THE IDEOLOGICAL CAPTURE OF CONTINUING MEDICAL EDUCATION

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EXECUTIVE SUMMARY

Continuing Medical Education (CME) is a requirement for maintaining a license to practice medicine. Some states mandate specific content for some of the required hours, but doctors can generally choose from thousands of modules to fulfill their requirements. Ideally, CME, along with other forms of medical education, is intended to foster professional growth and enhance patient care. However, a growing number of offerings have strayed from evidence-based medicine, instead advancing political narratives—sometimes at the expense of accuracy.

This report details how the American Medical Association (AMA), a leading provider of CME, has increasingly infused its educational content with progressive ideological themes. Specifically, it observes that mentions of socially fashionable topics like "racism" or "oppression" appear more often than important innovations that doctors *should* be learning about, like telemedicine and gene therapy. Such obvious ideological corruption invites concern about the integrity and purpose of continuing education throughout the medical field.

BACKGROUND

The formulation of Continuing Medical Education (CME) in the United States dates back a century and is attributed to the efforts of Charles and William Mayo. "Visiting surgeons, anxious to incorporate novel surgical techniques, traveled to the Mayo Clinic in Rochester, Minnesota, to learn about surgical progress. Eventually these itinerant surgeons created a Surgeons Club, which 'partook in vigorous daily discourse regarding new techniques being advanced.'"[1] In subsequent decades, CME became a fixture of American healthcare, with the provision of CME largely charged to the American Medical Association (AMA). However, "Starting in 1970, the political predominance of the AMA in continuing education was questioned by other professional associations (hospitals, medical schools)."[2] The result was the formation of an accreditor that could decentralize the provision of CME: The Accreditation Council for Continuing Medical Education (ACCME).

Now, the ACCME is the sole body that provides accreditation for CME, which it defines as "educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession."[3] More than 1,500 organizations currently enjoy ACCME accreditation, ranging from major membership organizations like the AMA and specialty societies like the American Academy of Pediatrics to rural hospitals.[4] About

1 Partin, Clyde, et al. "A Tale of Congress, Continuing Medical Education, and the History of Medicine." *Baylor University Medical Center Proceedings*, vol. 27, no. 2, 11 Dec. 2017, pp. 156–160, **https://doi.org/10.1080/08998280.2014.11929098**.
2 Josseran, Loic, and J. Chaperon. "History of Continuing Medical Education in the United States." *Europe PMC*, 2016, **europepmc.org/article/med/11307493**.
3 Accreditation Council for Continuing Medical Education. "CME Content: Definition and Examples - ACCME." *ACCME*, 18 July 2024, **accme.org/rule/cme-content-definition-and-examples/**.
4 Accreditation Council for Continuing Medical Education. "About ACCME - ACCME." *ACCME*, 8 July 2024, **accme.org/about-accme/**.

250 organizations[5]—including the AMA—receive accreditation with commendation, a designation intended to "recognize the achievements of organizations that advance interprofessional collaborative practice, address public health priorities, create behavioral change, show leadership, leverage educational technology, and demonstrate the impact of education on healthcare professionals and patients."[6] The AMA, of all organizations, should be held to the highest of standards. After all, "[*AMA Physician's Recognition Award] Category 1 Credits*™ are the most commonly accepted form of CME credits for physicians."[7]

For physicians, CME requirements vary by state. Florida, for example, requires three hours[8] of CME credits for first-time license renewal and 40 hours of CME credits for each license renewal cycle thereafter for all MDs and DOs.[9, 10] Kansas requires 50 hours per licensure cycle,[11] while Indiana has no hourly requirement for license hours, aside from two credit hours on opioid prescription abuse.[12]

METHODOLOGY

One instructive method for evaluating CME quality is to look at how much attention is paid to certain topics. Specifically, CME should focus on content that makes physicians better at their craft, rather than emphasizing fashionable social issues at the expense of critical technical training.

Certain keywords can serve as indicators for political activism. Specifically, "health disparities," "health equity," "implicit bias," and "anti-racism" are useful for capturing political activism. "Health disparities" refer to persistent differences in outcomes across racial groups. While the phenomenon is real, the attention that it receives in medical literature (where it is reflexively blamed on allegedly racist individuals or systems) is intensely ideological.[13] The same goes for "health equity," which nominally refers to the idea of equal outcomes, but which defaults to the assertion of "racism" as the cause of those unequal outcomes. Implicit bias, meanwhile, is more overtly politically coded, referring to the pseudoscientific

5 "CME Provider Directory - ACCME." *ACCME*, 18 Dec. 2025, **accme.org/cme-provider-directory/?jsf=epro-posts:filtered-feed&tax=accreditation_status:3&pagenum=26**.
6 "Accreditation with Commendation - ACCME." 2024. ACCME. June 5, 2024. **https://accme.org/accreditation-process/accreditation-with-commendation/**.
7 "Earning CME Requirements: Different Types of CME Credits." 2023. BoardVitals Blog. BoardVitals. January 5, 2023. **https://www.boardvitals.com/blog/types-of-cme-credits/**.
8 "Florida State CME Requirements from the AMA Ed Hub." n.d. **Edhub.ama-Assn.org**. **https://edhub.ama-assn.org/state-cme/Florida**.
9 "Medical Doctor (MD) Renewal - Florida Board of Medicine." *Florida Board of Medicine*, Oct. 2025, **flboardofmedicine.gov/medical-doctor-renewal/**.
10 "CME Requirements - Florida Osteopathic Medical Association." **FOMA.org**, 2024, **www.foma.org/cme-requirements**.
11 "Kansas State CME Requirements from the AMA Ed Hub." **Ama-Assn.org**, 2024, **edhub.ama-assn.org/state-cme/Kansas**.
12 "Indiana State CME Requirements from the AMA Ed Hub." **Edhub.ama-Assn.org**, **edhub.ama-assn.org/state-cme/Indiana**.
13 Kingsbury, Ian. *Fox News*. Anti-racism supersedes actual medicine, endangers patients. October 27, 2023. **https://www.foxnews.com/opinion/anti-racism-supersedes-actual-medicine-endangers-patients**.

idea that healthcare providers are closeted bigots who provide worse care to minority patients. Finally, anti-racism refers to the idea that, in the words of discredited antiracist "scholar" Ibram X. Kendi, present discrimination is needed as a remedy for past discrimination.

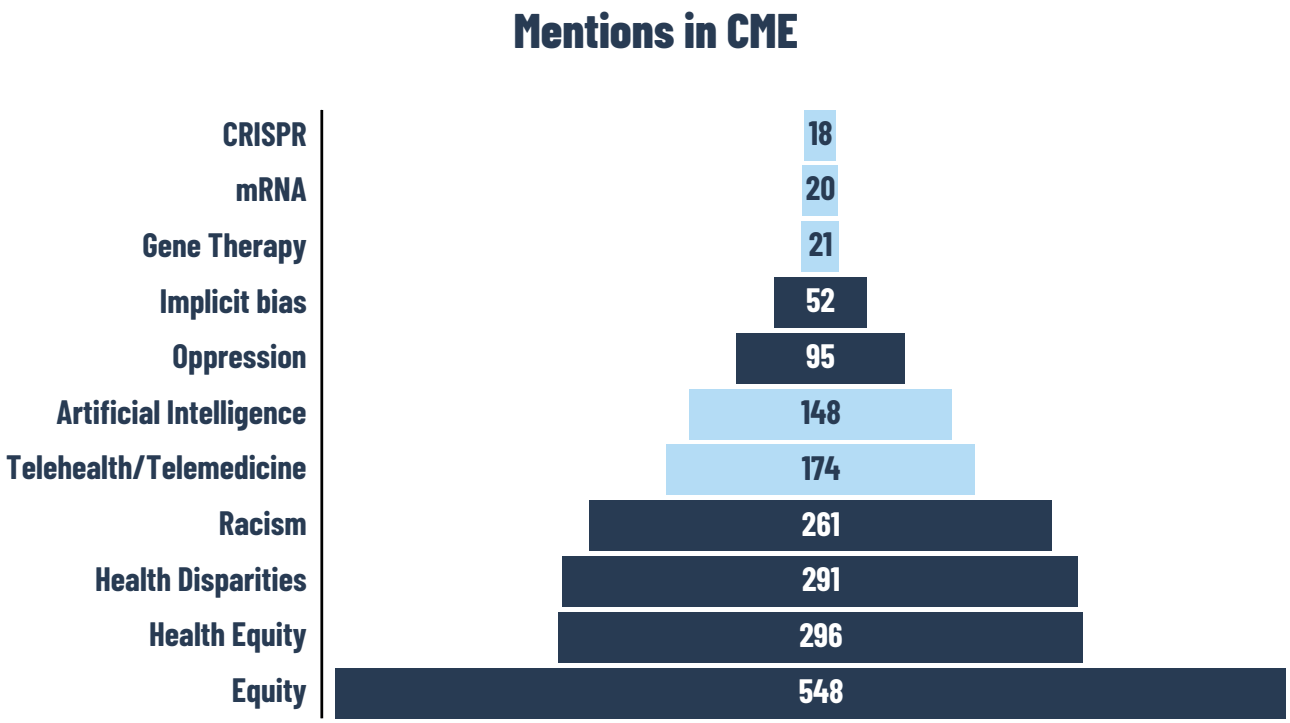
It is difficult to determine what comprises rigorous content in CME, as some information might be more pertinent to a particular clinical setting or to physicians who practice a particular specialty. Still, there is content that carries broad implications for how medicine is practiced and for which all physicians would benefit from exposure. New technological developments, scientific breakthroughs, and widespread changes to how healthcare is provided are all pertinent to the evolving practice of medicine and thus are ideal CME subjects. Do No Harm tasked Google AI with identifying the most important breakthroughs in medicine this century. It identified artificial intelligence, telemedicine/telehealth, mRNA vaccines, gene therapy, and CRISPR as particularly important developments. CRISPR, or Clustered Regularly Interspaced Short Palindromic Repeats, refers to a specific gene-editing tool. Physicians don't necessarily need to master the techniques of those breakthroughs, but some level of understanding would be beneficial. In other words, they are precisely the type of thing on which CME should focus while also allowing physicians to refresh their knowledge of old concepts and get pertinent clinical updates in their field.

The analysis that follows reports on the CME modules provided by the AMA Ed Hub, which professes to provide "high-quality education" allowing "medical professionals to stay current and continuously improve the care they provide."[14] Given the number of organizations that enjoy ACCME accreditation, physicians have an extensive list of courses to choose from. Still, when it comes to auditing CME quality and whether ACCME is making good on their obligations toward responsible oversight and gatekeeping, it's sensible to first look at what CME is offered through the AMA. To be sure, if such a large and highly visible organization—one that receives the ACCME's highest seal of approval and bears its name on *PRA Category 1 Credit*™—falls short of expectations, it's only reasonable to assume that the ACCME's oversight failures are systemic.

14 "AMA Ed Hub." **Ama-Assn.org**, 2025, **https://edhub.ama-assn.org/pages/about**.

RESULTS

Comparison of the politicized buzzwords to medical breakthroughs clearly indicates that CME provided by the AMA gives more attention to the former; as of January 23, 2026, there are significantly more mentions of "equity" (548), followed by "health equity" (296), "health disparities" (291), and "racism" (261) than there are of "telemedicine"/"telehealth" (174), "artificial intelligence" (148), "gene therapy" (21), "mRNA" (20), and "CRISPR" (18). In fact, "equity" is mentioned 44% more than all five medical advances combined (381).[15] The idea that health disparities deserve greater focus than the great medical breakthroughs of the 21st century combined speaks to extreme ideological capture of both the AMA and ACCME, which have clearly been derelict in their responsibilities.



Notably, the phenomenon observed in the keyword search methodology is replicated by other means. As of January 23, 2026, when one filters by CME subjects, rather than simply the number of times keywords are mentioned, "health disparity" has the third most topics (166) (behind only "ethics" and "veterans"), beating out "surgical procedures, operative" (159) and "pain" (123). "Equity" has 109 topics, beating out "child" (106), "cancer" (66) and "pregnancy" (54). Tellingly, "evidence-based practice" is fourth from the bottom, with a mere 34 dedicated topics, one fewer than "racism," at 35.[16]

15 "AMA Ed Hub." **Ama-Assn.org**, 2025, **edhub.ama-assn.org/by-topic**.
16 "AMA Ed Hub." **Ama-Assn.org**, 2025, **https://edhub.ama-assn.org/by-topic?&hd=edhub&f_CmeCreditTypeGroupNames=CME&fl_IsDataSupplement=false&exPrm_qqq=%7bDEFAULT_BOOST_FUNCTION%7d&page=1**

Topics

- Ethics (380)
- Veterans (336)
- Health Disparity (166)
- Surgical Procedures, Operative (159)
- Pain (123)
- Equity (109)
- Child (106)
- Screening (97)
- Covid-19 (78)
- Eye (75)
- Substance Use Disorders (69)
- Workflow (67)
- Cancer (66)
- Mental Health (63)
- Post-Traumatic Stress Disorder (60)
- Adolescent (58)
- Follow-Up (58)
- Older Adult (58)
- Pediatrics (54)
- Pregnancy (54)
- Personal Satisfaction (53)
- Guidelines (52)
- Health Personnel (51)
- Health Equity (49)
- Hypertension (45)
- United States Preventive Services Task Force (45)
- Artificial Intelligence (44)
- Education, Medical (44)
- Neoplasms (44)
- Opioids (44)
- Hiv (43)
- Diagnostic Imaging (42)
- Health Care Systems (42)
- Infections (42)
- Diabetes Mellitus, Type 2 (40)
- Mental Disorders (39)
- Papule (39)
- Obesity (38)
- Primary Health Care (38)
- Wounds And Injuries (38)
- Dyspnea (36)
- Fever (36)
- Humanities (36)
- Addiction Medicine (35)
- Decision Making (35)
- Racism (35)
- Evidence-Based Practice (34)
- Military Personnel (34)
- Clinical Practice Guideline (32)
- Electrocardiogram (32)

Show Less

The ideological capture is also clear if one looks beyond CME at the AMA's additional online educational resources, including participation certificate, Continuing Education Unit (CEU)—which is the equivalent of 10 hours of Continuing Education and is offered in non-medical fields—and Maintenance of Certification (MOC), which includes practical activities needed to maintain board certification.

CONTENT ANALYSIS

A quantitative analysis of which topics the AMA prioritizes in continuing education is damning in and of itself. However, it's also valuable to consider how the extreme political tilt in what is prioritized by the AMA is also seen in the information presented. While it isn't possible to do this systematically, a cursory review reveals unyielding commitments to radical identity politics, sometimes even at the expense of factual accuracy.

GENDER IDEOLOGY

The following quotes, pulled directly from allegedly educational materials, are examples of misleading and distorted information relating to so-called "gender-affirming care," particularly as it relates to children:

> *"Professional health organizations agree that gender-affirming care is, in the words of an AMA board member, quote, 'medically necessary, evidence-based care that improves the physical and mental health of transgender and gender-diverse people.' According to the World Health Organization, the American Academy of Pediatrics, the Endocrine Society, the American Psychiatric Society, the American Academy of Child and Adolescent Psychiatry—I think you get the point—according to all of these professional health organizations and many others, the question is not whether to provide gender-affirming health care, but how and when."* [17]

Pediatric "gender-affirming care" is simply not evidence-based, as shown by systematic reviews.[18] As noted in the recent U.S. Department of Health and Human Services umbrella review, which has undergone peer review, "the overall quality of evidence concerning the effects of any intervention on psychological outcomes, quality of life, regret, or long-term health, is very low. This indicates that the beneficial effects reported in the literature are likely to differ substantially from the true effects of the interventions."[19]

17 "Ethics Talk: Whose Faces Does Facial Feminization Surgery Consider 'Feminine?'" **Ama-Assn.org**, 1 June 2023, **edhub.ama-assn.org/ama-journal-of-ethics/audio-player/18786009?resultClick=1&bypassSolrId=M_18786009**.

18 McDeavitt, Kathleen, et al. "Pediatric Gender Affirming Care Is Not Evidence-Based." *Current Sexual Health Reports*, vol. 17, no. 1, 10 May 2025. *ResearchGate*, **https://doi.org/10.1007/s11930-025-00404-w**.

19 "Treatment for Pediatric Gender Dysphoria Review of Evidence and Best Practices." 2025. U.S. Department of Health and Human Services. **https://opa.hhs.gov/sites/default/files/2025-11/gender-dysphoria-report.pdf**.

In the same module, Eric Plemons—a medical anthropologist, but not a medical doctor[20]—discussed how a religious liberty claim that prevents Catholic health institutions from providing certain types of care may also be applied to "gender-affirming" care. One of the reasons this could apply is "by making it seem like trans health care equals sterilization, for example, which is manifestly not true."[21]

Johns Hopkins Medicine states it quite plainly: "Gender affirming medical care — including hormonal and surgical treatment — can be harmful to future fertility,"[22] as do Cheng, et al., adding that "paus[ing] the maturation of germ cells [may] affect fertility potential."[23] Even the Endocrine Society's guidelines recommend that "clinicians inform and counsel all individuals seeking gender-affirming medical treatment regarding options for fertility preservation prior to initiating puberty suppression in adolescents and prior to treating with hormonal therapy of the affirmed gender in both adolescents and adults."[24]

Doctors and other people who speak on educational videos—whether for CME credit or not—appear to have lost touch with reality as they espouse gender ideology, implying that one's anatomy is almost an afterthought as it relates to that person being male or female. Anyone whose reproductive anatomy necessitates an appointment at an OB/GYN clinic is, by definition, a woman. But not according to John Sovec, a Licensed Marriage and Family Therapist (LMFT), who argued otherwise during an "Equity Training" session provided by the AMA:

> *"I want you to imagine how dysphoric it might be for a trans man to walk into an OB/GYN clinic, when they look around the room, they're going to see mostly females sitting there. And I want you to really think about how dysphoric and how uncomfortable that might be for them."*[25]

That the AMA would ignore fundamental reality to the point of allowing content on its website insinuating that not all people with female reproductive organs with the biological function of producing eggs (ova) are, by definition, women, should make one question the legitimacy of all the information they provide. Sovec also entirely ignores biology when asserting that natal care is "one of the most gendered things" and "[h]aving a baby is such a gendered social construct," as if society arbitrarily assigned the task of giving birth to women.[26]

That is not the only instance of a claim that something obviously biological is merely cultural. In a CME module from the AMA Journal of Ethics, authors Grimstad, et al. refer to "culturally determined assumptions, including that a child with I/dsd [intersex traits/differences in sex development] will mature as heterosexual and desire aesthetically and functionally normative genitalia."[27]

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20 "Eric Plemons." 2017. School of Anthropology. 2017. **https://anthropology.arizona.edu/person/eric-plemons**.

21 "Ethics Talk: Whose Faces Does Facial Feminization Surgery Consider "Feminine?"" **Ama-Assn.org**, 1 June 2023, **edhub.ama-assn.org/ama-journal-of-ethics/audio-player/18786009?resultClick=1&bypassSolrId=M_18786009**.

22 "Transgender Patients: Fertility Preservation Options." *Gynecology & Obstetrics Fertility Preservation Innovation Center*, Johns Hopkins Medicine, **www.hopkinsmedicine.org/gynecology-obstetrics/specialty-areas/fertility-center/infertility-services/fertility-preservation-and-restoration-center/transgender-patients**.

23 Cheng, Philip J., et al. "Fertility Concerns of the Transgender Patient." *Translational Andrology and Urology*, vol. 8, no. 3, 27 June 2019, pp. 209–218, **www.ncbi.nlm.nih.gov/pmc/articles/PMC6626312/**, **https://doi.org/10.21037/tau.2019.05.09**.

24 Hembree WC, Cohen-Kettenis P, Gooren L, Hannema SE, Meyer WJ, Hassan Murad M, Rosenthal SM, Safer JD, Tangpricha V, T'Sjoen GG. Endocrine Society (2017). Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*; 102(11): 3869-3903. doi: 10.1210/jc.2017-01658. **https://doi.org/10.1210/jc.2017-01658**.

25 Chaudhari, Angela, et al. "Affirming OB/GYN Care for LGBTQ+ Patients - OutTalk." **Ama-Assn.org**, OutCare Health on AMA Ed Hub, 12 Nov. 2024, **edhub.ama-assn.org/outcare-health-equity-training/audio-player/18924880?resultClick=1&bypassSolrId=M_18924880**.

26 Chaudhari, Angela, et al. "Affirming OB/GYN Care for LGBTQ+ Patients - OutTalk." **Ama-Assn.org**, OutCare Health on AMA Ed Hub, 12 Nov. 2024, **edhub.ama-assn.org/outcare-health-equity-training/audio-player/18924880?resultClick=1&bypassSolrId=M_18924880**.

27 Grimstad, Frances, et al. "How Should Clinicians Navigate Decision Making About Genital Reconstructive Surgeries Among Intersex and Transgender Populations?" **Ama-Assn.org**, AMA Journal of Ethics, 1 June 2023, **edhub.ama-assn.org/ama-journal-of-ethics/module/2805770?resultClick=1&bypassSolrId=J_2805770**.

They write as if it were normal, or even heard of, for people to be content with abnormally appearing or functioning organs. Furthermore, the fact that the authors—three out of four of whom are MDs—question whether patients even want properly functioning anatomy raises serious doubts about whether they are truly focused on advocating for the best possible care or simply trying to score political points.

Lest anyone think that gender ideology exists in a vacuum, community organizer and "trans theorist" Da'Shaun L. Harrison, who has no medical background,[28] offered this in a nutrition-focused AMA Ed Hub module:

> *"And it plays a significant role in how we show up in the world today, how fat Black trans folks in particular are medicalized and oftentimes policed in medical spaces and are unable to receive gender-affirming care or in some ways are led to gender-affirming care because of how we are medicalized and policed because of slavery, because of natal alienation, because of this gratuitous violence."*[29]

DIVERSITY, EQUITY, AND INCLUSION (DEI)

In the same vein, many CME modules promote DEI-related concepts, in some cases taking fundamental issue with the medical field as a whole. One module states the following:

> *"Moreover, medical education implicitly teaches hierarchy and oppression through a hidden curriculum because it is rooted in a hierarchical, oppressive pedagogical approach. This curriculum's implicit norms teach students to unconsciously infringe upon patients' freedom, further entrenching the inequality they will eventually be tasked with solving."*[30]

It continues:

> *"Critical pedagogy asserts that the hierarchy of traditional education dehumanizes students by treating them like empty vessels to be filled with the teacher's 'true knowledge.' Paulo Freire coined the term 'banking concept of education' to problematize this process, whereby students passively and uncritically receive information from a teacher presumed to be more expert than they."*[31]

Only one of the three authors of this paper, Whitney V. Cabey, is an MD, while another, Erin Marshall, does not even possess a degree in any medical field.[32] Despite the numerous advanced degrees among the three of them, Cabey, Marshall and their co-author, Nicolle K. Strand, do not appear to understand the purpose of education, given their argument that a more knowledgeable teacher educating less knowledgeable students is "dehumanizing," rather than education's raison d'être.

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28 "About - Da'Shaun L. Harrison." *Da'Shaun L. Harrison*, 10 July 2025, **dashaunharrison.com/about/**

29 Harrison, Da'Shaun L., and Psyche A. Williams-Forson. "Episode 23 - Anti-Blackness, Anti-Fatness, and Food Shaming." **Ama-Assn.org**, AMA Ed Hub Clinical Problem Solvers, 9 Jan. 2024, **edhub.ama-assn.org/clinical-problem-solvers/audio-player/18843339?resultClick=1&bypassSolrId=M_18843343**.

30 Cabey, Whitney V., Nicolle K. Strand, and Erin Marshall. 2023. "Embracing Emancipatory Pedagogy in Medical Education." **Ama-Assn.org**. December 19, 2023. **https://edhub.ama-assn.org/ama-journal-of-ethics/module/2813367?resultClick=1&bypassSolrId=J_2813367**.

31 Cabey, Whitney V., Nicolle K. Strand, and Erin Marshall. 2023. "Embracing Emancipatory Pedagogy in Medical Education." **Ama-Assn.org**. December 19, 2023. **https://edhub.ama-assn.org/ama-journal-of-ethics/module/2813367?resultClick=1&bypassSolrId=J_2813367**.

32 Cabey, Whitney V., Nicolle K. Strand, and Erin Marshall. 2023. "Embracing Emancipatory Pedagogy in Medical Education." **Ama-Assn.org**. December 19, 2023. **https://edhub.ama-assn.org/ama-journal-of-ethics/module/2813367?resultClick=1&bypassSolrId=J_2813367**.

Next, in a module that provides a certificate of participation, Dr. Ayana Jordan bizarrely claims that there is an "ideal" American identity, which she uses as a strawman to disparage:

> *"...there is this ideal identity in the United States that is very avert [sic], even if people don't want to speak it out loud, is this kind of cisgender, heterosexual white male... ."*[33]

In a flourish emblematic of DEI's most exaggerated reasoning, Jordan goes on to claim that "punishing" Chinese immigrants and Mexican Americans for substance use "minimizes their identity," especially when they may use "substances less than the dominant group," i.e., "cisgender, heterosexual white males." She adds that "one of the ways that [...] the US has been complicit in othering minoritized people is through policy."[34] Her remarks largely restate familiar critical race theory themes without contributing any substantive medical insight.

Another article in the "Equity, Diversity, and Inclusion" section, which can be used for CME credit, states:

> *"A key element of being an anti-racist clinical practice is 'centering the margins.' This means 'making the perspectives of socially marginalized groups, rather than those belonging to the dominant race or culture, the central axis around which discourse on a topic revolves."*[35]

This quote is rife with identity politics, pitting one group against another. It implies that clinicians should prioritize group-level identities when, in fact, clinicians should focus on individual patient's own needs and experiences. This completely conflicts with patient-centered care. Moreover, it shifts clinical practice toward a sociopolitical agenda rather than grounding it in the scientific understanding of disease, which is essential for delivering effective treatment and good quality care.

This is the epitome of DEI, reflecting its familiar tendency to prioritize symbolic inclusion of "marginalized" groups above all else—even merit. There is no thought of centering the most evidence-based or the most logical perspective; to achieve "anti-racism" in one's clinical practice, a perspective must be centered solely because it is that of "socially marginalized groups," regardless of whether or not those views have any scientific or clinical grounding.

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33 Gillette-Pierce, Kiersten TaLeigh, et al. "Episode 19 – Reframing the Opioid Epidemic Anti-Racist Praxis, Racial Health Inequities, and Harm Reduction." **Ama-Assn.org**, 18 Apr. 2023, **edhub.ama-assn.org/clinical-problem-solvers/audio-player/18773349?resultClick=1&bypassSolrId=M_18773349**.

34 Gillette-Pierce, Kiersten TaLeigh, et al. "Episode 19 – Reframing the Opioid Epidemic Anti-Racist Praxis, Racial Health Inequities, and Harm Reduction." **Ama-Assn.org**, 18 Apr. 2023, **edhub.ama-assn.org/clinical-problem-solvers/audio-player/18773349?resultClick=1&bypassSolrId=M_18773349**.

35 Manchanda, Rishi, Marie T. Brown, and Taylor Johnson. 2025. "Racial and Health Equity: Concrete STEPS for Smaller Practices." **Ama-Assn.org**. February 4, 2025. **https://edhub.ama-assn.org/steps-forward/module/2830076?resultClick=1&bypassSolrId=J_2830077**.

RACISM

False and exaggerated claims of racism throughout CME and other education modules are ubiquitous, making it quite difficult to parse out legitimate instances of discrimination from lazy claims that any difference in outcomes among races can only be a result of racism. Although events such as the Tuskegee Syphilis Study remain a blight on medical research, the prevalence of claims from panelists featured in CME modules that all of America or the entire medical field is racist significantly blunts accusations of racism.

In another AMA resource, Dr. Khalil Gibran Muhammad used his national platform to attack Do No Harm and its founder, Dr. Stanley Goldfarb, claiming both are on a "crusade to expose what his organization describes as the lies of critical race theory and anti-racism." Muhammad also accuses Goldfarb of "trafficking in…racist beliefs" and outright dismisses divisiveness as medical professionals' concern.[36]

If racism is a belief, then avoiding subjective beliefs by relying on objective information should counteract racism. Not so, argue Chioma Onuoha (then a medical student, now a physician), Dr. Jennifer Tsai, and Dr. Rohan Khazanchi::

> *"Examples of racialization in health professions training include widespread uses of "objective" criteria, with strong associations between race or class and Medical College Admission Test® and United States Medical Licensing Examination® scores, quantity of research publications, Alpha Omega Alpha induction, and even "subjective" clinical evaluations that create space for preceptor biases. By offering interdisciplinary perspectives on race, naming power structures, and acknowledging how historical policies and practices contribute to present-day inequality, [critical race theory] provides an antiracist lens by means of which learners can take action against health inequality."*[37]

36 Muhammad, Khalil Gibran, et al. "Advancing Health Equity through Resistance: A State of the Union on Threats and Opportunities." **Ama-Assn.org**, National Health Equity Grand Rounds Learning Series on AMA Ed Hub, 30 May 2024, **edhub.ama-assn.org/health-equity-grand-rounds/video-player/18872149?resultClick=1&bypassSolrId=M_18872149**.

37 Onuoha, Chioma, et al. "Using Critical Pedagogy to Advance Antiracism in Health Professions Education." **Ama-Assn.org**, AMA Journal of Ethics, 19 Dec. 2023, **edhub.ama-assn.org/ama-journal-of-ethics/module/2813366?resultClick=1&bypassSolrId=J_2813366**.

"Racialization" is a foundational tenet of critical race theory, they argue, and it describes "how socially constructed racial groupings are used to assign value and hierarchy placement."[38]

This is a perfect example of noting a difference in outcomes among races and defaulting to the explanation that it can only be due to racism and bias, rather than collecting more data, examining existing data, and attempting to find alternate explanations.

According to Dr. Jamila Perritt, racism extends even to abortion:

> *"I agree that it's not about privacy or when we think about access to abortion, it's not even about abortion. Right? This is about power. It's about control. And honestly, it's rooted in stratified reproduction, and the desire to increase births in some communities and decrease births in others."*[39]

Perritt seems to have forgotten, first, that wherever abortion is legal, it is legal for women of all races and wherever it is illegal, it is illegal for women of all races; and secondly, that abortion laws vary by state, not municipality or county, so they cannot target particular "communities." Perritt then asks how abortion bans that disproportionately impact black women are "part of this larger plan for stratified reproduction," but never answers her own question, leaving her listeners to wonder as well.

In an activity focused on inequalities in diabetes care, for which CME credit is no longer available, Dr. Rocio Pereira offers the following:

> *"...we use race and ethnicity as a surrogate, and that is just not a valid way to identify a genetic risk."*[40]

Imperfect is certainly not the same as invalid. Although race and ethnicity are imperfect methods of measuring risk, they are used as guides because it is not currently economically feasible to have a full genome on every person. Certain ethnicities are known to be significantly more likely to have particular conditions—for instance, Ashkenazi Jews are more likely to have or be carriers for Tay-Sachs disease[41] and Gaucher disease;[42] Asians, particularly Han Chinese, are more likely to experience a severe and dangerous skin reaction from the drug carbamazepine, used for seizures[43] and blacks are more likely to have sickle cell disease.[44]

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38 Onuoha, Chioma, et al. "Using Critical Pedagogy to Advance Antiracism in Health Professions Education." **Ama-Assn.org**, AMA Journal of Ethics, 19 Dec. 2023, **edhub.ama-assn.org/ama-journal-of-ethics/module/2813366?resultClick=1&bypassSolrId=J_2813366**.

39 Maybank, Aletha, et al. "Reproductive Health Care as a Human Right." **Ama-Assn.org**, AMA Center for Optimal Health Outcomes on AMA Ed Hub, 2025, **edhub.ama-assn.org/ama-center-health-equity/audio-player/18727747?resultClick=1&bypassSolrId=M_18727747**.

40 "Disparities and Inequalities in Diabetes Care." Endocrinology Training from Endocrine Society on AMA Ed Hub. 2023. **Ama-Assn.org**. Endocrine Society. November 14, 2023. **https://edhub.ama-assn.org/endocrine-society-training/video-player/18830377?resultClick=1&bypassSolrId=M_18830377**.

41 Myerowitz, R., and F. C. Costigan. "The Major Defect in Ashkenazi Jews with Tay-Sachs Disease Is an Insertion in the Gene for the Alpha-Chain of Beta-Hexosaminidase." *The Journal of Biological Chemistry*, vol. 263, no. 35, 15 Dec. 1988, pp. 18587–18589, **pubmed.ncbi.nlm.nih.gov/2848800/**.

42 Mayo Clinic. "Gaucher Disease - Symptoms and Causes." *Mayo Clinic*, 2017, **www.mayoclinic.org/diseases-conditions/gauchers-disease/symptoms-causes/syc-20355546**.

43 "Pharmacogenetics - the Rational for Patients of Asian Descent Having HLA Genetic Testing before Using Carbamazepine." *Evidence-Based Medicine Consult*, Aug. 2015, **www.ebmconsult.com/articles/carbamazepine-tegretol-carbatrol-equetro-hla-genetic-testing**.

44 "Data and Statistics on Sickle Cell Disease." *Centers for Disease Control and Prevention*, 15 May 2024, **www.cdc.gov/sickle-cell/data/index.html**.

Modules, such as this one that provides a certificate of participation, also repeatedly peddle the myth that racial concordance—when a doctor and patient are the same race—is beneficial or even essential for patient care:

> *"We've run all the numbers, all the data, there is no other factor for black infant mortality that's being higher [sic] than racism."*[45]

Dr. Jessica Faiz similarly offered this in a module that provides CME credit:

> *"...I think the implications for a less racially and ethnically diverse medical student body, which is the real risk here after the ruling, is [sic] patients' lives lost."*[46]

Do No Harm published a report in December 2023 examining the literature on racial concordance, and found that four out of five systematic reviews found no evidence to support the claim that racial concordance produces positive health outcomes.[47] Do No Harm's report also critiqued a widely cited study published in the Proceedings of the National Academy of Sciences (PNAS) claiming that black newborns are more likely to survive when treated by black physicians; that study did not control for very low birth weight, so when Manhattan Institute researchers replicated the study with that control, racial concordance had no effect.[48]

Later, Do No Harm obtained documents regarding the development of this study and discovered that an earlier draft indicated that *white* babies experienced a 22% reduction in mortality from racial concordance. Lead author Brad N. Greenwood wrote in the study's margin that he would rather not focus on that because, "[i]f we're telling the story from the perspective of saving black infants this undermines the narrative."[49]

More generally, several education modules, CME and those providing certificates of participation alike, find different ways of making the same baseless claim that only racism can explain poor health:

> *"Of course [black people are] going to be at a health disparity...because the system is not made for us to be able to walk in and be authentic when we walk in."*[50]

> *"We know that health disparities are caused by racial biases. Sometimes that's provider bias and sometimes it's structural things..."*[51]

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45 Fields, Naomi, et al. "Episode 17 – 'Just' Births: Reproductive Justice and Black and Indigenous Maternal Health Equity." **Ama-Assn.org**, AMA Ed Hub, 18 Apr. 2023, **edhub.ama-assn.org/clinical-problem-solvers/audio-player/18773345?resultClick=1&bypassSolrId=M_18773345**.

46 Henderson, David, et al. "Prioritizing Equity: The SCOTUS Affirmative Action Ruling - the Cost to the Physician Workforce and Historically Minoritized Communities." **Ama-Assn.org**, AMA Center for Optimal Health Outcomes on AMA Ed Hub, 2 Apr. 2024, **edhub.ama-assn.org/ama-center-health-equity/video-player/18868353?resultClick=1&bypassSolrId=M_18868353**.

47 Kingsbury, Ian and Jay Greene. "Racial Concordance in Medicine: The Return of Segregation." *Do No Harm*, December 2023, **https://donoharmmedicine.org/wp-content/uploads/2024/06/DNH-Racial-Concordance-Paper-Oct-2023.pdf**.

48 Evans, Ailan. "Do No Harm Publishes New Report Exposing How a Debunked Racial Concordance Study Infiltrated Medicine." *Do No Harm*, 14 May 2025, **donoharmmedicine.org/2025/05/14/report-exposing-debunked-racial-concordance-study-infiltrated-medicine/**.

49 Evans, Ailan. "Do No Harm Publishes New Report Exposing How a Debunked Racial Concordance Study Infiltrated Medicine." *Do No Harm*, 14 May 2025, **donoharmmedicine.org/2025/05/14/report-exposing-debunked-racial-concordance-study-infiltrated-medicine/**.

50 Patel, Anuj, et al. "Access to Care for LGBTQ+ Communities of Color: Part I." **Ama-Assn.org**, Equity Training for OutCare Health, 12 Nov. 2024, **edhub.ama-assn.org/outcare-health-equity-training/video-player/18926546**

51 Chen, Frederick, and Rina Bliss. "Misconceptions of Race, Ancestry, and Genetics." **Ama-Assn.org**, AMA Ed Hub Science, Medicine, and Public Health, 19 Mar. 2024, **edhub.ama-assn.org/science-medicine-public-health/audio-player/18860884?resultClick=1&bypassSolrId=M_18860884**.

> *"...health care disparities are a result of historical oppression and structural racism."*[52]
>
> *"Recognizing and dismantling the carceral logics that have founded and are the foundation of medicine as an institution... You can't move forward to an anti-racist future unless you recognize the kind of deeply racist and carceral past of medicine."*[53]

OBESITY

Rather than acknowledging the harms of obesity and delving into the risks it poses, many CME providers have started viewing obesity as an immutable trait or part of one's identity that is merely "stigmatized," and claiming that obesity is equally as valid as not being obese.

Take, for example, a module in the AMA Journal of Ethics entitled 'Five Ways Health Care Can Be Better for Fat People,' written by PhD candidate Kristen A. Hardy. Hardy's lack of a medical degree is made glaringly obvious by her focus on "thin-centrism" and "fatphobia," rather than examining obesity as a condition diagnosed objectively (BMI of 30 or above) with well-established medical comorbidities and health risks. She writes:

> *"... 'overweight' and 'obesity' are terms that 'otherize' and do harm to members of the fat community by representing fatness as an abnormal condition. With the former term gesturing to the notion that some weights are over a 'correct' or 'acceptable' weight and the latter originating with the popular belief that fatness is a 'disease' and the result of gluttony, this language encodes oppression and weight bigotry under a façade of clinical objectivity."*[54]

The excerpt even goes as far as to implicitly accuse doctors of "oppression" and "weight bigotry," when they are simply doing their jobs helping obese patients lose weight.[55] Diagnosing a patient with obesity is in no way equivalent to accusing a patient of "gluttony," given the objective diagnostic criterion.

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52 Cleveland-Manchanda, Emily, et al. "Follow the Money! Understanding the Structural Incentives for Inequity in Health Care and Beyond." **Ama-Assn.org**, National Health Equity Grand Rounds Learning Series on AMA Ed Hub, 25 July 2023, **edhub.ama-assn.org/health-equity-grand-rounds/audio-player/18801146?resultClick=1&bypassSolrId=M_18801146**.

53 "Episode 24 - Leveraging Narrative Medicine to Cultivate Antiracist Praxis." 2025. **Ama-Assn.org**. December 10, 2025. **https://edhub.ama-assn.org/clinical-problem-solvers/audio-player/18934522**.

54 Hardy, Kristen A. 2023. "Improving Health Care for Fat People." **Ama-Assn.org**. AMA Journal of Ethics. July 1, 2023. **https://edhub.ama-assn.org/ama-journal-of-ethics/module/2806871?resultClick=1&bypassSolrId=J_2806872**.

55 "BMI Frequently Asked Questions." *BMI*, Centers for Disease Control and Prevention, 2 July 2024, **www.cdc.gov/bmi/faq/index.html**.

Hardy goes on to claim, "fat people are to be represented in leadership and decision-making positions—not as tokens, but as socially and politically aware agents whose contributions to institutional change are supported, valued, and understood to enhance care for everyone,"[56] a position deeply rooted in identity-politics thinking and clearly making "fatness" its own identity. This begs two questions: First, how can an obese person be in a leadership or decision-making position to be a "socially and politically aware agent," based on their weight without being a token? Second, if such a leader loses enough weight to no longer be fat, should (s)he be removed from that leadership role?

The AMA's apparent endorsement of ignoring the risks posed by obesity has gone so far that one module claims, "Weight stigma, among other biases, can cause clinicians to erroneously attribute a patient's health issues to their body size."[57] This only does a disservice to obese patients who are particularly likely to suffer from a variety of medical issues, given the significance of obesity as a risk factor.

Further dismissing health risks without evidence, the AMA provides "education" from people like Da'Shaun L. Harrison, the community organizer and "trans theorist," who, as previously noted, has no medical background.[58] Harrison claims "exercise in the US too has very white supremacist fascist origins, and that plays a significant role in the ways that Black folks in particular have been punished and have understood exercise and movement."[59]

The podcast episode on which Harrison spoke, "Anti-Blackness, Anti-Fatness, and Food Shaming," has three learning objectives that use all the right buzzwords and eschew logic:

> *"1. Explain how anti-fatness and food shaming culture in the US is rooted in anti-Blackness*
>
> *2. Describe the intersection of policing and the court systems with anti-fatness and food shaming*
>
> *3. Identify ways to navigate clinical interactions with patients while respecting them and affirming their experiences with food and fatness."*[60]

All of these ideas are devoid of any factual basis. One wonders how a podcast featuring two people pontificating on such emptiness managed to be counted for even a certificate of participation credit. Perhaps it is that this episode focuses on many ideas over which progressives obsess: "shaming," the police, "body positivity"—that one should simply love his or her body and not try to improve it, regardless of how unhealthy it may be—and "affirmation."[61] However, a doctor's job is not to "affirm" his patient; his job is to treat the patient and prevent illness and injury in the first place, even if that requires respectfully challenging the patient's worldview.

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56 Hardy, Kristen A. "Improving Health Care for Fat People." **Ama-Assn.org**, AMA Journal of Ethics, 1 July 2023, **edhub.ama-assn.org/ama-journal-of-ethics/module/2806871?resultClick=1&bypassSolrId=J_2806872**.

57 Castle, Elijah, et al. "Should BMI Help Determine Gender-Affirming Surgery Candidacy?" **Ama-Assn.org**, AMA Journal of Ethics, 1 July 2023, **edhub.ama-assn.org/ama-journal-of-ethics/module/2806873?resultClick=1&bypassSolrId=J_2806873dfdfghertgyhujikolp**.

58 "About - Da'Shaun L. Harrison." *Da'Shaun L. Harrison*, 10 July 2025, **dashaunharrison.com/about/**.

59 Harrison, Da'Shaun L., and Psyche A. Williams-Forson. "Episode 23 - Anti-Blackness, Anti-Fatness, and Food Shaming." **Ama-Assn.org**, AMA Ed Hub Clinical Problem Solvers, 9 Jan. 2024, **edhub.ama-assn.org/clinical-problem-solvers/audio-player/18843339?resultClick=1&bypassSolrId=M_18843343**.

60 Harrison, Da'Shaun L., and Psyche A. Williams-Forson. "Episode 23 - Anti-Blackness, Anti-Fatness, and Food Shaming." **Ama-Assn.org**, AMA Ed Hub Clinical Problem Solvers, 9 Jan. 2024, **edhub.ama-assn.org/clinical-problem-solvers/audio-player/18843339?resultClick=1&bypassSolrId=M_18843343**.

61 Harrison, Da'Shaun L., and Psyche A. Williams-Forson. "Episode 23 - Anti-Blackness, Anti-Fatness, and Food Shaming." **Ama-Assn.org**, AMA Ed Hub Clinical Problem Solvers, 9 Jan. 2024, **edhub.ama-assn.org/clinical-problem-solvers/audio-player/18843339?resultClick=1&bypassSolrId=M_18843343**.

GLOBAL AFFAIRS

Adding to the problem of doctors ignoring the fundamentals of biology when treating patients, the AMA provides "education" focusing on topics that have nothing whatsoever to do with medicine and are more consistent with propaganda.

In one CME module, "Advancing Health Equity Through Resistance: A State of the Union on Threats and Opportunities," Denisse Rojas Marquez states, "we need to end our U.S.-back[ed] support for Israeli occupation, and we need to end our support for really what's happening is a genocide."[62]

This video was recorded in May 2024, meaning Marquez is likely referring to the war that began in Israel on October 7, 2023, when Hamas terrorists slaughtered about 1,200 people and kidnapped an additional 251 people,[63] though she does not attribute responsibility to Hamas in her remarks. An Israeli "occupation" of the land that is modern-day Israel overlooks the abundance of textual, historical and archaeological evidence[64] of a continual Jewish presence in the land for thousands of years.

Not only is the AMA addressing subject matter that is not medical by any stretch of the imagination, but it is also spreading antisemitic propaganda.

In another CME module entitled, "Papal Doctrines' Deep Trauma Legacies in Minoritized Communities,"[65] Michael J. Oldani claims, "Understanding papal documents from the 15th century and the nature and scope of their authority is important when working with Black, Indigenous, and people of color communities influenced by forces and structures of colonialism."[66] Although history is riddled with trauma, it is unclear how invoking events from more than 500 years ago meaningfully serves the healthcare needs of people today.

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62 Muhammad, Khalil Gibran, et al. "Advancing Health Equity through Resistance: A State of the Union on Threats and Opportunities." **Ama-Assn.org**, National Health Equity Grand Rounds Learning Series on AMA Ed Hub, 30 May 2024, **edhub.ama-assn.org/health-equity-grand-rounds/video-player/18872149?resultClick=1&bypassSolrId=M_18872149**.

63 American Jewish Committee. "What Is Known About Israeli Hostages Taken by Hamas." **Www.ajc.org**, 14 Jan. 2025, **www.ajc.org/news/what-is-known-about-israeli-hostages-taken-by-hamas**.

64 "Lost Assyrian Camp Uncovered: Could it Prove the Biblical Siege of Jerusalem?" *The Jerusalem Post* | **JPost.com**, 24 June 2024, **www.jpost.com/archaeology/article-807525**.

65 Papal Doctrines' Deep Trauma Legacies in Minoritized Communities | Ethics | AMA Journal of Ethics | AMA Ed Hub **https://edhub.ama-assn.org/ama-journal-of-ethics/module/2800826?resultClick=1&bypassSolrId=J_2800826**

66 Papal Doctrines' Deep Trauma Legacies in Minoritized Communities | Ethics | AMA Journal of Ethics | AMA Ed Hub **https://edhub.ama-assn.org/ama-journal-of-ethics/module/2800826?resultClick=1&bypassSolrId=J_2800826**

Yet another non-medical professional, author and activist Edgar Villanueva, spoke on a National Health Equity Grand Rounds Learning Series recording—ostensibly for the purpose of educating medical professionals—entitled "Follow the Money! Understanding the Structural Incentives for Inequity in Health Care and Beyond." An "expert" on "race, wealth, and philanthropy," Villanueva claimed:

> *"The colonizer virus inside our culture and institutions is especially dangerous. Our education system reflects the colonizer virus. So does our agriculture and food system. So does our foreign policy. So does our environmental policy, the field of design, we can go on and on."*[67]

Villanueva said he coined the term "colonizer virus" in his book, *Decolonizing Wealth*, though he never explained exactly what that means in this CME module. However, he did explain, to some degree, the origin of this supposed "colonizer virus":

> *"...we are living in a nation whose entire economic system was built upon this idea of colonization, dividing and conquering, commanding and controlling, and above all, exploit."*[68]

Other modules offering participation credit include statements denigrating the United States. Physician, "transformational justice" advocate and "racial health disparities expert" Dr. Joia Crear-Perry claims:

> *"...if you're Black and you've been doing—and women who's [sic] been doing work in this country long enough, you realize this country is going to kill you if you just stayed here. So you got to get into the international space. You got to get bigger than just counting on a president to be nice to you."*[69]

Framing the United States as a place that will "kill you" is not only extreme and inflammatory, but inaccurate. With this bizarre quote, Crear-Perry ignores the plethora of laws in the United States that ensure that one's day-to-day life does not depend on the president "being nice." She also calls the United States a "war hole,"[70] apparently unaware that a war has not been fought on U.S. soil in any meaningful capacity since the Civil War, which ended in 1865. Not to be outdone, Crear-Perry's co-panelist, Katy B. Kozhimannil (who has a PhD in health policy but neither medical nor history credentials) offers the equally incendiary claim that the United States is "a country founded on genocide."[71]

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67 Cleveland-Manchanda, Emily, et al. "Follow the Money! Understanding the Structural Incentives for Inequity in Health Care and Beyond." **Ama-Assn.org**, National Health Equity Grand Rounds Learning Series on AMA Ed Hub, 25 July 2023, **edhub.ama-assn.org/health-equity-grand-rounds/audio-player/18801146?resultClick=1&bypassSolrId=M_18801146**.

68 Cleveland-Manchanda, Emily, et al. "Follow the Money! Understanding the Structural Incentives for Inequity in Health Care and Beyond." **Ama-Assn.org**, National Health Equity Grand Rounds Learning Series on AMA Ed Hub, 25 July 2023, **edhub.ama-assn.org/health-equity-grand-rounds/audio-player/18801146?resultClick=1&bypassSolrId=M_18801146**.

69 Fields, Naomi, et al. "Episode 17 – "Just" Births Reproductive Justice and Black and Indigenous Maternal Health Equity." **Ama-Assn.org**, AMA Ed Hub, 18 Apr. 2023, **edhub.ama-assn.org/clinical-problem-solvers/audio-player/18773345?resultClick=1&bypassSolrId=M_18773345**.

70 Fields, Naomi, et al. "Episode 17 – "Just" Births Reproductive Justice and Black and Indigenous Maternal Health Equity." **Ama-Assn.org**, AMA Ed Hub, 18 Apr. 2023, **edhub.ama-assn.org/clinical-problem-solvers/audio-player/18773345?resultClick=1&bypassSolrId=M_18773345**.

71 Fields, Naomi, et al. "Episode 17 – "Just" Births Reproductive Justice and Black and Indigenous Maternal Health Equity." **Ama-Assn.org**, AMA Ed Hub, 18 Apr. 2023, **edhub.ama-assn.org/clinical-problem-solvers/audio-player/18773345?resultClick=1&bypassSolrId=M_18773345**.

CONCLUSION

To be sure, most AMA modules discuss legitimate medical topics, such as "Preventing Surgical Site Infections in the Era of Escalating Antibiotic Resistance and Antibiotic Stewardship,"[72] "Cybersecurity in Medical Practice"[73] and "Iridolenticular Burns After Panretinal Photocoagulation."[74] However, there are many topics which steer into politics and/or patently false information. Given the status that the AMA enjoys with the ACCME, the number of times this should happen is precisely zero.

A disturbing amount of ideological content exists all throughout many educational modules provided by the AMA. Although the purpose of CME—physicians continuing to build their knowledge for the improvement of patient care, long after their training is complete—is noble, many modules prioritize political and social agendas over scientific rigor and medical relevance. Unverified claims, promotion of controversial ideologies, and frequent inclusion of non-medical professionals to shape medical discourse undermines the credibility of medical education and risks compromising the quality of care physicians provide.

This ideological capture not only undermines medical education but also threatens the integrity of the profession by conflating activism with evidence-based practice. Physicians rely on CME and other educational modules to stay informed and competent, and licensing boards effectively demand it. Yet, the infiltration of divisive narratives and misinformation may erode trust in medical institutions and hinder objective clinical decision-making. To preserve the value of medical education and specifically the value of CME, the ACCME, AMA and other providers of these educational resources must commit to scientific accuracy, political neutrality, and the core mission of advancing patient health through sound medical education.

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72 Long, Dustin R., et al. "Surgical Site Infections and Antibiotics." **Ama-Assn.org**, JN Learning, 24 June 2024, **edhub.ama-assn.org/jn-learning/module/2820522?resultClick=1&bypassSolrId=J_2820522**.

73 "Cybersecurity in Medical Practice." **Ama-Assn.org**, AMA Ed Hub, 2026, **edhub.ama-assn.org/course/328**.

74 Varma, Shivesh, and Richard Smallwood. "Iridolenticular Burns after Panretinal Photocoagulation." **Ama-Assn.org**, JAMA Ophthalmology, 16 Oct. 2025, **edhub.ama-assn.org/jn-learning/module/2839907?resultClick=1&bypassSolrId=J_2839907**.

Do No Harm