

# Inequities in medicine take personal toll on physicians, students

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The field of medicine is making a push to advance health equity, but much work remains.

Looking at the road ahead and the injustices of the past and present, two physicians and one medical student shared the adverse experiences they have had as patients, students and in practice that were the effects of generations of structural racism and exclusion in medical school and training.

Their stories were shared during an education session, "Structural inequities in medicine: Impacts on the person and the profession," held during the November 2021 AMA Section Meetings.

The event was hosted by the AMA Young Physicians Section and co-sponsored by the Academic Physicians Section, International Medical Graduates Section, Minority Affairs Section, Medical Student Section and Women Physician Section. Here's a look at some of the key takeaways.

## Physician representation matters

Growing up nearsighted, William McDade, MD, PhD, chief diversity and inclusion officer at the Accreditation Council for Graduate Medical Education, spent plenty of time at his Black ophthalmologist.

"What I thought was true because I'd actually been seeing this ophthalmologist for a very long time, is that you're supposed to pack your lunch and go there early and then wait all day long in order to see an ophthalmologist," said Dr. McDade, an AMA member. "And I thought it was unusual that people would expect that you go in at a certain time for your appointment and then get seen. What I recognized later on is that because my mother and father wanted me to see a particular ophthalmologist, an African American, and there were so very few ophthalmologists, that was part of the

cost you bore in order to see someone who you trusted, who was in your community, another community in order for your eyecare.”

That is still likely the case for many children in similar circumstances. Because of a lack of any significant changes in the number of Black physicians in the work force.

“The reason that health disparities in part don't get better is because we don't have a workforce that's really committed to working in those underserved areas, and taking care of those disadvantaged populations,” Dr. McDade said. Learn [why physician diversity matters, and how GME programs can boost it.](#)

## **Arbitrary exclusion**

International medical graduates have a lower rate of matching with residency programs than graduate of U.S. medical schools. Having cleared that hurdle, [Ricardo Correa, MD, EdD](#), thought he could pursue his passion for research after residency.

“So, my dream to come to the U.S. was because I wanted to do more research, and to translate that you have to have a grant application and something to continue in the physician-scientist pathway,” said Dr. Correa, program director of the Endocrinology, Diabetes and Metabolism Fellowship and the director of Diversity for Graduate Medical Education at the University of Arizona College of Medicine-Phoenix. “But it was a very limited opportunity that I got when I graduated from fellowship to apply for this grant. And later on I realized that really these grants—the majority of them, except one from the NIH [National Institutes of Health]—is for permanent residents or citizens.”

## **Assumptions exist all over**

Physicians are told never to make assumptions with patients. Davy Ryan, MSc, MPH, a medical student at the University of Rochester School of Medicine and Dentistry in New York, encountered many assumptions during the application process. In spite of that, Ryan persisted to a successful career as a medical student.

“I'm first generation in America and Latinx as well, I didn't have a set network in medicine to learn how to work through this process,” said Ryan. “And as a minority applicant, a lot of my advisers really weren't very convinced that I would get in into medical school in the first place—given the statistics of who gets in, given that my application is very focused, my history before medical school, my career was very focused on being LGBT, on being disabled and

doing advocacy for those communities. I had a lot of people ask me, ‘Well, how is that going to appeal to medical schools?’”

## **Efforts underway at the AMA**

The AMA is looking to address physician diversity on several fronts. The AMA Accelerating Change in Medical Education Consortium has worked with the Morehouse School of Medicine and other member medical schools to share strategies for enhancing recruitment, fostering viable pathways into medicine, promoting holistic admissions processes and creating inclusive learning environments.

The group has shared a process of institutional diversity and inclusion self-study (PDF) and issued a statement to protect diverse learners during educational disruptions related to COVID-19.

Launched last year, the AMA Center for Health Equity has a mandate to embed health equity across the organization so that health equity becomes part of the practice, process, action, innovation and organizational performance and outcomes.