

Episode: *Author Interview: “Training to Build Antiracist, Equitable Health Care Systems”*

Guest: Emily Cleveland Manchanda, MD, MPH

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Transcript by: Cheryl Green

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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 Emily Cleveland Manchanda, an Assistant Professor of Emergency Medicine at the Boston University School of Medicine in Massachusetts, and an Assistant Program Director for the Boston Medical Center Executive Fellowship in Health Equity. She's here to discuss her article, coauthored with Dr Karthik Sivashanker, Steffie Kinglake, Emily Laflamme, Dr Vikas Saini, and Dr Aletha Maybank: “*Training to Build Antiracist, Equitable Health Care Systems*,” in the January 2023 issue of the Journal, [Segregation in Health Care](#). Dr Cleveland, thank you so much for being on the podcast. [music fades out]

EMILY CLEVELAND: Thank you so much, Tim. It's a pleasure to be with you today.

HOFF: So, what's the main ethics point that you and your coauthors are making in this article?

CLEVELAND: I think fundamentally, what it comes down to is that we cannot provide ethical care without providing equitable care. And emphasizing that we each, whether you are a medical educator, a student, or a trainee, or someone who's making important business decisions on behalf of an academic medical center, we each have a role to play in ensuring that we provide high quality, safe, and equitable care to each of our patients.

HOFF: And so, what's the most important thing for health professions students and trainees to take from your article?

CLEVELAND: I think the most important thing for health professions students and trainees to understand when reading this article and when thinking about how to advance equity is that they actually have an immense amount of influence and power despite being at the traditionally lower end of the power hierarchy in medicine. A lot of the changes that we've seen to advance equity at institution levels and even nationally in recent years have been inspired by the advocacy and activism of students and residents or other trainees. In this article, we note a couple of ways in which that has happened, whether it's from reconsideration of the use of race in algorithms to calculate kidney function and some of the work that emerged from students asking questions in

their first- and second-year med school classes about why that was even a consideration, to some of the activism work of residents and trainees to increase the equitable care of patients who present with heart failure within institutions, creating new opportunities to reconsider the ways that we both identify and create pathways to redress past harms that have emerged from providing inequitable and segregated care.

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

CLEVELAND: I think one point that we would add if we had additional space and time would be to really emphasize the importance of collective action and collective engagement to advance equity and to ensure that health professions educators, faculty are supported in working with each other in doing this work so that it doesn't continue to happen in siloed fashions across the country and across different academic medical centers. And I think it would also be really important for us to underscore the need to engage with the communities who have most experienced the harm of segregated care, to ensure that whatever actions and steps are taken to advance equitable care within an institution reflect their needs and their understanding of the problem.

So, for example, if we set up some increased supports to improve access to outpatient clinics, there are many ways you could go about doing that. But maybe what the issue is, is how clinic appointments are scheduled and that you simply need a live person to call each patient or have a text platform for each clinic to allow patients to choose their appointment time because the patients who are most marginalized have the least flexibility to take a morning off of work to come to an appointment compared to folks who have a greater ease of access to our health care system. So, I think it would probably really be to emphasize both the need for collaboration and collective action among faculty within institutions and between institutions, as well as the need to ensure that our interventions and ideas for improvement are rooted in the understanding of the problem from the perspective of people who are most harmed by these current systems. [music returns]

HOFF: Dr Cleveland, thank you so much for your time on the podcast today and for your and your coauthors' contribution to the Journal this month.

CLEVELAND: Thank you so much for the opportunity.

HOFF: To read the full article, as well as the rest of the January 2023 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*.