The Supreme Court Decision on Affirmative Action—Fewer Black Physicians and More Health Disparities for Minoritized Groups

The US Supreme Court’s June 29, 2023, ruling on Students for Fair Admissions, Inc v University of North Carolina and the paired case against Harvard overturned nearly 50 years of the use of affirmative action in higher education to address the inequalities of systematic racism in the US. The decision eliminates the consideration of race and ethnicity for admissions to colleges and universities and has the potential to significantly reduce the number of Black physicians and increase health inequity in underserved communities, some of which are health care deserts. The ruling by the Court is grounded in its opinion that the US Constitution is color-blind and that race- and ethnicity-based admissions programs are unconstitutional. The Court ignores hundreds of years of slavery, segregation, and other forms of discrimination that affected Black people and other minority groups, suggesting that students should be admitted to colleges based on their own merit, as measured through numeric parameters, such as grade point average and standardized test scores.

The decision reflects a woeful misunderstanding of the role of numeric parameters in selecting candidates for matriculation into medical school or other institutions of higher learning. The decision implicitly supports a dominant role for these parameters over skills, life experiences, and distance traveled and denies the fact that representation matters. The purpose of affirmative action, well documented in the case for its role in women’s advancement in Valian’s Why So Slow? The Advancement of Women, is to counter the inevitable in-group bias of decision makers. Without intentional counterbalance, inequities of power are inevitable.

Affirmative action contributed to important aspects of improving the health and well-being of US residents through the diversification of the health care workforce. Affirmative action contributed to important aspects of improving the health and well-being of US residents through the diversification of the health care workforce. Although such policies helped achieve gender equality in medical school enrollment, the Court’s decision takes away an important tool for institutions of higher education seeking to achieve racial equity and increase the number of Black medical students. Health care practitioners from Black and other minority communities, who train in diverse settings are better able to treat people from all backgrounds.5 Although the adverse effects of the Court’s decision affect multiple aspects of higher learning, in the case of medical education, the decision goes beyond college admissions for Black people and other minority groups to the very core of the health of the entire country. Health statistics for the US lag well behind those of other industrialized nations, with the worst health care outcomes of any high-income nation in the world. Life expectancy in the US in 2020 was 77 years, 3 years lower than that of a peer country. In the same year, infant mortality in the US was 5.4 deaths per 1000 live births, the worst performance of any country included in the study. We cannot achieve optimal health for our nation without achieving health equity for the Black community. Current inequities will not improve if we restrict the opportunity to obtain a medical degree to fewer individuals based solely on criteria such as grade point average and Medical College Admission Test (MCAT) score. Although these parameters are important, they are not objective predictors of success for a physician, nor do they predict how well a student will do in medical school or how good a physician he or she will become. The AAMC data suggest that although the MCAT score was moderately predictive of the standardized test score on the US Medical Licensing Examination Step 1 (now pass-fail), most students at all score ranges passed Step 1 on the first attempt. Many
students with scores well below the national mean for matriculants can succeed in medical school; MCAT score was not a linear predictor of other aspects of success.7-9

Fortunately, there are approaches that are already being used and can continue to be used to ensure that US medical schools are able to recruit and train a cadre of individuals who will diversify the health care workforce and play a major role in creating and advancing health equity.

The Morehouse School of Medicine was founded nearly 50 years ago with the dual mission to help increase the number of Black physicians in the US and improve health equity in underserved urban and rural communities. Throughout the decades, the school has remained true to this mission, graduating more than 1700 physicians; on average, 70% work in underserved US communities. Morehouse School of Medicine students come to the school with an inherent love of their communities and a desire to help improve health care in those communities. That is why so many of our students return to their communities and are able to provide the culturally competent care that is required to help turn the tide of health disparities faced by many Black people and individuals from other minority groups.

In 2017, Morehouse School of Medicine reached a significant milestone, enrolling 100 students in its medical education program. Despite this remarkable progress, the fact remains that although Black people make up 13% of the US population, they represent only 5% of physicians; this percentage has not changed over 50 years. If the country were truly color-blind, then the percentages of Black physicians, lawyers, engineers, and college graduates overall, for example, would be closer to the percentage of Black individuals in the population. The AAMC projects that the US will be facing a shortage of up to 124,000 physicians in 2034.10 We cannot achieve optimal national health without increasing the number of physicians and health care professionals from affected minority communities.

The Morehouse School of Medicine uses a holistic admissions process to admit students who are aligned with our mission and considers grade point average and MCAT score as only 2 of 10 admissions criteria. We have documented that with our approach, milieu scoring by many schools as “not ready” show unimpeded progression. Over the past 10 years, more than 95% of the students admitted to Morehouse School of Medicine with a score consistent with an MCAT score below the national mean for matriculants have earned a passing Step 1 score. That translates to nearly 300 students, more than 200 of whom are Black and have become or are on track to become a practicing physician; these individuals would have been denied medical school admissions by traditional criteria.7

The Supreme Court’s decision will make it even more challenging to increase the number of minority physicians and other health care professionals when we are facing acute shortages in the overall US health care workforce. With an inadequate number of physicians, especially in the Black community, health inequity will increase, and our country is likely to fall even farther behind its peers in both the quantity and quality of health care. James Madison, the “founding father of the Constitution,” once said, “The purpose of the Constitution is to restrict the majority’s ability to harm a minority.” In the medical community, it is hard to see how this ruling will not harm minority communities.

ARTICLE INFORMATION
Conflict of Interest Disclosures: None reported.

REFERENCES