



How Health Care May Be Affected by the High Court's Affirmative Action Ruling

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Doctors are concerned that a Supreme Court ruling issued June 29 will have far-reaching effects not only on the diversity of doctors and other care providers in training but ultimately also on patient care.

The decision found it is unconstitutional for colleges and universities to use race as a factor in student admissions, which will affect enrollment decisions at public and private educational institutions, including medical schools.

Like other academic institutions, medical schools have long factored race into admission decisions. The schools operated under the principle — and there is considerable evidence they are correct — that a more diverse workforce of doctors does a better job of treating diverse patients.

The “decision demonstrates a lack of understanding of the critical benefits of racial and ethnic diversity in educational settings and a failure to recognize the urgent need to address health inequities,” read a statement from David Skorton, president and CEO of the Association of American Medical Colleges, and Frank Trinity, its chief legal officer.

Chief Justice John Roberts wrote [the majority opinion](#). It held that the admissions programs of defendants Harvard College and the University of North Carolina violate the equal protection clause of the 14th Amendment, which prohibits racial discrimination. The decision overturned decades of legal precedent that had allowed colleges and universities to evaluate prospective students by their race, in addition to factors such as academic records and test scores.

In a dissent, Associate Justice Sonia Sotomayor wrote on behalf of the court's three liberal justices that the ruling “cements a superficial rule of colorblindness as a constitutional principle in an endemically segregated society where race has always mattered and continues to matter.”

What Does the Ruling Mean for Med Schools?

The decision may have serious repercussions, medical educators say.

The AAMC, which represents more than 500 medical schools and teaching hospitals, filed an amicus brief with the court [arguing that diversity](#) in medical education “literally saves lives” by ensuring that doctors, nurses, and other medical professionals can competently care for an increasingly diverse population.

“Diversity in health care providers contributes to increased student, trainee, and physician confidence in working with patient populations who are different from their own identities,” said Norma Poll-Hunter, senior director of workforce diversity at the AAMC.

Although it’s impossible to predict the full impact of the court’s ruling, looking to some of the nine states that already have bans on race-conscious college admissions [may provide clues](#). An [analysis of bans](#) in six states found that medical school enrollment of students of color who were members of underrepresented groups fell roughly 17% after the bans were instituted.

What About Patients?

At this point it’s hard to say.

Despite the United States having one of the world’s most advanced systems of medical research and clinical care, Black people and some other minorities often fare worse than white people [across a range of health measures](#). Their life expectancies are shorter: 65.2 years for American Indian and Alaska Native people and 70.8 for Blacks in 2021, versus 76.4 for whites, according to KFF. Black and AIAN infants were roughly twice as likely to die as white infants, and women in those minority groups had the highest rates of mortality related to pregnancy in 2021.

Research shows people of all races tend to prefer to see physicians who are similar to them in race or ethnicity, according to Poll-Hunter. When patients are of the same race as their provider, they report higher levels of satisfaction and trust and better communication.

When patients are of the same race or gender as their provider, they may also have better health outcomes, research shows.

For example, in a study of 1.8 million infants born in Florida hospitals between 1992 and 2015, Black newborns were [half as likely to die](#) when cared for by Black physicians as when their doctors were white. Research has historically focused on white newborns with white doctors, said the study’s lead author, Brad Greenwood, a professor of information systems and operations management at George Mason University.

“To the extent that physicians of a social outgroup are more likely to be aware of the challenges and issues that arise when treating their group, it stands to reason that these physicians may be more equipped to treat patients with complex needs,” according to the study.

However, the solution is not to try to ensure all Black patients are seen by Black physicians, Greenwood said.

“Jim Crow-ing medicine is not going to solve this,” he said, referring to laws enacted in the 19th and 20th centuries that enforced racial segregation.

Ensuring a diverse physician base can improve care for all patients, including those from marginalized groups. “As you increase diversity, the diversity of opinion increases the scope of how people think about things and express best practices,” he said.

Do No Harm, a group of medical and policy professionals who oppose race-conscious medical school admissions and other policies that incorporate identity-based considerations into health care decision-making, says race-conscious admission is about discrimination, not diversity.

“Our view is that whoever gets into health care should be the most qualified,” said Stanley Goldfarb, who chairs the board of Do No Harm. “It doesn’t matter the gender or the race. The only thing that matters is that they’re good, ethical people and good at what they do.”

Goldfarb cited studies that showed “[no relationship](#)” between race or ethnicity concordance and the quality of communication, and “[inconclusive](#)” evidence for patient outcomes.

The first med school class that will be affected will be the class of 2028. Some experts have suggested that colleges and medical schools may adopt policies that take [income or family wealth](#) into account when determining whom to admit. After California banned race-conscious admissions in 1996, the medical school at the University of California-Davis upended its process to put less emphasis on MCAT scores and grades and more on socioeconomic measures, [according to Stat](#).

Poll-Hunter, with the AAMC, isn’t convinced. “There’s no substitute or proxy for race,” she said. “The reality is that in the United States we have a history of exclusion, displacement, and colonization such that we can’t ignore the reality of race.”

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