FROM THE EDITOR'S DESK

How Can Medical Journals Promote Equity and Counter Racism?

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Few these days would contest that racism in the USA, from slavery to Jim Crow laws to redlining to today's police profiling and anti-Black violence, manifests itself in the health and health access of those in our care. Structural racism prevents optimum health through the intertwined problems of inequitable education, unsafe neighborhoods, lack of healthy food, hopelessness, despair and poverty. The lived experiences of our patients and innumerable studies confirm it. Our physician workforce remains woefully less diverse than the populations that we care for, and those of us of color experience racism at the hands of professional colleagues. Many of our institutions have racist foundations, excluding Black (and female) medical students, and relegating Black patients to wards (or separate hospitals) while White patients had semi-private rooms. Harriet Washington lays out the history of medical experimentation on Black bodies as our legacy in her book *Medical Apartheid* [1]. What can a medical journal like *JGIM* do to help combat racism and its consequences?

The first (but far from last) step is to point out the inequities. Since 1993, *JGIM* has published nearly 600 papers that focus on aspects of diversity, disparity or health inequity, more papers than other leading general medicine journals (Fig. 1). When examined as a percentage of all papers published, *JGIM*'s commitment becomes even clearer (Fig. 2). Over the last two decades, 7% of our articles have focused on some aspect of health care disparities. This is similar to journals that focus on health care policy, such as *Health Affairs* (542 total papers, 7% average) [2]. We encourage other journals to take up this mantle and we applaud recent moves to routinely explore the potential impact of racial disparity on outcomes.

All journals should critically examine medical dogma that has treated race as a genetic rather than as a social construct [3].

The second step is to name the cause. Medical journals, including ours, have fallen short in naming these disparities as arising from overt or structural racism. A PUBMED search, using the terms (*racism or racist*) AND *journal title[ta]* produced remarkably few papers with these terms in their title, abstract or key words (Fig. 3). *JGIM* is no better in explicitly naming this elephant in the room. Disparities in social determinants of health are inevitably the consequence of structural racism; articles that focus on social determinants without naming racist underpinnings are falling short.

The third step is to go beyond the measurement of inequities and demonstrate solutions. What strategies can *JGIM* share that will enable individuals, to move from acknowledging personal implicit bias to mitigating those prejudices? What efforts in clinical units are bringing us towards equity? What institutional approaches are mitigating local or larger manifestations of structural racism? Examples of *JGIM* publications that seek to move the agenda forward include one on how to speak about racism with one's patients [4], calls for reforming medical education to fight racism [5], and developing curricula to reduce implicit bias [6]. The pool of interventional studies is lean, at *JGIM* and in the world of publishing. There is much more to be done. We are looking forward to publishing the next phase of disparity research, work that moves to narrow the gap.

Perhaps the hardest step is to turn the mirror on ourselves. Journals are in the business of advancing medical knowledge and improving health. We are an important manifestation of the concept of lifelong learning. The task of practicing anti-racism requires a mindset of lifelong learning both in publishing work that brings us closer to solutions, [7] and committing ourselves to continual learning about what we can do individually to be our best possible selves. *JGIM* has recently revised our instructions for authors, pointing out that some categories of diversity, such as race, are social rather than biological constructs. We encourage authors to clearly define these constructs, explain the source of classifications used (e.g., self-report, investigator observed, database, electronic health record, survey), and justify their inclusion in analyses. We also encourage authors to explore the role of racism in study

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Search query: (health disparities OR racial disparities OR healthcare disparities OR ethnic disparities) AND *journal name*[ta]

Figure 1 Number of articles published focused on disparities

Figure 2 Percentage of articles published since 1993 that focus on disparities

Search query: (racism OR racists) AND *journal name*[ta]

Figure 3 Number of articles that name racism

findings and to explore the mechanisms and impact of racism on disparities and inequities.

We pledge to be a leader in this fight. We will continue to publish articles that focus on equity, highlighting articles focused on describing and ameliorating disparities and inequities. We will (1) recruit a diverse pool of editors and editorial fellows, (2) push authors to identify and name disparities as examples of structural racism, and (3) work with the Society of General Internal Medicine's Health Equity committee in their important work. We invite authors to continue to submit to *JGIM* and invite readers to suggest ways in which we can improve.

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