

CMDA Statement on Racial Justice in Healthcare

Biblical Foundations

The Christian Medical & Dental Associations (CMDA) recognize Scripture as our authority regarding racial justice. All human beings bear the image of God (Genesis 1:27) and thereby have intrinsic worth and are deserving of dignity. In His teaching on the greatest commandment, Jesus exhorts us to “love the Lord your God with all your heart and with all your soul and with all your mind” and to “love your neighbor as yourself” (Matthew 22:37-40). Scripture further instructs that these loving relationships are a mandate to action. Amos 2 provides an Old Testament example of God’s attitude toward those who mistreat the poor and the marginalized. In the New Testament, Jesus’ parable of the sheep and the goats (Matthew 25) warns of judgment on those who neglect the needs of others. Scripture distinguishes groups of people by ethnicity but does not designate any race as superior to another. The Holy Spirit is at work breaking down dividing walls of hostility to make a new humanity in Jesus (Eph 2:13-15). The book of Revelation speaks of a great multitude gathered from every nation, tribe, people, and language all coming before the throne of God (5:9, 7:9).

Racial injustice is a violation of these biblical principles. Whenever we see others disaffected because of race, we ought to act. Healthcare professionals have a special responsibility to do so.

Racial Injustice Exists in Healthcare

Throughout its history, America has wrestled with racism. From slavery to civil rights to economic disenfranchisement, there has been a perpetual struggle for the soul of this country. While all races and ethnic groups face some degree of discrimination, minority groups suffer at a disproportionately higher rate. Too often, these injustices occur within the arena of healthcare. For example, during the years of 1929-1974, the North Carolina Eugenics board sterilized 7600 people without consent and of that number 40% were minorities. From 1932 to 1972, the U.S. Public Health Service intentionally failed to treat syphilis in black males in Tuskegee, Alabama in order to study the course of the disease. Additionally, the US Public Health Service led experiments in Guatemala infecting soldiers, prisoners, and psychiatric patients with syphilis and other STD’s from 1946 to 1948 without their informed consent. Medical associations such as the American Academy of Pediatrics and the American Medical Association maintained segregationist policies as late as 1960.

Racial disparities in healthcare in the United States are well-documented. The Council on Ethical and Judicial Affairs (CEJA) of the American Medical Association (AMA) (CEJA AMA, 1990) recognized significant and longstanding disparities in healthcare delivery, resulting in higher

infant mortality, shorter life expectancy in minority groups, and gaps in access to specialty services. Numerous studies confirm these inequities. For example, maternal mortality is significantly worse for black women (Carroll, 2020), and infants of black women have the highest risk of any race for neonatal morbidity and mortality (Parchem, 2020). While sickle cell disease affects three times as many Americans as cystic fibrosis, cystic fibrosis receives 11 times more federal research funding and 440 times more foundation funding (Carroll, 2020).

In studying racial bias toward minority patients, Dovidio and colleagues (2008) suggested that both intentional and unintentional factors propagate distrust by black patients. The authors contend that understanding the factors that contribute to this bias and this sense of distrust is key to breaking the cycle that perpetuates them.

The CEJA report (cited above) called for greater access to healthcare for minorities, greater physician awareness of healthcare inequities, and the development of practice parameters to reduce such disparities. Thirty years later, however, little has changed.

Healthcare education and training have long been affected by racism (Bullock and Houston, 1987; Hill, et al., 2020). Studies identify racial bias both in matriculation to, and graduation from, medical school (Capers, et al., 2017; Ross, et al., 2017).

Our Response

In Scripture, the word “justice” generally means “to make right.” Justice is a relational term with the aim of people living in right relationship with God and with one another. Rooted in God’s love, we ought to make every effort to foster a right relationship with each person we encounter, seeking also to relieve them of harms caused by the actions or inactions of others. Mindful of Christ’s call to give “a cup of cold water” to those who may be overlooked in society (Matthew 10:42), CMDA calls for healthcare professionals to leverage their unique opportunities and responsibilities to care for each patient as an image-bearer of God. We are to do this with love, kindness, and competence. In addition, we call on Christian healthcare professionals to:

- Acquaint ourselves with the problem of racism by becoming familiar with those whom racism causes to suffer. Personal knowledge and good intentions may be inadequate to form an understanding sufficient to address the problem. Building relationships with those who are different from us is a more reliable way of learning to appreciate the challenges and needs of those with different backgrounds and experiences.
- Speak out against racial injustice. Do not allow uncaring or unkind words or behaviors to go unchallenged. See that organizational policies do not contribute to the problem.
- Consider practicing in an environment where you can serve populations with the greatest needs.
- Communicate your acceptance and compassion for persons from all walks of life in your practice literature, practice setting, and personal engagement.
- In all ways and at all times, “love one another as I have loved you....” (words of Jesus, John 13:34)

Conclusion

Racism is a failure in the ethic and practice of love that Jesus commands. CMDA opposes racism in healthcare in all its forms --- personal, organizational, and societal, both explicit and implicit. We remain committed to the prevention and mitigation of healthcare-related racial injustice, both at the bedside of the sick and on the podium of advocacy.

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