

A Shared Commitment to Ending Disparities in Care

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Of all the forms of inequality, injustice in health care is the most shocking and inhumane. Martin Luther King Jr spoke those words 43 years ago, and they still ring true today. As physicians, and as leaders of the American Medical Association (AMA) and National Medical Association (NMA), we are united in our commitment to end disparities in health care that are based on race, gender, ethnic origin, age, or sexual orientation.

We believe that by working together we can begin to eliminate racial and ethnic disparities in health care and achieve a more diverse physician workforce. These 2 goals are intertwined. Many patients prefer to see physicians that are most like themselves, yet while African-Americans, Hispanic Americans, and American Indians make up nearly a quarter of the US population, only 7% of physicians and 6% of medical school faculty members are from 1 of these minorities.

This issue of the journal includes 2 articles on the history of African Americans and the medical profession during the time periods of 1846-1910 and 1910-1968. The publication of these articles formally acknowledges past discrimination and affirms our commitment to equality.

We cannot change the past, but we can make a better future for our profession and the patients we serve. Last summer, the NMA graciously accepted a formal apology from the AMA for its past history of discrimination, and the 2 groups pledged to continue their work together.

Clearly there is much to be done, and NMA outlined 3 key areas for improvement last summer when accepting AMA's apology. Building on the analogy of health and civil rights as drawn in the article by advocate Dr Arthur H. Colman: if we fail to act beyond apology and acceptance we are like the man on the shore who watches

his fellow man drown while railing our opposition to drowning.

The areas outlined where we must make progress to eliminate disparities in care are:

- increase the health care professional pipeline in the minority community and increase the number of minorities on the residency boards and commissions that can assist with broadening the number of minorities in subspecialty training programs.
- increase the level of cultural competency and linguistically appropriate outreach and training among medical students, doctors in training, and practicing physicians on an ongoing basis.
- commit to reduce health disparities among African Americans and other communities of color.

As noted abolitionist Martin Delaney wrote in 1852,

Until we are determined to change the condition of things, and raise ourselves above the position in which we are now prostrated, we must hang our heads in sorrow, and hide our faces in shame. It is enough to know that these things are so, the causes we care little about...What we desire to learn now is how to effect a remedy...No other human power can accomplish it. If we but determine it shall be so it will be so.

Through the Commission to End Health Care Disparities we are working to achieve these goals. Founded by the AMA, NMA, and the National Hispanic Medical Association, the commission works to understand the problems surrounding minority health, formulate ideas that will bridge gaps, and put strategies in place to eliminate racial and ethnic disparities in health care. One of our initiatives is the Doctors Back to School Program, where physicians serve as community mentors to inspire minority children to consider careers in medicine. Providing role models for minority children demonstrates that they can dream and achieve their desire to enter the medical profession.

Providing scholarships to minority medical students

is crucial and private philanthropy while challenging in today's economic climate, must increase. Funding research on effective ways to eliminate health disparities is also necessary. An Institute of Medicine study found racial and ethnic disparities in cardiovascular care and cancer treatment, even after adjusting for age, gender, education, and insurance coverage.¹ More research like this is needed so we can address these challenges armed with the evidence.

As the incoming presidents of our respective associations, we pledge to work together to do our best to end disparities. The light of transparency is shining on the policies of the past, and we need to continue the healing process and move toward a better future.

Both of us have been struck by the synchronicity of this moment. What is the likelihood that 2 graduates of the educational institution now known as the University of Texas at El Paso would assume the presidencies of the AMA and NMA at the same time. Using Carl Jung's definition of synchronicity, surely this chance happening is a meaningful coincidence. We will build on this personal connection to strengthen the work of AMA and NMA in continuing the positive changes needed to eliminate health disparities. This is the path our organizations will take with our full support and energy.

REFERENCE

1. Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, 2002.