

American College of Emergency Physicians (ACEP)
Washington Chapter Truth and Reconciliation Statement

Introduction

As Emergency Physicians we have the unique role of caring for patients in their most vulnerable state, often in an emergent condition, without the benefit of an established doctor -patient relationship. Emergency Medicine has evolved to serve the greatest need, whether related to an immediate situation or life circumstances. Emergency departments serve as the safety net for our nation's healthcare system. Patients entrust us with their health and count on us to provide excellent medical care, while giving the respect due all people equally. Despite that, we, as Emergency Physicians, must acknowledge that we have perpetuated systemic racism and contributed to its durability in medicine and the influence of race-based science in our practice.

History

ACEP was founded in 1968, the year the Fair Housing Act was passed and four years after the Civil Rights Act of 1964. In the 53 years since its founding, institutional racism has persisted within the field of Emergency Medicine and has perpetuated disparities in the quality of and access to care among BIPOC (Black, Indigenous and People of Color) communities. This disparity has devastated the health of generations of people in our country. Emergency Medicine, in its capacity as a safety net, must prioritize an antiracist approach to healthcare. ACEP has evolved from a small group of physicians to an organization that represents 38,000 EM attending physicians, residents and medical students. ACEP has acquired a strong voice in our field and has demonstrated its advocacy for policies and practices that support patients, members and our specialty.

In July of 2020, during a year in which our country's institutional and societal racism gained increased public attention, WA ACEP convened an Antiracism and Health Justice Committee to address the history of racism in our field and in the delivery of healthcare in our emergency departments.

Statement of Action:

This Truth and Reconciliation Statement acknowledges our delivery of care influenced by race-based science, our perpetuation of systemic racism through explicit and implicit bias, and acknowledges the presence of racism within our relationships with our own colleagues, patients and community. Our commitment is to rectify these wrongs and further the cause of creating an antiracist organization and support antiracist delivery of healthcare.

Our pledge is to ensure our patients are the recipients of equitable and just emergency medicine by fostering an antiracist system in which to practice.

Identification of implicit and explicit bias in order to rectify institutional racism.

We must stop implicating individuals or individual groups, and instead identify and correct the root problems in organizational policies and practice that promote racism and health inequities. We value the diversity in culture, heritage and unique experiences of individuals and commit to creating a safe space for engagement in meaningful dialogue about implicit and explicit bias as a critical means to expose and remedy the role Emergency Medicine has played in perpetuating racism. As such, we commit to support policies and practices that promote racial equity and actively investigate and challenge those that promote racism.

Acknowledgement of a history of race-based science

We believe the biological effects of racism should be recognized and a biological basis for differences among races be denounced. Historically, race science, the notion of race being a biologically rooted form of difference, has provided a form of scientific legitimacy, and thereby supported institutional racism. From a distinct formula for eGFR to the myth of different pain tolerances among races, science has allowed for a different standard of care among patients of different races. For decades, race-adjusted calculations have affected disease management, led to delays in critical interventions such as dialysis and renal transplantation, and contributed to disparities in the morbidity and mortality in our BIPOC patient population. Consequently, we commit to the education of our membership regarding the lack of validity in race-based science and its detrimental impact on the health of BIPOC patients and communities.

Prioritization of racial, cultural and ethnic diversity among members in our organization

We believe that having many different perspectives is necessary to provide equitable and high quality healthcare that all patients deserve, and a healthy work environment for all Emergency Physicians. In addition, we believe that diverse representation will enhance our ability to address large problems in healthcare as well as enrich our own career satisfaction. Therefore, we commit to prioritizing diversity and inclusion within our organization.