

Statement on SCOTUS Affirmative Action Ruling

On June 29, 2023, the Supreme Court of the United States (SCOTUS) ruled ([SFFA v. Harvard 2023](#); [SFFA v. UNC 2023](#)) that race-based affirmative action in college admissions violates the Fourteenth Amendment's Equal Protection Clause in the U.S. Constitution. The majority opinion, which asserts that the Constitution is colorblind, presents an inaccurate picture of American society. Systematic issues of segregation and inequities persist. Our healthcare system, and the educational systems that support the healthcare workforce, are no strangers to these ingrained injustices. Eliminating race-based admissions does not eliminate racial discrimination's root cause and continuity. While categories of race are social constructs, subsequent racism has had generationally felt, dangerous impacts on health outcomes, educational and job opportunities, and quality of life. Without falling into the traps of racial stereotyping or constructing a monolithic representation of racial minorities, race-conscious admissions, hiring, training, and mentorship practices remain necessary. The SCOTUS ruling on race-based affirmative action is at odds with the needs of the American healthcare system and the dynamic population it serves.

Physician-scientists have a strong presence in both clinical and research spheres. Therefore, our organization, the American Physician Scientists Association (APSA), is responsible for advocating for equity along all points of the admissions and training process.

Affirmative action legal debate has a direct link to medical education. Recognizing this connection, the Association of American Medical Colleges and 45 other healthcare organizations filed an amicus brief in the 2023 case supporting race-conscious admissions (AAMC 2023). Regarding historical precedent, the landmark 1978 ruling on *Regents of the University of California v. Bakke* dealt with a case about medical school admissions. In the case of Allan P. Bakke being denied admission to the University of California-Davis School of Medicine, the Supreme Court "upheld generally the right of schools to consider race as one factor in their admission process," although it did strike down the use of quotas in excluding certain groups from admissions positions (Blake 2012). The linkage between affirmative action practices and medical training admissions can also be quantifiably tracked. Starting in 1996, state-specific barring of affirmative action in California, Arizona, Florida, Idaho, Michigan, Nebraska, New Hampshire, Oklahoma, and Washington led to difficulties in facilitating a diverse student population. At the medical school level, recent work showed that within five years of enacting those state affirmative action bans, there was between a 5-17% decrease in enrollment for students who identified as Black, Hispanic, American Indian, Alaska Native, Native Hawaiian, or other Pacific Islander (Garces & Mickey-Pabello 2015; Ly et al. 2022). The bottom line is that affirmative action de facto impacts the racial and ethnic makeup of medical school applicants and graduates.

The benefits of diversity in higher education, including medical and graduate school, have long been established from students' and teachers' perspectives (Whitla et al. 2003; Tang, Hernandez & Adams 2004; Cole & Griffin 2013). Regarding science and medicine, developing a diverse workforce is essential for performing high-quality, translational research, establishing improved population-wide health standards, and building trust with underrepresented patients who generally suffer from disproportionately poorer health outcomes. Recognizing and fostering the value of sociodemographic and experiential diversity is a moral objective necessary to promote a multi-faceted medical field that understands the perspectives of all patients in need. It is naive to attempt to erase the impact of race on an individual's identity, and healthcare workers remain responsible for valuing patients' intersectional life experiences in their entirety. Affirmative action legal debate directly affects the ability of higher education institutions to support a diverse healthcare workforce and, subsequently, for that workforce to support the American patient population.

While APSA and other organizations will continue supporting applicants and trainees, we do not have control over what happens during admissions. Thus, **APSA implores MD-PhD/DO-PhD and medical admissions committees to ensure equitable access to physician-scientist training.** Protecting sociodemographic diversity in medical education requires action by these admissions committees. Various educators and administrators have outlined effective and necessary strategies that organizations and institutions can use to create more equitable systems in medical education. This includes unconscious bias training for interviewers, increasing admissions committee diversity, and emphasizing holistic reviews (Conrad, Addams & Young 2016; Artinian et al. 2017; Robinett et al. 2021). This is particularly unique to racial and ethnic diversity, which has been shown to have deep connections to perceptions of peer learning from others who are different, particularly for URiM students in medical school. This association between diversity and learning is stronger across racial and ethnic dimensions than compared to parental educational attainment, undergraduate college major, applicant age at matriculation, geographic region of the student's high school, and MCAT exam score (Morrison & Grbic 2015).

Even before the 2023 SCOTUS ruling, national surveys of the physician-scientist workforce have underscored the need to increase diversity, as many racial and ethnic groups remain underrepresented in medicine and science (Milewicz et al. 2015; Salata et al. 2018; Akabas & Brass 2019). Individuals who are the first in their family to go to college (i.e., first-generation) and those from low socioeconomic status families are also underrepresented in MD-PhD programs (Christophers et al. 2021). Remedying this will require action by training institutions to bolster their support of individuals from URiM backgrounds in admissions to medical school and MD-PhD/DO-PhD programs; affirmative action policies hold institutions accountable in considering the broader context of an applicant's background and the needs of the workforce (Blish 2018; Christophers & Gotian 2020; Titanji & Swartz 2021; Williams et al. 2022). Bolstering a diverse physician-scientist workforce is critical in meeting the needs of an equally diverse patient population from both a research and clinical perspective (Freeman & Huang 2014; Swartz et al. 2019). Admission committees can and should take steps to implement the strategies mentioned above to facilitate an inclusive medical education system.

APSA also calls on healthcare institutions to issue official statements on the SCOTUS affirmative action ruling if they still need to do so. While the recent decision bars race-based consideration in admissions, creating opportunities for applicants to share their experiences, intersectional identities, and unique perspectives should remain an essential part of the process. APSA recognizes this SCOTUS decision's impact on future physician-scientist trainees and the inequitable dual-degree training pipeline. APSA believes that high-quality research and patient care are implicitly tied to equitable social structures and policies. It is critical for other institutions also to affirm the importance of fostering an environment that supports diverse applicants, trainees, and healthcare workers.

Ultimately, APSA is committed to building and supporting an equitable training experience for a diverse physician-scientist workforce. As physician-scientist trainees, we are uniquely poised to actively combat health inequities, advocate for patients from all walks of life, and ensure diverse representation in research. As an organization, APSA will continue to expand our efforts to champion the positive effects of diversity and promote social action to ameliorate the current inequitable state of healthcare and research. Led by the [Justice, Equity, Diversity, and Inclusion \(JEDI\) Committee](#), APSA has worked to promote diversity through the [2019 Physician Scientist Diversity Summit](#), the [APSA Virtual Summer Research Program \(VSRP\)](#), [undergraduate student mentorship programming](#), [interactive sessions for applicants](#), and the inclusion of diversity initiatives in all regional meetings (Pepin et al. 2022). A more detailed description of these efforts is

available in perspectives by APSA leadership in the *Journal of Clinical Investigation* (Banerjee 2020; Rodrigues 2022). APSA is also working on expanding the accessibility of resources through programmatic databases (e.g., social sciences and humanities, undergraduate research, physician-scientist training programs, MD/DO-PhD programs); on making interactive session materials publicly available through our website, YouTube, and podcasts; and on strengthening grant writing initiatives. The impact of current diversity, equity, and inclusion initiatives on physician-scientist training and outcomes is quantifiable, such as the impact of the VSRP on engagement in research and interest in applying to MD-PhD/DO-PhD programs (Macedo et al. 2022). Altogether, APSA remains dedicated to fostering the growth of a physician-scientist population that reflects the sociodemographic diversity of the national patient population.

Please do not hesitate to reach out if you want to be involved in our work or have recommendations for improving APSA's current efforts to support diversity among American physician-scientists.

Sincerely,

Executive Council & Committees
American Physician Scientists Association

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