AAEM Position Statement on Diversity, Equity, and Inclusion Programming in Medical Education

The American Academy of Emergency Medicine (AAEM) believes that diversity, equity, and inclusion (DEI) are critical to maintaining a physician workforce that provides high quality, equitable patient care. Studies have demonstrated the benefits of a diverse physician workforce on patient care including:

- Decreased mortality from heart attacks among female patients cared for by female emergency physicians ^{1,2}
- Improved patient experience when there is racial/ethnic concordance between patient and physician ³
- Decreased bias among medical students against sexual minority patients when there is representation and positive role modeling by LGBT faculty, residents, students, and patients⁴
- Improved experience among Deaf patients when cared for by practitioners with ASL skills ⁵
- When physician-patient share a language, it enhances culturally competent care ⁶

As of this writing, nine states have passed laws restricting DEI initiatives in public colleges and universities ⁷, and now a new bill introduced in the U.S. House of Representatives aims to ban federal funding for medical schools with DEI programs ⁸. While this bill would not restrict an institution's ability to comply with federal and state anti-discrimination laws, it intends to deny aid if the school formally acknowledges historical oppression and its connection to current health disparities and inequities for people of color, women, persons who are LGBTQ, and other minoritized groups. It stands in direct contradiction to initiatives from the American Medical Association ⁹ and other professional associations who are working to ensure racial and social justice in healthcare.

It is the mission of AAEM to promote fair and equitable practice environments necessary to allow emergency physicians to deliver the highest quality of patient care. We believe in equal access to quality emergency care for all patients, and we are committed to the personal and professional well-being of all emergency physicians and residents. Part of that commitment involves fostering community for members through our Women in Emergency Medicine (WiEM) and Justice, Equity, Diversity, and Inclusion (JEDI) Sections. These Sections support and uplift AAEM members who are underrepresented in medicine through activities including:

- Mentorship and networking events, both virtually and in-person at Scientific Assembly
- Fundraising for awards and scholarships

- Advocacy through the creation of position statements, contributions in AAEM publications, and educational resources

AAEM will continue to celebrate the diversity of our members and the positive impact that equity and inclusion have on patient care through our advocacy efforts. As emergency medicine physicians, we know that recruiting a diverse workforce, specific training in health equity, and promotion of diversity in medicine improves the quality of care for our most vulnerable patient populations. Emergency medicine is the safety net of healthcare, and as such have an unique duty to defend the progress being made to dismantle the systems of oppression remaining in healthcare today.

References

- 1. Silver JK, Bean AC, Slocum C, Poorman JA, Tenforde A, Blauwet CA, Kirch RA, Parekh R, Amonoo HL, Zafonte R, Osterbur D. Physician Workforce Disparities and Patient Care: A Narrative Review. *Health Equity*. 2019 Jul 1;3(1):360-377.
- 2. Greenwood B, et al. Patient–physician gender concordance and increased mortality among female heart attack patients. *Proc Natl Acad Sci U S A*. 2018 Aug 21;115(34):8569-8574.
- 3. Takeshita J, et al. Association of Racial/Ethnic and Gender Concordance Between Patients and Physicians With Patient Experience Ratings. *JAMA Netw Open*. 2020;3(11):e2024583.
- Phelan SM, et al. Medical School Factors Associated with Changes in Implicit and Explicit Bias Against Gay and Lesbian People among 3492 Graduating Medical Students. J Gen Intern Med. 2017 Nov;32(11):1193-1201.
- 5. Steinberg AG, et al. Health care system accessibility. Experiences and perceptions of deaf people. *J Gen Intern Med.* 2006 Mar;21(3):260-6.
- 6. Kelly-Blake K, Garrison NA, Fletcher FE, Ajegba B, Smith N, Brafford M, Bogdan-Lovis E. Rationales for expanding minority physician representation in the workforce: a scoping review. *Med Educ*. 2018 Jun 22.
- 7. Flannery MD. "Anti-DEI Laws Take Aim at Students of Color and LGBTQ+ Students" *neaToday*. February 14, 2024.
- 8. Weber S. "Proposed Bill Could End Student Aid for US Med Schools With DEI Programs" *Medscape*. March 21, 2024.
- 9. American Medical Association. Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity, 2021-2023.