

Sawbones 328: Systematic Racism in Medical Honors

Published on June 26th, 2020

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Intro (Clint McElroy): Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to Sawbones, a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Syd, a few weeks back, uh, in light of the uhh... recent protests and uh, upheaval, we talked a little bit about racism in medicine, sort of from a patient perspective. And this week, we're kind of gonna look at it from the other way. If I understand correctly, in sort of how we select and honor doctors, and how those doctors advance, in the system. Is that fair?

Sydnee: This is a very personal one for me. I... I think that part of the work that, uh, myself and other white people need to be doing right now is, of course, as we've already said, educating ourselves. And acting in ways that are not just not racist, but anti-racist. And we're all trying to do that and do better, and challenge our own implicit biases.

And part of that is realizing that, maybe, your in-systems... almost certainly, your in-systems, if you're a white person, that continue to um, like, privilege white people over everybody else. And perhaps, you have been party to that and not realized it. And we got an email from a listener – thank you, Charlotte – for calling it to my attention. And good luck in medical school. Or actually, you're probably done now. Either way. [laughs] Good luck, or congratulations.

Uh, but she called to my attention an organization called AOA, or Alpha Omega Alpha.

Justin: You hadn't heard of it before.

Sydnee: No. I am in it.

Justin: Oh no!

Sydnee: So, Alpha Omega Alpha, or AOA – which, also, I should clarify, if you start looking into this... AOA is also the abbreviation for the America Osteopathic Association. Which are osteopathic physicians, DOs, which is totally separate from what we're talking about. That has nothing to do with this. [laughs] I just want to make that clear.

Justin: And The OA is a sci-fi Netflix series that your parents keep telling us we should watch, but have not yet.

Sydnee: [laughs] I just want—

Justin: Just to kind of keep all our terms in order.

Sydnee: I don't want people to start looking into like, criticizing the AOA in terms of like, all osteopathic physicians. No, this has nothing to do with that.

Justin: Well, I don't want people to think—

Sydnee: This is the same abbreviation, totally different words. [laughs]

Justin: I don't want people to think we're criticizing The OA. It may be super racist. I don't know. I've never watched it.

Sydnee: I don't know anything about it.

Justin: I don't know anything about it. It's on Netflix, though.

Sydnee: But I do know about AOA, Alpha Omega Alpha, The Medical Honors Society, because I was inducted into it when I was a... third year medical student? Fourth year medical student? Fourth year.

Anyway, uh, and I also served as councilor for our chapter for a brief period of time.

Justin: Did you do this episode just so you could brag a little bit?

Sydnee: No! I—

Justin: Well...

Sydnee: I mean, as you'll see, I don't—I'm not proud of—let me say this. [laughs] When I received—when I became a member of AOA, I was very proud. I felt very honored. It is a very, uh—it is considered an incredibly prestigious honor in medical school to be inducted into AOA. And uh, the motto of AOA is “worthy to serve the suffering.”

And when I was—when that was said at my induction ceremony, I felt that very deeply. And so, I think that this, for me, it was really important to talk about this and to challenge this, because while this was something very meaningful to me, to see that there are problems with it and things that need to be changed and challenged, um... it was important work for me to do.

And I think everybody else in AOA would want to do the same thing, and the national office would want to do the same thing, to do that hard work. To dig into it and see if we can't do better. We could do better. We have to do better.

Anyway, um, I think that this is a good example of how white supremacy can get ingrained into these systems, without anybody intentionally... and with, as we're—I'm gonna go through the history of it. With people actively, like, saying the opposite, y'know? Actively stating that diversity is one of our goals, but still... y'know, perpetuating white privilege.

So, let's get into what AOA is.

Justin: Okay. Alpha Omega Alpha.

Sydnee: Yes. Like I said, it's incredibly prestigious. There are elections to induct new members. Our chapter held them twice a year. I think you can do it once a year. Either way. Uh, many medical schools have chapters. There are 132 total in the US, Puerto Rico, and Lebanon.

And uh, you can be inducted as a student, but you also—we also have inductions for residents and fellows and attending physicians as well. People who have already done what they're training. So, but the—the real... the real thrust of this is for students. That's where it really matters. And I know this might sound strange, because you're—you're probably familiar with like, the honors society in high school. Right? There was something called the honors society.

And then, in college, I know we had...

Justin: I heard of it. I've heard of it. Heard about it.

Sydnee: So there's a national honors society, which...

Justin: Heard of.

Sydnee: Well. I was in, so I—

Justin: You were in, so you kind of got more of a familiar... do they give you a rose? Is that the national honors society? They give you a rose to let you know that you're in?

Sydnee: Did they? I don't know. I don't think so.

Justin: Maybe I'm making that up. I don't know.

Sydnee: I don't remember that.

Justin: Like I said. Didn't make it to that specific event.

Sydnee: I think candles were part of it?

Justin: Okay. You're making this sound wild now. [laughs] You are freaking me out.

Sydnee: No, if you want to get into wild, I was in the chemistry fraternity.

Justin: Next...

Sydnee: And that was a wild induction.

Justin: You know that I want to hear all about that, but I want to get a few drinks into you first so I can get the real dirt.

Sydnee: Uh, in college, I think there are a variety of honor societies as well, like Omicron Delta Kappa was... one I was in. [laughs]

Justin: There we go. There it is.

Sydnee: But—

Justin: What about the key club? What are they up to? Did you get in there? What are they into?

Sydnee: I was in the key club. And the Beta club.

Justin: Oh, okay.

Sydnee: Those are community service organizations, though. That's slightly different.

Justin: But it's all tied together.

Sydnee: Um, I was not—I have nothing to do with Skull and Bones. I don't know anything about it.

Justin: Okay. That is what you would say.

Sydnee: [laughs] But what I would say differentiates AOA a little bit from these other organizations is that, while those things look good... I'm not saying they don't. Y'know, if that's on your high school—if when you're applying to colleges, if you can say you were in the national honors society, of course, that's great.

Justin: Better than not.

Sydnee: That's good.

Justin: I would assume.

Sydnee: But when it comes to AOA, it can be very meaningful for a physician. Uh, when you, um, apply to residency programs, being able to say that you are in AOA can really help your chances of getting into competitive specialties and schools within that specialty. Um, it's a big deal. And this is not me bragging. I'm saying this to emphasize why, if there is a racial disparity in it, it's a big problem.

Justin: And just to make it relatable to the listener, this, if I'm understanding correctly, so we can walk it back from like, "What does this mean for me and for the world at large?" What we're talking about is who... what your doctor looks like, or what doctor ends up in front of you, especially in some of these very competitive specialties, is tied to whether or not they are in AOA.

Sydnee: Yes. And I'll get into some more of that data towards the end.

Justin: I want to establish the chain, though. Like, that's the chain, right?

Sydnee: Yes.

Justin: So far, the person that you are seeing as your doctor, or who gets to be in the very prestigious specialty, or get the more competitive gigs, or whatever, is tied to whether or not they were in AOA. Fair?

Sydnee: Yes. I'm not saying that is the only thing. Like, you have—

Justin: Sure. Right.

Sydnee: But I mean, it definitely helps in a big way. And I have some data on that, when we get to the end. There's research to back that statement.

But let me get into the history. 'Cause this is a show about history, so let's talk about the history of the AOA. Why do we have a medical honors society? Because in some ways, shouldn't all doctors be worthy to serve the suffering?

Justin: You would think, yes.

Sydnee: Yes. I mean, hopefully.

Justin: But there's Dr. Oz, so I don't know.

Sydnee: [laughs] Certainly, all of us aren't. But we should be, ideally.

Justin: I didn't mean to side swipe Droz.

Sydnee: No, you did. It's fine.

Justin: It's fine. Okay.

Sydnee: Uh, AOA dates back to 1902. And if you listen to this show a lot, you may know that 1902, in medical history in the US, is a wild time.

Justin: Yes. [laughs] Yes.

Sydnee: Technology was advancing very quickly, and we were starting to understand things like hygiene and the germ theory of disease and all these different ideas. But not very well. They weren't broadly accepted.

Justin: We knew—in 1902, we knew just enough to be dangerous. [laughs]

Sydnee: [laughs] We did. If you've ever watched the show, *The Knick*, you get a good idea of kind of what we were doing. We—this wasn't the heroic era of medicine. This was just past that.

Justin: Mm.

Sydnee: And I think that that's important, too. Because in the heroic era of medicine, it was like, "Do anything it takes to keep someone alive, no matter how wild or off the wall it might seem. Just do it." And so, y'know, bleeding, and mercury, and all kinds of wild things were done.

What the response to that, which we see at this part of medical history, is this rise of other types of medicine that maybe aren't quite as deadly for the patient. [laughs] So, in this point in history, you have like, homeopathy is on the rise. The eclectic medical colleges are on the rise. This like, well, look, if you go to a doctor... you may be more likely to be killed by the doctor than the disease. So don't go to traditional doctors. Come see these other people who are doing this other kind of medicine, where we don't really have any evidence for it, but at least we're not gonna bleed you to death!

Justin: Right.

Sydnee: So, it was a really tumultuous time in medicine. And medical schools themselves were not very well regimented. In terms of what their curriculum was, who was teaching you, it varied wildly. Uh, and, add to that, the qualifications to get into medical school varied. So, there were maybe three that required some college education before you went to medical school. But there were many that were fine with like, elementary education.

Justin: Mm, wow. Yikes.

Sydnee: Yeah. So, it—y'know, the idea of what a doctor was was still pretty nebulous. And medical students had a certain reputation at this point in medical history. Um, because doctors were already regarded with suspicion, right? Because there was this idea, like, we don't know if you want to help us, and we kind of feel like we're being experimented on, and you do these things that are painful or dangerous, so we're not sure we trust you.

You can imagine that the people who are in training to do that were regarded with even more suspicion.

Justin: Yeah.

Sydnee: Like, so you don't even know the stuff yet. You're even more dangerous. And they were also seen as like... reckless, and messy. Kind of inappropriate.

Justin: [laughs]

Sydnee: I believe the word that I saw was 'boorish' was used a lot.

Justin: Ooh! We don't kick that one around enough.

Sydnee: In the parlance of the day. Um, they just weren't seen as like, you—your—your parents would not be thrilled if you brought home a medical student, like, as your date.

Justin: 'Cause they're wild.

Sydnee: Yes. And so, there—so, doctors are regarded with suspicion, medical students aren't liked, medical schools are all over the place, uh... medicine is, y'know, it's this whole—it's a wild world.

And basically, there were a group of medical students who said, "We don't like this. We don't like this reputation. We don't like that, uh, we're not always reliant on science. We don't like that, y'know—"

Justin: People don't invite us to really fancy parties, 'cause they're afraid we'll like, put a cake on our head and get just wild like the Marx brothers.

Sydnee: [laughs] We don't want people to—we don't want people to continue to view the medical profession this way. We could do better.

And so, this group of six medical students met on August 25th of 1902 at the college of physicians and surgeons in Chicago, and uh, in like, the bacteriology lab. They got together, and they said, "We want to create a society of doctors that will be... we will promise to be of good moral character, to honestly try to do the best for our patients, and to base our decisions on science. On academic rigor. We will be the best of the best," basically.

And we are going to create this. And this way, you will know, if your doctor is in this organization, you can trust them.

Justin: Yes. This is like, the Nintendo seal of quality.

Sydnee: [laughs] Exactly, I guess.

Justin: Trust me.

Sydnee: Probably.

Justin: It is exactly like it. It's perfect. Perfect analogy.

Sydnee: So, they had their first meeting in October of that same year. They had 21 students. And it really caught on—

Justin: That's what – can I just say – is wild, to be like, "We're gonna create this super secret cool stamp of approval, and the first people are in it is just like, us, and some other people we know, are all very chill and cool. So... we're fine."

Sydnee: Well, that's—I mean, if you think about it... if you want to start talking about how systems are bad from the bottom up...

Justin: Yes. Exactly.

Sydnee: These were probably six friends, right? I mean, or at least six acquaintances. And everybody who joined these original six probably felt that they were of good moral character and social standing. And... honestly wanted to do the best for their patients. I mean, I'm sure they felt they did. [laughs]

But they started this society, and many other schools followed suit. Very quickly within the next few years, you would see other medical schools starting their own chapters of AOA. And even like, very prestigious schools, like Harvard and Johns Hopkins, within the next few years, would start their own chapters.

So, it really caught on very quickly. And that—and the exclusivity of it was a big part of the allure. Right? Like, first of all, in the beginning, you could only be considered even have a chapter if you were like, what they would consider a legitimate medical school. Like, okay, Harvard, you'll pass.

Justin: Right.

Sydnee: But uh—

Justin: But Uncle Justin's School for Discount Medical Learnin'... you are on the wait list.

Sydnee: Well, and this, specifically, would exclude places, um... like the eclectic medical colleges that were popping up and things like that.

Justin: Right.

Sydnee: So aimed at like, some good stuff, which is like, we don't want to include schools that aren't teaching science-based medicine. But bad stuff, because you don't look like us, and we don't think much of you, so you can't have a chapter.

Justin: Right.

Sydnee: So initially, they were only at the best medical schools. Uh, and the way that they would choose members... so they had to come up with a way to choose members. So, if you were ranked in the highest tier of your class, now it's the top 25%. I don't know what it was—I think it was something similar at the time. Like, the top quartile of your class.

Then, your name was on a list for consideration. And this—this has changed over time, but in the beginning, what they would do then, is take this top 25% of the medical school class, send that list of names around to all the faculty members of AOA. Because the faculty members didn't have a vote for, all they had was a vote against. So they had like, veto power.

So basically, they would send this list around to all the faculty, and the faculty would weed out anybody who they knew... wasn't... I don't know.

Justin: Was a bad boy who played by their own rules.

Sydnee: [laughs] Exactly. They would rule out all the Gregory Houses.

Justin: Right.

Sydnee: And uh, then, they would send, once they had the list, y'know, if it was pared down, they would send it to all the student members. And the student members would get to vote on who to choose. And the reason that they let the student members actually do the voting and, y'know, whittle it down to the ones who were selected, were because there was a belief that the students would know better if there was dishonesty, or poor character among their fellow students.

Justin: Maybe that stuff didn't rise up to the... to the uh... well, it's kind of like—it's also like, peer accountability, right? It's like, the idea—or at least, in concept, the idea that like, y'know, your teachers may not find out, but the students talk, and they know everything, and... they'll weed out the bad eggs.

Sydnee: Which, again, like... I think it's important to look at that and see where, sometimes, you are doing things without the intention of discrimination. But it is. I would, having been in medical school, the students do know. [laughs] You do know, when you're a student, what's going on with other students a little better than... once I was a resident, and now being a faculty member, I'm sure I don't know everything that's going on. I don't know all those things that the students know about each other.

So like, I can see where that idea came up. But what this also does is, start to exclude people you just don't know as well.

Justin: Right. Right right right.

Sydnee: That you just didn't hang with. Y'know? But I—

Justin: They maybe kind of kept to themselves, or didn't, y'know, weren't as close friends.

Sydnee: And is that intention baked in? Do you want to keep it exclusive to just your friends? Or is it just an accident? Does it really matter if it's perpetuated? Either way. That's how it starts, that's how it continues.

Um, the society did expand to include women in 1906, so pretty soon. And they made a statement early on in AOA, there is a statement that they do not discriminate against anybody for entry, for any reason. Y'know, so they—they claimed diversity pretty early. Y'know, whatever—whatever your race, whatever your gender, you are welcome in this society, as long as you, uh, are a, y'know, academically founded. Basically, a high performing student who has good moral character. That you are welcome in AOA.

Um, they claim that from the beginning. Now, whether that's the reality... we're going to talk about. But before we do that... let's go to the billing department!

Justin: Let's go!

[theme music plays]

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Justin: So, Syd, it seemed like the wheels were about to come off a little bit.

Sydnee: Before I tell you, like... before I bring you up to date with AOA and why we're doing an episode about it, what has shifted, um... I think it's important to remember, uh, to talk briefly about the Flexner Report in 1910.

So, when AOA started, there were very clearly segregated medical schools. There were white schools, and there were black schools. And there were not nearly enough. Well, first of all, of course, there shouldn't have been segregated schools. But if we are also trying to create black physicians, there weren't enough schools to do so to begin with.

Now, the Flexner Report was the result of – and I think we may have mentioned this briefly on the show before.

Justin: Sounds familiar, yeah.

Sydnee: Abraham Flexner spent two years, funded by the Carnegie Institute, traveling the US and Canada, basically evaluating all the medical schools. Because of all the stuff we talked about, how medical schools were all kind of doing their own thing, and being a doctor who came from one medical school in this part of the country did not necessarily mean the same thing as being a doctor who came—y'know what I mean?

Justin: Right. So they're trying to create a little bit of like, homogeny. Or at least, standard baseline.

Sydnee: I would say 'homogeny' is a very apt word in this particular context. So, Flexner went around, and he came out with the Flexner Report, which was like a book. I mean, it's a giant report, in which he kind of lays out his prescription, so to speak, for streamlining medical education and fixing all the problems and making everybody—all the schools do the same thing.

As part of that, he wanted to—one, he felt like there were too many medical schools. So he thought we needed to close schools in general. We don't need this many medical students, we don't need this many schools. We need to close some schools. And two, if we're gonna close schools, I wanna close the schools that are the furthest from meeting the standards I feel like schools need to meet.

Now, as a result of this, he closed all but two black medical schools. So, already, you're seeing a problem.

Justin: Why did—why did he have the ability to close medical schools?

Sydnee: Okay, well, no, I should clarify. He did not—he recommended.

Justin: Okay, got it.

Sydnee: Based on his recommendations, all but two black medical schools were closed. Thank you for clarifying that. Yeah, he would not have had the authority, but his recommendations were taken quite seriously. The echoes of the Flexner Report are today, in today's medical education. I mean... this was a big deal. In the history of medical education, this Flexner Report is defining.

So anyway, he closed—so, because of this, all but two black medical schools were closed. Um, he also... in the report, there is an insinuation that, perhaps, black doctors are best, uh, left to only serving black patients. And that they might have sort of a lesser role in the medical hierarchy, as I believe he calls them, 'sanitarians,' insinuating that a black physician... he doesn't say this explicitly, but you definitely get a feel that a black physician could never be equal to a white physician.

So, they have a place, but it is not at the same place that he would rank a white physician. And again, this is not—it is not explicit in the report, but that is certainly the feel that people got. And it also kind of solidified the picture, not just of a perfect medical school, but of a perfect doctor.

The idea of what a physician should be and look like was a very white, male, New England, refined, probably from a better family, probably a little more affluent... y'know, conservative, austere kind of figure.

Justin: Which is wild, because if you think back, and you think at like, especially... I mean, this is definitely—this is probably better, uh, in recent years, obviously. But if you think back to like, shows you watched when you were a kid or whatever, any time a doctor is represented, like, you have just described is the same stock dude.

Sydnee: Yes.

Justin: Every single time somebody goes to the doctor.

Sydnee: And this—this uh, this Flexner Report really...

Justin: Dr. Hibbard from The Simpsons is the only counterexample from my childhood that easily springs to mind.

Sydnee: I'm really happy that our kids have, uh, Doc McStuffins' mom.

Justin: Yeah, absolutely.

Sydnee: Yeah. Um, but I uh—I—

Justin: Although, it must be extremely hard for her to get taken seriously, uh, besides her race. Definitely just the name, McStuffins, must be extremely challenging to be taken seriously as a professional in this world.

Sydnee: Uh, have you watched the show?

Justin: Yeah, what? What are you talking—yeah! What?! Yes!

Sydnee: She runs that place. I bet she has no probably being taken seriously. McStuffins or otherwise. [laughs] Uh, anyway. My point is, it really gave America its idea of what a doctor was. And what a medical school should shape doctors into.

It obviously created way fewer pathways for black students to become doctors, for black people to become physicians in this country. It also limited pathways for women as well; although, he did not explicitly say that the way he did against black physicians.

Um, but as a result of this, it wouldn't be until, uh, the '50s that medical schools were integrated. And at that point, I mean, like, the integration is so essential, not only because it's the right thing to do, obviously, but because there were so few black medical schools. So, you have segregation, and you have no schools for anybody to attend.

So of course we have this huge disparity in the percentage of the American population, as we've talked about, that is black, and the percentage of physicians that are black. There is a huge difference there, and this is the root of that. This is part of the root of that. Obviously, there are many, but this is a big chunk of it.

Justin: Right.

Sydnee: So, I think it's important to remember that... that culture of medical schools, of medical training, of medicine in general, goes beyond AOA. It is ingrained in the way we teach students. It has been part of the roots of medical schools for a long time.

Now, all of this, when it comes to AOA, to zoom back into Alpha Omega Alpha specifically... all of this was called into question in 2017. There was a study that came out – and I say that. It has probably been called into question many times on individual levels. But it was published in JAMA Internal Medicine, the Journal of American Medical Association Internal Medicine journal.

Justin: Good. You guys are great.

Sydnee: We're great at naming things. Uh, in 2017, that looked at the racial breakdown of AOA members. And basically, what the study said was, let's, uh, look at—it was Dr. Boatright was the lead author. Let's look at AOA

honor societies and say, let's control for the things that should be the same, right? Let's remove from there, step one scores. That's your first board examination that you take, so that's a big giant test that we all have to take.

Uh, let's take out of it research. How much research they're doing. Let's take out of community service. Let's take out of it leadership activity. Let's take out of it membership in the Gold Humanism Honor Society, which is another honor society. Let's take all that out of it. Let's control for all that, and then see...

Justin: And what would that leave? Just—

Sydnee: Well, then we're just... race. Like, if you remove all that, what accounts for the difference?

Justin: Mm-hmm.

Sydnee: Like, what percent of students are white or black or Hispanic or Asian? And what they found is that, even controlling for all that, if two students have the exact same board scores, research experience, leadership, all that stuff... you are still more likely to be in AOA if you're white than if you're black.

They found that both black students and Asian students were, uh, less likely than their white counterparts to be members of AOA, and that this could reflect a bias. And this could impact these students, these physicians, for the rest of their career.

So, a lot of medical schools started to reexamine the whole thing. 'Cause again, this is one of those things that we probably should have known. We should have known. Not probably. We should have seen... but we didn't see. And so, then it was called to everybody's attention. And if you look at the selection process the way it is now, this can help understand.

And it's important to know, too – every chapter can do the selection process their own way. There's some general rules laid out by the national office, but like, how you apply those rules are really specific to each chapter.

The general idea is that the top quarter of the class is still eligible. So basically, if you're in the top 25% of your class, you get sent an application. I got an email. You're eligible for AOA. Fill out this application.

So, you fill out your applications, and the students will have to report things like grades, scores, research, leadership, uh, community service, awards they may have received... that kind of stuff.

Justin: Okay.

Sydnee: Then, the society meets and looks at all this. So you have a meeting, and they sit down with all your packets of all your stuff, and then they vote. And now, what you do in the middle there is up to interpretation. Do you want to use some kind of scoring system to like, rank each student based on what they've turned in? Whatever. It doesn't matter.

Justin: American Gladiator style physical combat, with like, Nerf weapons and stuff like that.

Sydnee: They encourage you to come up with objective ways to evaluate all this criteria, and then, at the end, of course, there's a vote.

Justin: One could say that—well, then they're gonna have to go to the Aggro Crag, because that radical rock is objective. It's just about, can you get to the top? D-d-d-do you have it?

Sydnee: Guts.

16% of the class can be inducted. So a different number of students, depending on the size of the school. And then, of course, like I said, there are also residents and fellows and attendings. But the students are the important thing, because when I applied to residency programs, and I was filling out my—'cause you fill out a general application that you send to all the different residencies you may like to attend. You may be interested in attending.

When I did that, there is a box that you can check for AOA membership. It is its whole, own box. There are places where you can list awards and leadership and organizations and positions... but there is—

Justin: Saved a kid from a burning building.

Sydnee: You can list that on your appli—there are places for you to write that stuff down. But... AOA is its own, distinct box. I say that to outline what a big deal it is. 'Cause once you can check that box... there are a lot more opportunities open to you. The ability to get into the very competitive specialties.

And even, we've actually, there have been studies done that show, uh, people who are in AOA have a higher likelihood of going into the um, the better lifestyle specialties. Like, they have a subset of medical specialties that are considered the most conducive to like... y'know, you get to have a balanced lifestyle. You can see your family, you can go on trips, you can do hobbies and stuff, and do medicine. Those are the more lifestyle specialties. You are more likely to get into a lifestyle specialty if you're in AOA than not.

So, these are—this has been proven. Um, it also, outside of like, the very specific, they're gonna look at your application and... y'know, if it's a really competitive specialty, and you have... each spot, you have 20 applicants for, and 19 of them are in AOA and one isn't... well, that's a really easy...

Justin: Yeah.

Sydnee: That's a really easy choice. I'm not saying—and I'm not saying this is the only thing that people look at. But like, it's there.

Justin: It's up there, yeah.

Sydnee: It's up there. It is looked at. Um, it also feels like an exclusive club. I say this based on my own experience. When I was interviewing for residency programs, uh, one of—when I sat down with an interviewer with an interview at one program, the first thing that she said to me, the very

first thing was, "I'm so happy to finally see a fellow AOA member. It's so refreshing."

Because I am not in a specialty that is considered competitive. Y'know, we need more family doctors. So, I... you don't necessarily—there are certainly a lot of us out here who were in AOA in family medicine, but you don't necessarily see as many.

Justin: Lot of those AOA people goin' for the big bucks and other specialties.

Sydnee: Yeah. Well, you can. You are eligible to make a lot more money in those other specialties than I am in mine.

Justin: Yeah, I don't think people—I don't think laypeople especially appreciate how, like... I think it's assumed that like, doctors make a lot of money, period, end of sentence. And I think, compared to the median, doctors make, overall, if you average the amount, more. But I think that you—people would be shocked to know the kind of disparity that there is, just in like, just between doctors.

Sydnee: Even, I mean—

Justin: Which I bring up mainly to highlight part of this... y'know, part of this issue, the way it's all tied together.

Sydnee: Yes. There are definitely, as a family medicine doctor, I can tell you there are physicians in our community, in other specialties, who make...

Justin: Multiples, right?

Sydnee: Multiples of my salary. Many multiples of my salary.

Justin: What are—can you—like, what are a few that are just like, known as being some of the... radiology is one.

Sydnee: Radiology. And interventional radiology, specifically. You can make a lot of money in those specialties.

Justin: Which is...

Sydnee: Um, that's when like, they—you don't just like—a radiologist is gonna look at the pictures and interpret, y'know, studies. Imaging studies. An interventional radiologist does the procedures that you do while using radiology.

Justin: Which is x-rays, right?

Sydnee: Yeah. I mean, well, radiology is x-rays, CAT scans, MRIs... ultrasounds...

Justin: Oh, okay.

Sydnee: Like, there's tons. All imaging. A radiologist reads all the imaging. But a radiologist is mainly going to be sitting in a room, reading images and giving reports, whereas in—

Justin: And making bank!

Sydnee: And making bank. And an interventional radiologist is going to be actually seeing the patient and doing a procedure on them while using... radiology to visualize what they're doing. Does that make sense?

Justin: Yeah. Anyway. I'm distracting—

Sydnee: Many of the procedure-based specialties typically make more money. Like, orthopedic surgery. Because the way that the American medical system works is, you're reimbursed a lot more for a procedure than you are for sitting and talking with somebody and prescribing a medication or something.

Justin: I mention this not as a detour. When we're talking about systemic racism and really trying to like, root it out, and the ties to income inequality,

like... this is part of what we talk about, right? You get the—it's the chain that I was trying to describe. Like, you get the AOA check, then you can make a lot more money. Y'know, you have the opportunity to make a lot more money. And it's all, y'know, uhh... all tied together.

Sydnee: For sure. Yeah. 'Cause there, uh—again, anecdotally, I know, I have heard there are some specialties that, I mean... they look for that box. That box is a must. And I do not think that is universal to every program, but I know specific programs where that is a must to get into their competitive specialty.

Uh, so, what goes wrong with the process? Like we talked about, it's different for each chapter, so it's hard for me to say what's going wrong all over the place, because everybody could be applying these rules a little differently. And that's probably part of the problem, right?

Justin: Yeah.

Sydnee: 'Cause each school can kind of do their own thing.

Justin: Right.

Sydnee: And everybody always thinks that's a good thing in this country, but...

Justin: [laughs]

Sydnee: [laughs] That rarely works the way we want it to. Um, so it could just be subjective. Like, you see the voting part, and it's really easy to see where friends... like, oh, I know that person.

Justin: I know that. I know who the person—yeah.

Sydnee: And it's not inten—it's never... I'm not gonna say it's never. But so often, it's not overt. It's not saying, "Well, I'm gonna choose that student because he's white." It's not like that. It's, "I know that guy because we hang out together, and so, I'm gonna choose him, and I'm white, and so,

also, he happens to be white, and so, I'm gonna choose him." That's how these things happen.

Justin: Because I hung out with white people when I was a kid, because that was what I was most comfortable with, and so on and so on and so on and so on.

Sydnee: Yes. And so, like—and it's really important to recognize that, because people get so defensive and want to say like, "But I'm not racist! I would never! I would never!" No, it's not—you're not saying it out loud. You're not trying to do it. It's just the way our society has formed, and it's why we have to break it all down.

Justin: And it's why we talk about things in terms of like, systemic racism, because you have to understand that like, the system that you're part of is racist. And even if you are not, if you have 100 people who are non-racist in a systemically racist program, it's still racist. [laughs] Like, it still is!

Sydnee: Right. And I think this is evidenced by the fact that... there was one school that tried to fix this. The Icahn School of Medicine at Mount Sinai dug deep into this to try to fix this system. To try to see like, "Is it just that simple? Is it just that, when we vote, we're tending to vote for people we know better, and they happen to look like us, and so, that's the problem?"

So, they looked at their chapter, realized that it had a racial problem. That white students were way more represented than everybody else. So, they came up with a new system. They blinded all their members to who would be like, in a study. When you blind a study. To who would be, um... to what the candidates looked like, and they anonymized them. So they took all the steps necessary, you would think, to eliminate race as a factor. They just showed them all of the good stuff, right? Here's all the good stuff that the students did. Pick them.

It still didn't work.

Justin: Why not?

Sydnee: Okay. So, just like we've been talking about, the problem that exists within—and AOA has been—I will say, as a member of AOA, I am happy that they are, at least... they're talking about it, they're—'cause this—this study out of Mount Sinai came out last month.

Justin: Hm.

Sydnee: They just put this out, that they are going to suspend their AOA chapter, because it cannot be done fairly.

Justin: Hm.

Sydnee: So, and this just came out. And AOA addressed it, and of course, they're not thrilled about it, but at the same time, they see the problems. They are recognizing there are these problems.

Uh, the system of medical school... creates all of these inequalities in what you can achieve. That it looks like—it's always going to look like a white student might be more qualified than a black student. Or not always, but it is often going to look that way. Let's think about how grades are assigned.

In your third and fourth year of medical school, a lot of your grades are subjective. How well did the student do on the rotation? How good is their bedside manner? How well did they connect with patients? How, um... how organized were their presentations? How, y'know, professional did they act?

Justin: Mm. Mmm!

Sydnee: These are—yes. You can see how many places—

Justin: Yeah, you don't have to peel too many layers of the onion to see the...

Sydnee: And again, I am not saying people are intentionally grading based on race. That's the thing with implicit bias. You don't see it. It's just in you, and you don't know it's there until you challenge yourself, y'know, to change it.

So, grades are part of it. When it comes to, um, research. Research. So, it's big in medical school to like, partner with an attending and do some research. Get your name on a paper. That looks really great. Especially if you want to go into something like orthopedics. It looks really great if your name is on a paper.

Who gets to work with the attendings? Who do the attendings like, know and offer? Like, hey, I'm gonna write up this patient. You want to work on the case with me? Again, we're getting into like... who do I feel comfortable with? Who looks like me?

Who has the time? When we're talking about things like community service and things like that, I didn't work in medical school. I spent all my time devoted to medical school. I didn't have to work. It was just me and you, and you worked. And so, I didn't have any family to support. I didn't have any bills to pa—I mean, we had bills, but y'know, you paid them.

That's privilege. All that privilege gave me more time to do another research project. To do another community service project. To do all that stuff. That's all privilege that allows you to participate in that, and then, we turn around and reward your privilege with the privilege of being in AOA, which is rewarded with the privilege of a competitive medical specialty, which is rewarded with the privilege of a great lifestyle and a big paycheck.

Justin: Which is awarded the privilege of choosing the med students that will work with you on research projects, and so on.

Sydnee: And who do you give awards to? Who do you make the leader... who gets voted to be president of different clubs? I mean, all this stuff is tangled up with discrimination and implicit bias.

And so, when you start looking at other criteria... it's all a problem, who gets to be in AOA. It all starts to fall apart. So of course, if the system is inherently racist, of course, the honor society is gonna become racist, too. It's just an extension of that system.

So, some schools don't have them. There are a handful of schools out—not many, but there are like, seven or eight. I think this might make eight, that don't have chapters. Um, some, in part, because of the racial issue. Some, just because it creates this really unhealthy competitive atmosphere within the students, where you're not really focusing on being the best doctor you can be, as much as beating all the other students.

Justin: Mm, mm-hmm.

Sydnee: Which is a culture in medical school that we don't need. And there are lots of things in place to try to eradicate that. That's already a known problem.

Um, but what needs to be addressed is so much deeper than that. And they've talked about it, that Mount Sinai study talked about it. Um, and AOA has kind of mentioned it. But I think what we all need to address in medical education – and I say this as a faculty member – uh... maybe the whole way we grade and evaluate medical students... maybe it all needs to be reexamined.

I mean, why do you need an A or a B or a C or a D for a medical student? Why aren't they all pass fail? I mean, either you can be a doctor or you can't be a doctor.

Justin: It's a joke that doctors and their families tell a lot as, uh... what do you call a doctor who made all Cs in med school? A doctor.

Sydnee: Yes.

Justin: I mean... [laughs]

Sydnee: I mean, and I say this, by the way, like... as a student who went into medical school – and I truly believe, in my heart of hearts, that I did want to help people, and that I went into medical school for what I think are the right reasons. I truly believe that.

But that being said... I did want to be the best, based on their criteria. I fell into that trap very quickly. I made straight As. I had very high board scores. I had that AOA box checked. I wanted all that. All those honors and accolades. I was part of that... that very negative, unhelpful, and discriminatory piece of med school. I fell right into that.

Because when you are the kind of person who is used to – and I think medicine attracts this – high performing people, y'know, who want to be the best, and who like when people tell them they're good, who like praise, uh, that this feeds into that very easily. And... I think that, until we do away with that... I mean, and that's not the whole problem, obviously. There are many problems. Y'know, we've gotta get into who gets into medical school, as well, and that's a whole other issue.

Justin: Mm-hmm.

Sydnee: But in medical school, it shouldn't really matter what your grades are, your scores are, as long as you know enough, and you care about people, and you are capable of doing the job. Why does the rest matter?

And I think like, if we started looking at, maybe if your—maybe your ability to overcome barriers to get into medical school and become a physician... maybe that's more valuable than a really high board score.

Justin: Mm.

Sydnee: I would argue that it is. Maybe your capacity for compassionate communication is more important than your GPA. Um, I think that... y'know, a pass fail system would be a really easy way to start with these things. Because I can teach—as a medical educator, I will tell you, I can teach students and residents. I can teach them anatomy. I can teach them bacteriology. Y'know, I can teach them biochemistry. Well... I don't want to teach biochemistry, but you get the idea. I can teach that stuff.

But I can't teach you how to be worthy to serve the suffering. That—that is a whole other thing. And the idea that, um, in AOA, where that is our motto, which I took very seriously, and I think should be taken very seriously... to

be worthy to serve the suffering, we need a different culture. And if we change that culture, that is one piece of diversifying who is a doctor, who gets to, y'know, be in whatever specialty they want to be, and how do we change the American medical system so that it reflects the population of our country better?

Justin: Mm-hmm. Well, here's hoping. At least—I mean, this is relatively new, like you said. At least they're recognizing it. I mean, I don't know if there's a fix, but...

Sydnee: Yeah. I have hopes for AOA in that I, as a member, I know personally – and like I said, a former councilor – I know personally, a lot of the members, I feel like... there will be a drive to do better. I hope there will. I hope there will. Um, because until we can make it better, I don't think it should be considered in residency interviews, y'know?

Justin: Mm-hmm.

Sydnee: Until it's more fair.

Justin: And I mean, also, why am I excluded? As long as we're talking about it.

Sydnee: Well, honey, you're not... you're not a doctor.

Justin: Doesn't seem fair.

Sydnee: Or a medical student.

Justin: That just doesn't seem fair. Thank you so much for listening to our program. We hope you've enjoyed yourself. Uh, we are part of the Maximum Fun network. If you want to listen to more great podcasts, head on over to MaximumFun.org and check them totally out.

If you want some Sawbones merchandise, you can go to McElroyMerch.com, and you will see a bevy of beautiful, uh, items just waiting to be bought up

by you, our beloved listeners. I'm sorry I made you seem like sheeple that I was herding into our merchandising wagon.

Sydnee: Can I—can I say one thing? The student, Giselle Lynch, who was quoted in all the articles about Mount Sinai, who helped with this study that just came out last month, really... I think it's really impressive how a medical student took it upon themselves to see this problem and speak out about it, and take on a system that... I mean, is so entrenched. And I imagine, got a lot of pushback about. A lot of people were probably angry.

I just think—I really admire that. I wish I had had more of that stuff in me when I was younger. I'm glad I have a little bit of it now, but I just wanted to congratulate her on doing what she did.

Justin: Thank you so much for listening to our program, and be sure to join us again next week for Sawbones. Until then, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And as always, don't drill a hole in your head!

[theme music plays]

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