

OPINION OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS*

CEJA Opinion 7 - I-05

Subject: Racial and Ethnic Health Care Disparities

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1 At the 2005 Annual Meeting, the American Medical Association House of Delegates adopted the
2 recommendations of Council on Ethical and Judicial Affairs Report 9 – A-05, “Racial and Ethnic
3 Health Care Disparities.” The report explores the ethical obligations of individual physicians and the
4 medical profession as they pertain to racial and ethnic disparities in health care. The Council
5 rescinds the current Opinion E-9.121, “Racial Disparities in Health Care,” and issues this Opinion,
6 based on CEJA Report 9 – A-05. It will appear in the next version of *PolicyFinder* and the next print
7 edition of the *Code of Medical Ethics*.

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9 E-9.121 Racial and Ethnic Health Care Disparities

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11 Differences in treatment that are not directly attributable to variances in clinical needs or
12 patient preferences constitute disparities in health care. Among racial and ethnic minority
13 populations, such disparities may contribute to health outcomes that are considerably worse
14 than those of majority populations. This represents a significant challenge for physicians
15 who ethically are called upon to serve patients without regard to medically irrelevant
16 personal characteristics. The following guidelines are intended to help reduce racial and
17 ethnic disparities in health care.

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19 (1) Physicians must strive to offer the same quality of care to all their patients irrespective
20 of personal characteristics such as race or ethnicity. The provision of care should be
21 customized to meet patient needs and preferences.
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23 (2) Physicians must learn to recognize racial and ethnic health care disparities and should
24 examine their own practices to ensure that inappropriate considerations do not affect
25 clinical judgment.
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27 (3) Physicians should work to eliminate biased behavior toward patients by other health care
28 professionals and staff who come into contact with patients. Inappropriate
29 discrimination toward any patient or group of patients must not be permitted.
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31 (4) Participatory decision making should be encouraged with all patients. This requires
32 trust, which in turn requires effective communication. Physicians should seek to gain
33 greater understanding of cultural or ethnic characteristics that can influence patients’

* Opinions of the Council on Ethical and Judicial Affairs will be placed on the Consent Calendar for informational reports, but may be withdrawn from the Consent Calendar on motion of any member of the House of Delegates and referred to a Reference Committee. The members of the House may discuss an Opinion fully in Reference Committee and on the floor of the House. After concluding its discussion, the House shall file the Opinion. The House may adopt a resolution requesting the Council on Ethical and Judicial Affairs to reconsider or withdraw the Opinion.

1 health care decisions. Physicians should not rely upon stereotypes; they should
2 customize care to meet the needs and preferences of individual patients.

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4 (5) Physicians should recognize and take into account linguistic factors that affect patients'
5 understanding of medical information. In particular, language barriers should be
6 minimized so that information is exchanged in a manner that both parties can
7 understand.

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9 (6) Increasing the diversity of the physician workforce may be an important step in reducing
10 racial and ethnic health care disparities. Physicians should therefore participate in
11 efforts to encourage diversity in the profession.

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13 (7) Physicians should help increase awareness of health care disparities by engaging in open
14 and broad discussions about the issue in medical school curricula, in medical journals, at
15 professional conferences, and as part of professional peer review activities. Research
16 should continue to investigate health care disparities, including the development of
17 quality measures. (I, VII, VIII, IX)

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19 Issued March 1992 based on the report "Black-White Disparities in Health Care," adopted
20 December 1989 (*JAMA*. 1990; 263: 2344-46).

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22 Updated June 1994 and November 2005 based on the report "Racial and Ethnic Health Care
23 Disparities," adopted June 2005.