



## Editorial

# Responsibility of Medical Journals in Addressing Racism in Health Care

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Racism, as a health, public health, and health care issue has received important attention in recent medical journals.<sup>1-3</sup> However, while racial and ethnic health disparities have been the subject of research for decades, racism has received comparatively little attention in research published in medical journals. Recent protests across the US and beyond in response to the horrific death of George Floyd, an unarmed Black man, at the hands of a police officer in Minneapolis, have drawn renewed attention to the consequences of systemic racism on the health of Black, Hispanic, indigenous, and other people of color. Defined as a “system of structures, policies, practices, and norms that construct opportunities and assigns values based on one’s phenotype,”<sup>4</sup> racism was identified 30 years ago as an underlying cause of health inequities.<sup>5</sup> Since then, the role of structural pillars of racism such as employment discrimination, mass incarceration, redlining, substandard public education, exposure to environmental hazards, differential treatment in health care settings, and poor access to quality health care have been extensively documented as social determinants of health. These structural pillars of racism foster an insidious and pervasive environment that promotes the persisting racial gap in morbidity and mortality. Given this context, it is important to reassess the role of medical journals in addressing the health effects of systemic racism.

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## Racism as a Social Determinant of Health

Recently, many professional societies<sup>6-8</sup> representing physicians have made public declarations denouncing racist police brutality and racially motivated violence, with some affirming how racism contributes to social determinants of health. These statements should be a call to action for the medical community to promote research on the role of structural racism in public health. Some statements suggest the role medical journals can play not only communicating research findings but also in providing a platform for constructive dialogue. For example, the American Academy of Pediatrics stated that “systemic violence requires systemic response.”<sup>9</sup> This aptly highlights the requirement that to address the larger social ills of structural racism, all institutions must be accountable, and all must contribute to eliminating the deeply embedded racism that is woven throughout the fabric of US society. The profession of medicine and its medical institutions cannot remain complacent or complicit in the scourge of police brutality, a very visible form of structural racism; police shootings claim a disproportionate number of Black individuals yearly, a rate 2.5-fold higher than for White individuals.<sup>10</sup> In 2015, the number of deaths per 1 million was 12 for White individuals, 22 for Hispanic individuals, and 30 for Black individuals.<sup>10</sup> The practice of medicine must be reimagined to contextualize the social, structural, political and legal environment within which disease occurs if we are to uphold the sacred oath of “first do no harm.”<sup>11</sup>

## Why Should Medical Journals Respond Now?

One way that the medical establishment can lend its voice is through medical journals, an important platform for advances in clinical sciences and health care. There are several reasons for this importance. First, medical journals remain a critical source of rapid response efforts for acknowledging the severity of emerging public health issues and providing effective measures to address them. For example, we witnessed in the first half of this year the capacity of medical journals

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to quickly disseminate important scientific discovery that guided the medical community's rapid response to the coronavirus disease 2019 (COVID-19) pandemic. Notably, some of the earliest studies highlighted the effects of preexisting medical conditions that in part result from structural or systemic racism, with Black, Hispanic, and Native American communities experiencing higher COVID-related hospitalization and mortality rates than White communities.<sup>3</sup> Second, medical journals are important pathways for career advancement in academic medicine. Publications in and membership on editorial boards of leading journals are important measures of academic recognition and career advancement. Third, shifts toward the practice of evidence-based medicine have mainly resulted from medical journals through their capacity to promote original research and commitment to the public good. With the current COVID-19 pandemic there have been more than 10 766 peer-reviewed articles in the first 6 months of this year alone,<sup>12</sup> with consequent evolution in the standard of care for patients with COVID-19. If this situation has any lessons to shape our current realities concerning the consequences of structural racism, then medical journals must begin shaping the contours of the discourse on racism and health in the medical community.

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## How Can Medical Journals Respond?

Medical journals should increase their inclusion of studies that examine the role of structural racism in perpetuating the racial gaps in morbidity and mortality.<sup>3,13</sup> Journals can help to elucidate the uncomfortable issues that Black, Hispanic, and indigenous people experience from structural racism in academic medical centers (AMCs); promote changes in the diversity and inclusion in their editors and editorial boards; and instill hope through publication of best practices by showcasing successful interventions targeted at combating racism in health care and its effects on the health of Black, Hispanic, indigenous, and other people of color. Concrete ways to address these include:

1. Focus attention on the issues of structural racism in health care institutions and large hospital chains. *JAMA Network Open* is calling for papers devoted to the issues of structural racism and its manifestation in health care delivery, academic advancement, medical education, and training.<sup>14</sup> Additionally, professional medical societies and journals can establish panels at major medical conferences to address the negative health effects of structural racism, potentially publishing the proceedings as special articles. These papers could help to hold the medical establishment accountable via transparency. Specific but not exhaustive ideas might include:

Studying mechanisms of the negative health effects of structural racism. Examples of missed opportunities on this critical topic include the deafening silence of medical journals in addressing the controversial "stop and frisk" policy as a public health issue and the psychological distress for men living in highly policed neighborhoods.<sup>15</sup>

Illuminating issues of de facto racial segregation of care within health care systems and AMCs based on insurance status and residence.

Examining the reasons for and the consequences of the lack of progress in increasing proportion of Black men in medicine, particularly US-born Black men.<sup>16</sup>

Publishing studies and commentaries that promote increasing racial diversity and inclusivity in senior leadership and boards of AMCs and health plans, and public commitments of AMCs toward racial inclusivity, community engagement, and community health improvement.

2. Initiate changes within medical journals that reflect racial diversity in thought. Medical journals should hold themselves accountable for directly addressing the issues of racial inclusivity in their ranks. Sadly, Black, Hispanic, and indigenous scholars are underrepresented among editors and editorial boards of major medical journals. This is important because adequate representation on editorial boards can help shape new areas of inquiry and the type of research that is published, especially those addressing issues of health equity and structural racism. Medical and scientific journals can follow the new guidance of the *AMA Manual of Style* on Black and White as racial categories to align with the capitalization preference applied to other racial and ethnic categories.<sup>17</sup> *JAMA Network Open* and all JAMA Network specialty journals now follow this recommendation.

3. Instill hope. One of the biggest public obstacles to addressing structural racism is the despair and sheer lack of hope and perceived enormity of this persistent problem. Medical journals can instill hope by intentionally focusing on successes from a variety of sources. This focus can include publishing studies that provide evidence to support best practices such as case studies, interventions, and success stories targeting structural racism in the United States.

The current events surrounding racially motivated police brutality and the increased scrutiny of racism highlight the need for medical journals to catalyze and increase research output on the effects of structural racism on health, health equity, and health care of Black, Hispanic, indigenous, and other people of color, although this should go beyond just descriptive studies and include effective interventions. These recommendations are offered to medical journals in the hope of forging a new direction that will shape the discourse on health inequities that result from structural racism.

Now is the time to be bold. It is time to lead. The sense of urgency for medical journals to respond is aptly captured by James Baldwin in: "There is never time in the future in which we will work out our salvation. The challenge is in the moment; the time is always now."<sup>18</sup>(p622)

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## ARTICLE INFORMATION

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