Black patients in particular are often treated differently from white patients: They are less likely to receive proper pain management, more likely to be physically restrained in nursing homes, more likely to die from complications of pregnancy or childbirth, and, as uncovered in a study I led, more likely as children to be underdiagnosed and undertreated for attention deficit hyperactivity disorder. This year, the COVID-19 pandemic has given even greater visibility to racial and ethnic health disparities.

For centuries, such substandard care for Black people has been all too common in the U.S. We must change that. Medical schools need to commit to being actively anti-racist in every aspect of medical education, from admissions to curriculum to professional development.

First, medical schools urgently need to do more to enroll diverse student bodies. The number of Black men entering medicine has changed little since the late 1970s. Using holistic reviews that account for a person's full experiences, including "distance traveled," can help improve diversity among admitted students, as can training committee members to recognize

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and mitigate bias. Growing the pool of applicants through STEM mentorship programs for students of color starting as early as elementary school can also make a difference in who applies to and attends medical school.

Second, we need to make sure medical students learn about race and health outcomes—and the history of the medical exploitation of Black people dating back to slavery—as part of their core curriculum. This knowledge is essential to good medical practice. Even simple changes can make a meaningful difference, like ensuring that visual examples in dermatology lectures don't only show white patients—or that discussions about sexually transmitted infections don't only include patients of color.

Third, we need to create opportunities for professional development and mentorship for Black physicians and physicians from other underrepresented groups. Nonwhite faculty at medical schools have lower promotion rates than white faculty, and medical students of color report experiencing more bullying and public humiliation during their training than white students. Medical

students should be trained in peer support and intervention, so they know how to step up and intercede if they hear racist remarks—and attendings should be trained to do the same, since students take cues from their teachers.

Educational institutions must also publicly convey their values and stand against racism, discrimination and injustice. At the Kaiser Permanente Bernard J. Tyson School of Medicine, where I am proud to be the founding dean, we have been fortunate to benefit from other schools generously sharing their experiences as we have designed our school from the ground up. We welcomed our first class of 50 students this summer, over one-third of whom come from groups underrepresented in medicine. They follow an innovative core curriculum that teaches health systems science, including racial and ethnic disparities, alongside biomedical and clinical sciences. Our full curriculum is reviewed regularly to mitigate racial bias, and we have developed a longitudinal anti-racism curriculum for all students.

We know we aren't going to get everything right, especially right away. But as scientists, we'll keep learning from new research. As educators, we'll listen to our students and patients. And we're determined to work with our peers at other schools not only to root out racism from medical education, but also to make all of our schools anti-racist—for the benefit of our current students, their future patients and our country. ●