



ACTIVISM INSTEAD OF ANATOMY: THE SORRY STATE OF MEDICAL SCHOOL CURRICULA

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Do No Harm

DoNoHarmMedicine.org

A light blue rectangular box with rounded corners is centered on a dark blue background. The box is held in place by four orange corner brackets. At the top center of the box, there is a dark blue semi-circle with an orange dot in the middle, resembling a binder ring. Inside the box, the title 'TABLE OF CONTENTS' is centered in a bold, dark blue font. Below the title, a list of sections with their corresponding page numbers is displayed. Each line consists of the section name, followed by a dotted line, and then the page number on the right.

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EXECUTIVE SUMMARY

If medical schools are short-changing rigorous training in science for the political indoctrination of future doctors, there are real consequences. Lives are on the line. This is why documenting the extent to which medical education has become politicized is critically important.

This report systematically examines the course catalogs of 20 leading medical schools to identify the relative emphasis given to radical political goals compared to traditional medical knowledge. It does this by searching for key terms that are emblematic of what can loosely be described as the diversity, equity, and inclusion (DEI) political agenda as well as key terms associated with a scientific medical education. The findings confirm that social and political issues have begun to meaningfully crowd out traditional medical training in American medical schools. This is not an isolated development in a handful of atypical medical schools, but a broad change that is affecting the future of medical practice across the country.

BACKGROUND

Several prominent medical school professors and students have shared accounts revealing the distorted priorities of America's medical schools, sparking concerns. Stanley Goldfarb, previously the associate dean of curriculum at the University of Pennsylvania's Perelman School of Medicine and currently the chair of the board for Do No Harm, was the first to draw attention to the issue in 2019 with a **Wall Street Journal article** and **book**, both titled, "Take Two Aspirin and Call Me By My Pronouns."

Jeffrey Flier, the former dean of Harvard Medical School, expressed similar concerns in a more recent **piece in the Free Press**, warning that "diluting rigor and precision with ideological agendas will degrade the quality of medical education." Kevin Bass, who attended medical school at Texas Tech, cataloged his experiences in the New York Post, **declaring**: "Ideology has replaced health care."

Journalists, like Heather MacDonald and Aaron Sbarium, have also described dramatic changes in medical education. **MacDonald revealed** how the American Medical Association (AMA) and the **American Association of Medical Colleges** (AAMC) have elevated social and political issues in medical training. These organizations control the sole accreditor of MD-granting institutions, which gives them enormous leverage to dictate how those schools train future doctors. In 2022 those organizations outlined **a new set of political "competencies"** that all medical school graduates should possess, including the ability "to demonstrate knowledge of the intersectionality of a patient's multiple identities and how each identity may result in varied and multiple forms of oppression or privilege related to clinical decisions and practice."

Sbarium did an in-depth investigation of the University of California, Los Angeles medical school, showing how the academic performance of its students dropped as the medical school made diversity and DEI trainings a priority. In particular, **Sbarium found** that "in a mandatory course on 'structural racism' for first-year medical students at the University of California Los Angeles, a guest speaker who has praised Hamas's October 7 attack on Israel led students in chants of 'Free, Free Palestine' and demanded that they bow down to 'mama earth.'"

Others have claimed that these concerns about changes in medical education are misguided. A **Harvard Medical School student, LaShyra Nolen**, argues that the increased attention to social and political issues is not coming at the expense of rigorous scientific training: "Antiracism opponents fail to recognize that health equity is an enhancement of and not a substitute for the biomedical core competencies of trainees and physicians."

A doctor who writes **a blog for the New England Journal of Medicine**, Paul Sax, objects that there is no evidence demonstrating that political priorities are short-changing scientific ones: "Cultural diversity, gun control, climate change, health disparities. Teaching about these topics 'comes at the expense of rigorous training in medical science.' [Goldfarb] cites no actual data that this is true, of course, which means it's his opinion..."

It is clear that the discussion over priorities in medical education would benefit from systematic evidence that revealed how much emphasis is being given to social and political goals relative to traditional scientific ones.

METHODOLOGY

The DEI agenda represents a departure from traditional American norms of treating people as individuals, each possessing equal political rights, to a view that people can be categorized by their racial and sexual identities and should be treated differently in light of those group identities. Some groups can be viewed as “oppressors,” who deserve to be stripped of their “privileges,” while others can be viewed as “oppressed,” who deserve restitution for collective and historic wrongs.

We identified eight terms that are commonly associated with the DEI agenda: diverse/diversity, equity, inclusive/inclusion, justice, social, race/racism, identity, disparities. We will refer to these as “politicized” terms for the purpose of this report. Depending on the context, these can be laudable concepts that are independent of this ideology. Taken together in the context of medical school curriculum, however, we could reasonably infer that the more frequent appearance of these terms is an indication of greater priority being given to this political agenda.

For comparison we also identified a set of eight terms that are commonly associated with a traditional medical education with an emphasis on scientific rigor: chemistry, anatomy, physiology. Hippocratic/Hippocrates, placebo, iatrogenic/iatrogenesis, randomized, obesity.

We then searched among the top-rated medical schools according to **US News** to find lists of courses and course descriptions on their respective university websites. Surprisingly, many medical schools do not appear to post course catalogs, preferring instead to offer general descriptions of their curricular goals for each year of medical education. Starting at the top ranked medical school, we had to go as far as the 58th ranked school to find 20 medical schools with searchable lists of courses and course descriptions. The availability of these course catalogs was not correlated with the ranking of the school or any other obvious characteristic that would suggest that those with missing course catalogs would yield significantly different results if their course lists could be found. It is reasonable to assume that the availability or absence of the course catalog is essentially random and unrelated to how political their curriculum is.

For each course catalog, we searched for and counted how frequently the eight politicized and eight scientific terms appeared in each medical school’s list of courses and course descriptions. For some of the medical schools, the course catalogs were contained within a bulletin that included descriptions of programs, policies, and degree requirements. In those cases, we searched the entire bulletin.

The technique used in this report is a type of content analysis commonly used in medical and other academic research. **According to Columbia University’s Mailman School of Public Health**, “Content analysis is a research tool used to determine the presence of certain words, themes, or concepts within some given qualitative data (i.e. text). Using content analysis, researchers can quantify and analyze the presence, meanings, and relationships of such certain words, themes, or concepts... Researchers can then make inferences about the messages within the texts, the writer(s), the audience, and even the culture and time of surrounding the text.”

In the journal **Qualitative Health Research**, searching for particular words in text is described as “a summative content analysis” which “involves counting and comparisons, usually of keywords or content, followed by the interpretation of the underlying context.”

An example of this technique used outside the field of medicine can be found in the journal **Quality and Quantity**, which used keyword searches to identify trends in statistics research. As the authors describe it, “The words that occur in papers published by the journals of an old and prestigious scientific society like the American Statistical Association portray the most relevant research interests of a discipline and the recurrence of words over time show fashions, forgotten topics and new emerging subjects, that is, the history of a discipline at a glance.”

While keyword searches are sensitive to the terms chosen for examination, if the words are selected with a sound theoretical basis, the results can be informative.



RESULTS

The frequency of politicized terms exceeds scholarly, scientific terms in medical school course catalogs. Combining results for all 20 medical schools, the eight politicized terms for which we searched appeared 2,406 times, while the eight traditional terms appeared only 1,928 times. The most common term was “social,” appearing 887 times across 20 course catalogs, or a little more than 44 times, on average, in each medical school’s list and description of courses. (See Table 1)

Table 1 | Combined Results from 20 Medical Schools

Term	Count	Average	Scholarly
social	887	44.4	N
physiology	873	43.7	Y
anatomy	539	27.0	Y
diverse/diversity	505	25.3	N
chemistry	412	20.6	Y
race/racism	261	13.1	N
equity	254	12.7	N
inclusive/ inclusion	178	8.9	N
disparities	130	6.5	N
identity	102	5.1	N
justice	89	4.5	N
obesity	69	3.5	Y
randomized	18	0.9	Y
placebo	10	0.5	Y
iatrogenic/ iatrogenesis	4	0.2	Y
Hippocratic/Hippocrates	3	0.2	Y

Politicized Total	2,406
Scientific Total	1,928

Medical school courses focus more on social issues than they do on foundational ones, like physiology, anatomy, and chemistry. “Diversity” appears more frequently in medical school course catalogs than does “chemistry.”

Obesity, which is one of the country’s most serious health challenges, appears in medical school courses less often than every one of the eight politicized terms for which we searched. Medical school courses focus more on “justice” than they do on “obesity.” The word “equity” appears more than three times as often as “obesity” in medical school course catalogs.

Basic terms in medical research, like “randomized” or “placebo,” hardly appear in medical school course catalogs at all. A social/political term, like inclusive/inclusion, appears almost 10 times as often as does the word “randomized” and almost 18 times as often as “placebo.” Medical school coursework appears to be much more concerned with conveying ideological goals to future doctors than with teaching them how to interpret, let alone conduct, scientific research.

The danger that medical interventions might cause harm is barely a concern, judging by how infrequently “iatrogenic/iatrogenesis” and “Hippocratic/Hippocrates” appear in medical school course descriptions. In most medical schools, these terms cannot be found at all in the course catalog. Rather than teaching the importance of caution and humility, medical course courses seek to empower future doctors to address racism and disparities. Perhaps medical schools should emphasize the need for restraint given how doctors might cause social as well as medical harm even as they seek to help.

If we break out the results for each medical school, the patterns are fairly consistent, especially among the top-ranked institutions. Among the 10 highest ranked medical schools we examined, seven had more politicized terms than scientific terms in their course catalogs. This was true for medical schools at Harvard, University of Pennsylvania, Stanford, Vanderbilt, Icahn School of Medicine, Baylor, and Emory. The exceptions were Duke, Washington University, and University of Texas Southwestern Medical Center. Among the 10 lower-ranked medical schools we examined, six had higher counts of the scientific terms, while four had higher counts of the politicized terms. (See Table 2)



Table 2 | Results by Medical School

Rank		Politicized	Scientific
1	Harvard University	53	50
3	University of Pennsylvania	34	24
5	Duke University	36	48
5	Stanford University	71	34
5	Vanderbilt University	221	14
5	Washington University	301	335
18	Icahn School of Medicine	114	24
22	Baylor University	130	42
23	Emory University	133	125
24	University of Texas Southwestern Medical Center	30	31
25	Case Western University	58	67
26	University of Colorado	840	733
32	University of Maryland	39	46
32	University of Rochester	23	21
35	Brown University	99	113
35	University of Cincinnati	78	80
35	University of Wisconsin—Madison	26	22
42	Albert Einstein College of Medicine	69	47
56	University of Texas Health Science Center— Houston	26	32
58	Thomas Jefferson University (Kimmel)	25	40
Total		2,406	1,928

EXAMPLES

It may be difficult to imagine exactly how medical school courses could possibly address so many ideological issues. Some examples may illustrate how this occurs.

At Stanford University's medical school, **one of the courses offered** is "MED 285: Global Leaders and Innovators in Human and Planetary Health: Sustainable Societies Lab."

The description says that the course addresses "diverse sectors/topics in health and the environment such as: health innovation and environmental sustainability, social and environmental justice and equality, social innovation and entrepreneurship ecosystems, foundations and venture capital, tech innovation, media and AI, biotech and ag-tech, pandemics, public health and community wellbeing, food systems and agricultural innovation, hunger and nutrition, clean water and air, nonprofits and community action, public policy innovation and systems change, and the role of academia and you."

That's quite a word salad for future doctors to learn. For comparison, "obesity" is not included in the description of this course on major health issues, and does not appear a single time elsewhere in the course catalog for Stanford's medical school.



The Baylor College of Medicine in Texas offers “MEMED-596 Human Rights and Medicine.” **According to the description,**

“The course will critically examine the interrelationships between human rights and medicine and their impact on several issues of concern in society today. these [sic] will include, but not limited to, immigration reform and its effect on medical care, the use of torture as it violates human dignity and involves physicians and other healthcare professionals, gender issues in medicine and cross-cultural considerations, HIV and associated discrimination, access to care and the rights of the uninsured in America, and issues of distributive justice affected by militarization in society.”

Baylor must believe that torture and militarization are more serious issues for medical students to learn than medical research given the absence of the words “placebo” and “randomized” from its course catalog.

This ideology is also infused into introductory courses covering basic topics. For example, at the **Ichan School of Medicine at Mount Sinai**, “Introduction to Anesthesiology” is described as

“a core component of the Human Rights and Social Justice Scholars (HRSJ) program for first-year medical students” and “is intended to provide students with a space for building critical thinking and community around social justice work.”

Let’s also hope they learn how to administer anesthesia.

At **Harvard Medical School**, a course on Integrated Human Pathophysiology (PWY 134) “focuses on key concepts in normal physiology and pathophysiology of the kidney, endocrine and reproductive endocrine systems.” But it somehow manages to incorporate political issues:

“In addition, content that explores health equity, anatomy, climate change, microbiology, pharmacology and pathology is integrated.” You may wonder what “health equity” and “climate change” have to do with endocrine systems, but you should appreciate that the course seeks to “emphasize a holistic approach to health and disease.”

DISCUSSION

The fact that scientific terms did not exceed politicized terms at every medical school is astounding. One cannot be a doctor without a command of anatomy, chemistry, and physiology. One cannot be an effective doctor without awareness of obesity as a major health challenge. And one cannot be a thoughtful doctor without an understanding of medical research and the risks of medical interventions. And yet a perfectly competent doctor is unlikely to have any influence over issues like justice or racism. It may be nice for doctors to know about people's identities and the social forces acting upon them, but it is hard to see why this takes higher priority than knowledge of anatomy.

Finding key politicized words in medical school course catalogs more frequently than key scientific terms does not necessarily mean that medical students believe that these political values exceed scientific ones in importance. It is possible that the inclusion of this language in medical school course descriptions is merely virtue-signaling and does not fully reflect what students are taught or what they learn. Nonetheless, the frequency of these key terms is a useful proxy for what medical schools believe is important, even if only symbolically. The more medical schools attend to political goals, the less energy and fewer resources they are devoting to scientific ones. Even just changing the words one uses reflects a change in priorities and focus.

In addition to changing course catalogs, medical schools are declaring their intentions to elevate political goals.

According to John Sailer in *City Journal*, the University of Michigan medical school developed in 2021 an *Anti-Racism Oversight Committee Action Plan* that "called for designing a new curriculum, one that would use an 'intersectional framework' and incorporate 'critical race theory.'"

According to its own website, the medical school at the University of Arizona embarked on an initiative "committed to anti-racist transformation at our medical school" and then "implemented structural change to begin to transform the institution into one that is anti-racist."

The Tufts University School of Medicine similarly announced its desire to "transform TUSM into an anti-racist institution." To accomplish this, the medical school committed itself to "provide all students in all degree programs with a robust anti-racism curriculum that is multi-disciplinary, comprehensive and threaded throughout entire curricula, including clinical training" and to "hold students, faculty and administrators accountable for maintaining and supporting an anti-racist environment."

The University at Buffalo press office wrote a piece stating that “a new medical curriculum with anti-racism at its core is being designed and implemented at the Jacobs School of Medicine and Biomedical Sciences at UB.” The article continues, “Catalyzed in 2020 by the COVID-19 pandemic, as well as the George Floyd murder and global protests that followed, the evolving new curriculum is a result of the profound reckoning that these events forced among those studying and practicing medicine.”

The systematic examination of medical school course catalogs presented here helps confirm that the crowding out of technical medical training is not an isolated development and that the concerns raised by former medical school leaders, students, and journalists are valid. Attention to ideological issues has begun to eclipse scientific ones in medical education. The implications of this shift in priorities for the quality of care patients receive will take time to manifest. But making a major change in doctor preparation without rigorous evidence to confirm its benefits, and despite significant anecdotal evidence of its harms, is simply reckless.

Just as doctors should be guided by the dictum “do no harm,” so too should medical schools avoid upending how they prepare future doctors without convincing evidence. But since medical schools no longer deem it necessary to teach about the need to avoid harm and to properly read scientific research, it appears they no longer feel restrained themselves by these principles. The evidence presented in this report indicates that they are moving full steam ahead with a politicized re-working of medical education, and we are all subjects in their dangerous experiment.





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