

Episode: Author Interview: “*How Abolition of Race-Based Medicine Is Necessary to American Health Justice*”

Guest: Stephen Richmond, MD

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[bright theme music]

TIM HOFF: Welcome to another episode of the Author Interview Series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Stephen Richmond, a Clinical Assistant Professor of Family Medicine in the Division of Primary Care and Population Health at Stanford University in Palo Alto, California. He’s here to discuss his article coauthored with Dr Vanessa Grubbs, [How Abolition of Race-Based Medicine Is Necessary to American Health Justice](#), in the March 2022 issue of *The Journal*, [Toward Abolition Medicine](#). Dr Richmond, thank you so much for being on the podcast today. [music fades]

DR STEPHEN RICHMOND: Yeah, it’s wonderful. Thank you for having me for this very important topic.

HOFF: So, to begin with, what is the main ethics point that you and your coauthor are making in this article?

RICHMOND: Yeah, that’s a great question, Tim. Thanks for asking. So, this article, like many others released over the past years, is really meant to call into question white supremacy as a persistent driving force in biomedical science and health care delivery. So much of what we learn and teach and do as health care practitioners is really grounded in structural racism, as well as other systems of oppression, including sexism, ableism, ageism. These frameworks are normative and therefore often invisible. So, it can be difficult for us to identify the powerful but often subtle ways in which they operate.

This notion that race is biological has evolved over time into one such normative framework, and it is really that intersection of race-based medicine and kidney function that serves as the focal point for this article. So, what we suggest therein is that there is no ethical way to proceed with race-based medicine wholly or even partially intact, and that in fact, the abolition of race-based medicine, a framework that is built and continues to drive inequity, is a requirement for racial and health justice.

HOFF: Mmhmm. So, what do you see as the most important thing for health professions students and trainees to take from your article?

RICHMOND: Yeah, another great question. As mentioned, our article uses the racialized assessment of kidney function as an example of how race-based medicine operates and is maintained throughout biomedical research, medical education, and clinical practice. In particular, kidney function has a cofactor when it’s calculated, or it used to anyway. That said, if you’re African-American identified, your kidney function is essentially multiplied by or qualified by a certain co-factor, and if you’re any other race, then that co-factor is not at play. So, this notion of race as biological actually has real-world consequences in the way

that we treat patients and can lead to certain inequities in care, for example, the reduction in access to nephrologists or kidney specialists, as well as the reduction in access to transplants. So, this is a really important consideration when we understand race-based medicine moreover, but why we use kidney function as a highlighted example of that in our article.

However, it is important to realize that this is merely an example, a product of a much larger system and world view. So, while we have seen professional societies such as the National Kidney Foundation and American Society of Nephrology reckon with this issue and ultimately reject the racialization of kidney function, many, many more examples of race-based medicine are used every day to determine patient care and outcomes in unethical ways.

HOFF: Mmhmm.

RICHMOND: The most important message of this article then is that we have much more work to do individually and collectively to overcome systemic racism in medicine, and that we must look deeper and more critically at what we have come to accept as normal from non-dominant perspectives in order to truly see that work through and to achieve abolition.

HOFF: Great. Thank you. And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

RICHMOND: Wow, that's a tough one. I feel like there was so much that's always getting left out of these articles.

HOFF: Mmhmm.

RICHMOND: I would say that in this article, maybe not a specific point, but more of a call to action, an explicit call to action. Too often we read articles concerning race and racism in medicine and think to ourselves, wow, what a powerful and incisive think piece, or hmm, I might have said it differently. But perhaps we are overcome with a sentiment of happiness and satisfaction that somewhere, someone else is out there doing the work. Such thoughts are certainly normal, but again, we are hoping that our readers might be critical interrogators of what is normal and what is just, that reading this article or the next might awaken an awareness that we are all part of this racialized system and that achieving real and lasting change will take all of us actively engaged in the fight for race consciousness and against biological race in medicine in order to build a more equitable system. [theme music returns]

HOFF: Dr Richmond, thank you so much for your contribution to the Journal this month, along with your coauthor, and for being on the podcast with me today.

RICHMOND: Great. Thank you for having me.

HOFF: To read the full article, as well as the rest of the March 2022 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.