Emergency Medicine’s Role in the Crossroads of Social Revolution and the COVID-19 Pandemic

Aaron Arredondo, MD¹, Chinwe Ogedegbe, MD, MPH²,³, Jerome R. Hoffman, MD⁴, Lewis R. Goldfrank, MD¹, Stephen P. Wall, MD, MSc¹,⁵, and Teresa Y. Smith, MD, MSEd⁶

The year 2020 will be remembered not only as the year of “The Virus,” but also as a time when so many diverse members of society acknowledged pervasive structural racism. The plague of racism long preceded the current pandemic, but the superimposition of COVID-19, which is both most prevalent and most deadly in communities of color, has brought racism dramatically to the forefront of our national consciousness.¹

The history of medicine is replete with examples of systemic racism. The failure to treat victims of syphilis at Tuskegee, forced sterilization of black and brown women, and the use of slaves in the development of gynecologic surgery²–⁶ are not isolated bad incidents, but evidence that the development of medicine was continuously intertwined with racist beliefs and actions.²–⁶ Today in our current two-tiered health care system those with better insurance can get the most advanced therapeutics at the best hospitals while those with lesser insurance—often people of color—are relegated to other options. Moreover, underrepresented in medicine (URiM) clinicians are frequently passed over for leadership positions and more often are not paid the same salaries and benefits compared to White clinicians.⁷

Most emergency physicians take pride and comfort from being on the frontline of the COVID-19 pandemic, being noble physicians who care for everyone, regardless of race, class, or insurance. Despite these morally laudable aspects of being an emergency physician, the specialty is not immune to racism. There is ample evidence of variance in ED care given to different ethnicities without any medical justification.⁸–¹³ Also, one can rapidly count the number of URiM faculty who are currently chair, vice chair, or program director for an EM training program in our country.

We, as emergency physicians, must acknowledge that we all have played a part in maintaining racism, even if unconsciously, with our silence. Our silence may be from complacency or from the normalization of injustice, but it may also be from fear, self-preservation, or our own unrecognized or covert racism. At this moment in U.S. history, it is essential that all physicians acknowledge and internalize the notion that it is not enough to be nonracist. We must not allow the perpetual cycle of racist acts to repeat themselves, but rather we need to be actively antiracist in our speech and actions.¹⁴

Because emergency physicians currently are celebrated as heroes, we have a unique opportunity to become leaders in an antiracist movement. We can no longer be silent and comfortable working our shifts, From the ¹Ronald O. Perelman Department of Emergency Medicine, New York, NY; ²the, Hackensack Meridian School of Medicine, Nutley, NJ; ³the, Department of Emergency Medicine, Hackensack University Medical Center, Hackensack, NJ; ⁴the, Department of Emergency Medicine, David Geffen School of Medicine at UCLA, Los Angeles, CA; ⁵and the, Department of Population Health, NYU Robert I. Grossman School of Medicine, New York, NY; and the, Department of Emergency Medicine, SUNY Downstate Health Sciences University, Brooklyn, NY.

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Supervising Editor: Harrison J. Alter, MD, MS.
Address for correspondence and reprints: Teresa Y. Smith, MD, MSEd; e-mail: Teresa.Smith@downstate.edu.

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ignoring racial injustice by explaining it away as “systems issues.” We all should work toward fighting racism as an illness, just as vehemently as we fight COVID-19. But how, when a lone person, a single department or institution, or a sole specialty cannot independently solve the pervasive problem of racism? What are reasonable expectations for a single emergency physician to demonstrate their intolerance for racism and live up to being antiracist?

Despite the enormity of the problem, a single emergency physician can indeed be the first catalyst. We propose an actionable antiracist approach for emergency physicians to make immediate and direct effects on their daily practice (Table 1). If each physician in a given ED sets an example by making these changes, then over time the tenor of that ED will change. One emergency physician can start by being an ally to their patients and colleagues and recruiting others to join them in the cascade of change. If everyone does this, EDs will progress toward measuring up to the ideals we profess.

As antiracism becomes normalized within our EDs, emergency physicians, as individuals and collectively, must also lobby for systemic change. Such advocacy would demand the support of departments, institutions, and the specialty, to enact sustainable transformation. Departments should examine their clinical triage, treatment, and foster dialogue and community collaboration so as to decrease violence directed at (as well as by) the police.16,17 There should be a mandate that all staff receive implicit bias training, so that we strive to achieve a culture where open dialogue, without fear of retribution, is encouraged and there is no tolerance of racism. Institutions should be held accountable to collect and report data about equity in hiring, salary, and promotion that can be reviewed by external auditors with an emphasis on diversifying leadership to mirror the communities we serve,18,19 and our societies, too, must diversify their boards of leadership to allow everyone to have an equal voice. Furthermore, residency programs must train the future generation by incorporating advocacy as a separate milestone of emergency medicine beyond system-based practice to hold our training up to higher standards. These changes should be seen throughout the continuum of medical education from undergraduate to graduate to board certification to our research agenda.

Racism is a global problem that we must unite to address. For there to be substantial sustainable progress, it will require systems-level changes supported by our leaders locally and nationally. It will take a lifetime to get our nation better, but we must agree to take a tougher stance. The consequences of slavery, Jim Crow, the school-to-prison pipeline, and police killings have a very real and direct impact to our medical practice. The COVID pandemic can provide an opportunity to learn and do better, rather than tolerate the recurring cycle of racial injustice that has long contributed to health disparities disadvantaging communities of color, and while it will take the systems around us to reform, even a single emergency physician can ignite the fire by changing his or her own practice immediately. Emergency physicians are playing a critical role in combatting the unprecedented COVID-19 pandemic despite the real personal danger this involves. Let us truly rise to being leaders and heroes in medicine, by combatting the plague of systemic racism with equal vigor and determination.

### Table 1
Changing Our Daily Emergency Medicine Practice

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<th>As clinicians during our shifts, we should:</th>
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<td>- Support anyone who is subjected to racist treatment—in the moment and regardless of the circumstance.</td>
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<td>- Evaluate ourselves to acknowledge and mitigate our implicit biases so that we treat patients free of stereotypes and recognize overt racism when it presents.</td>
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<td>- Speak out against racist, sexist, or other inappropriate dialogue that occurs between emergency clinicians and staff.</td>
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<td>- Treat patients who arrive in police custody with empathy and be ready to advocate and negotiate on their behalf as appropriate, always working to deescalate conflict.</td>
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<td>- Review restraint and sedation practices that may lead to inappropriately aggressive treatment of the patients in our care.</td>
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<td>- Serve as mediators to promote injury prevention and reconciliation, and foster dialogue and community collaboration so as to decrease violence directed at (as well as by) the police.16,17</td>
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<td>- Train students, residents, and faculty in health equity practice and expose them to community-based programs that educate about racial inequity in the communities the ED serves.</td>
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References


