



Dismantling Racism in Medicine Principles to Achieve Racial Equity

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The parallel and mutually amplifying pandemics of COVID-19 and systemic racism have laid bare long-standing, pervasive inequities and injustices in our society. Now is the time for the medical community in Massachusetts to come together to address racism and transform the future of medicine for the next generation of physicians.

The Massachusetts Medical Society (MMS), the Massachusetts Department of Public Health (DPH), and the deans of the Commonwealth's four medical schools — Boston University School of Medicine, Harvard Medical School, Tufts University School of Medicine, and the University of Massachusetts Medical School — unite behind a shared vision of what academic medicine and health care organizations need to recognize and implement to foster a culture across medicine in Massachusetts that is diverse, equitable, inclusive, and actively antiracist.

We commit ourselves to the following principles and approaches as we work toward our collective goal to eliminate racism in medicine. We expect that these principles will evolve over time as we progress in our understanding of what is needed to achieve racial equity.

- I. **Acknowledge and Learn:** Understand the history of racism in medicine, the role of privilege, and our implicit and explicit biases; and how structural racism and implicit bias profoundly impact people of color resulting in harm, pain, inequity, discrimination, and mistrust.
 - Acknowledge race as a social, rather than a biological, construct in all aspects of our lives.
 - Recognize racism as a public health as well as moral threat with broad impact throughout society and work to address racism and health inequities to improve health for all.
 - Through curriculum, academic learning environment, and the workplace, institute foundational education for leadership, faculty, attending physicians, students, and medical trainees on the history of racism in medicine and the disparities and inequities that have resulted.
- II. **Lead and Commit:** Leaders must set the tone, establish a continuing commitment, and visibly do the work to dismantle racism in medicine.
 - Actively identify and continuously assess manifestations of racism and implicit and explicit biases across the institution, the continuum of education, and all academic and learning environments.
 - Apply an antiracist lens to all situations, policies, and teaching.
 - Provide and require professional development regarding racism in medicine, implicit bias, microaggression, and cultural humility training for faculty, leadership, and staff.
 - Lead and support continuing conversations about antiracism and bias in medicine.
 - Move from passive to specific action supported by resources and infrastructure changes including policy and personnel.





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III. Disrupt and Transform: Dismantling racism in medicine necessitates confronting and disrupting existing practices and policies that exclude and devalue trainees, physicians, faculty, staff, and patients of color; and the implementation of equity-centered approaches, policies, and expectations. The implementation of equity-centered approaches, policies, and expectations is critical to the disruption of this cycle.

- Include and listen to students, trainees, physicians, faculty, and staff of color about their lived experiences and take responsibility to further diversity, equity, and inclusion and to address racism in medicine without adding to their burden or having them bear primary responsibility for the work.
- Build a culture of reflection that establishes safe spaces and mechanisms that allow individuals to identify and call out racism and microaggressions without fear of retaliation.
- Focus on healing-centered approaches that move toward repairing relationships, and not just acknowledging trauma.
- Create transparent and concrete processes to address and remedy prejudice, bias, and discrimination when they occur.
- Examine the physical environments of medical schools and academic institutions for exclusionary images and messages that devalue people of color.
- Establish objective, behavior-based assessment of learners and objective evaluation, performance, and promotion criteria for all.
- Embed structures that reduce financial and cultural barriers to opportunities and research.
- Diversify and fortify the pipeline and pathway of trainees, faculty, and staff.

IV. Cultivate: Foster a culture of empathy across all learning and workplace environments where each person is recognized, treated equitably and with cultural sensitivity and humility.

- Raise the collective consciousness and promote understanding regarding the trauma and health consequences experienced by marginalized students, trainees, physicians, faculty, staff, and patients within our medical schools and health care organizations.
- Collaborate with hospitals, health care institutions, and physician practices on antiracism efforts and effective approaches to establishing a safe, equitable, and inclusive workplace climate for all.
- Recognize that all forms of oppression are interconnected and striving for health equity means fighting against all oppression.

