

Ending medical-school affirmative action will be a plus for patients

By

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The US Supreme Court effectively prohibited university admissions officers from giving preferential treatment to applicants based on their race this summer. AP

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Many medical-school leaders decried the high court's ruling, claiming [the ban will lead to less diversity](#) within their student bodies, a less diverse crop of physicians and worse outcomes for minority patients.

But it's not clear diversity within the physician workforce improves patient outcomes — which ought to be the primary objective of medical education.

In fact, there's evidence [affirmative-action policies](#) can harm patients as well as aspiring doctors themselves.

It's an article of faith among affirmative action's defenders that a more diverse physician workforce benefits patients.

In her dissent from the majority's ruling, Justice [Sonia Sotomayor](#) wrote that affirmative action helps increase "the number of students from underrepresented backgrounds" who become doctors, which in turn "improves 'healthcare access and health outcomes in medically underserved communities.'"

The Association of American Medical Colleges echoed Sotomayor, saying it was "deeply disappointed" in the majority's ruling, which "demonstrates a lack of understanding of the critical benefits of racial and ethnic diversity."



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"This decision will hasten the deaths of Black people in this country and we already die prematurely," Advancing Health Equity founder and physician Uché Blackstock blasted.

They're referring in part to a handful of studies showing black Americans post better health outcomes when treated by black doctors.

But researcher Ian Kingsbury recently examined those studies' methodologies and concluded that "systematic reviews" have "found 'no relationship' or 'mixed results' between race/ethnicity and quality of communication and 'inconclusive' evidence for patient outcomes."

Admissions officers' obsessive focus on race often causes them to ignore applicants' academic and clinical aptitude — with dire consequences for the applicants themselves and ultimately the patients they treat.



Justice Sonia Sotomayor said affirmative action helps “the number of students from underrepresented backgrounds” who become doctors as it “improves ‘healthcare access and health outcomes in medically underserved communities.’”AP

Affirmative-action policies seek to give underrepresented groups a leg up in the admissions process.

By design, that means admitting applicants who likely would have been rejected based on their test scores and grade-point averages alone.

From 2013 to 2016, 56% of black applicants and 31% of Hispanic applicants with below-average Medical College Admission Test scores and undergraduate GPAs were [admitted to medical school](#), compared with just 8% of white applicants and 6% of Asian applicants with similar scores and GPAs.

It has been exhaustively documented that undergraduate “GPAs and MCAT total scores are strong predictors of academic performance in medical school through graduation,” as one study from the Association of American Medical Colleges itself put it.



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In other words, affirmative action might help underqualified applicants get *into* med school.

But it won’t necessarily keep them there.

Black medical school students drop out, citing academic problems, at a rate 10 times higher than white students.

It’s cruel — not compassionate — to admit students who aren’t qualified for the intellectual rigors of medical school.

It sets them up for failure, saddles them with debt they could have avoided and wastes resources that could have gone towards training qualified applicants who will actually practice medicine.

Worst of all, admitting under qualified students ultimately hurts patients.

“MCAT scores are predictive of student performance” on both Step 1 and Step 2 of the US Medical Licensing Examination, concluded one 2016 study.

Those licensing exams, in turn, are indicative of students’ skill at treating patients during their clinical rotations.

“USMLE scores have a positive linear association with clinical performance as a medical student,” noted a 2019 study, “even after correcting for gender, institution, and test-taking ability.”

The relationship holds after students graduate, complete residencies and become practicing physicians.

A 2014 study of US-licensed doctors who trained overseas found that “after adjustment for severity of illness, physician characteristics, and hospital characteristics, performance on Step 2” had “a statistically significant inverse relationship with mortality. Each additional point on the examination was associated with a 0.2% decrease in mortality.”

The purpose of medical school is not to maximize diversity.

It’s to transform America’s best and brightest students into the most competent physicians possible, no matter their race, gender or any other demographic consideration.

Doctors hold people’s lives in their hands.

It should not matter what color those hands are.

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