

Medical Schools Look for Activists, Not Healers

What qualities should medical schools look for in future doctors? Probably academic excellence, experience in the medical sector, loyalty to medical ethics, and good interpersonal skills.

These are all characteristics that future doctors should have, but they're not what medical schools now emphasize. Medical schools are looking for social justice zealots to advance the diversity, equity, and inclusion [dogma](#).

Look no further than medical school applications.

Because it is the top-ranked medical school in the nation, Americans expect [Harvard Medical School](#) to share their concern for academic excellence. Excellence, however, is not Harvard's focus; identity politics is.

Harvard asks applicants to share "an important aspect of [their] personal background or identity," and the school expressly suggests that [applicants](#) focus on "significant challenges in access to education, unusual socioeconomic factors, identification with a minority culture, religion, race, ethnicity, sexual orientation or gender identity."

Although a rags-to-riches story is heartwarming, and a tale of two (or more) genders is trendy, whether a medical doctor aced anatomy and physiology ought to be more important.

[Johns Hopkins](#) University School of Medicine at least makes this pandering optional in its application process. Still, it too neglects one of the most germane aspects of a medical school application, namely, whether the applicant has any relevant experience in the field of medicine.

Whether it be an internship, EMT work, or shadowing at a hospital, you'd think experience related to medicine would be central to your application's success. Instead, Hopkins cares about applicants' experience as "part of a minority group (whether because of your sexual orientation, religion, economic status, gender identity, ethnicity)."

For Johns Hopkins, experience in a minority group seems to trump experience with a scalpel.

For [Duke University School of Medicine](#), one question about identity politics isn't enough; the school asks three. Duke doesn't seem to want doctors to heal the body as much as it wants activists to heal "health inequities [produced by] race, gender, education, income, disability, geographic location, and sexual orientation."

[The University of Minnesota's Medical School](#) doesn't ask applicants about any prior medical experience. Instead, it simply asks them to respond to the university's statement of solidarity with [Black Lives Matter](#):

Right now is a watershed moment in American history and this country's reckoning with race, racism, racial injustice, and especially anti-Black hatred. If you feel comfortable, we welcome you to please share with us your reflections on, experiences with, and greatest lessons learned about systemic racism that is receiving international attention with the murders of numerous Black, Indigenous, People of Color including but not limited to George Floyd, Breonna Taylor, Vanessa Guillen, Rayshard Brooks, and Elijah McClain.

Minnesota doesn't even try to make this a statement about medicine or the qualities that make a good doctor. Would it not make more sense to ask prospective doctors to draw inspiration from leaders in medicine such as Jonas Salk, Alexander Fleming, or Ben Carson? Perhaps, but medical schools

aren't looking for sense either.

What better way to stymie medical talent than not to look for it in applicants to medical school? By focusing on characteristics unrelated to medicine, these schools send a message that qualified but non-woke applicants need not apply.

Do you think an applicant who answered these questions from a conservative point of view would be admitted? How about a student who simply professed neutrality on these issues?

Sorry, but the ideologues running medical school admissions believe that neutrality is just a cover for racism, sexism, homophobia, or transphobia that [risks](#) "reinforcing existing power struggles."

Medical schools are discouraging potential candidates based on their political opinions. And they're admitting those who seek to be activists first, healers second. This is educational malpractice and it could well yield medical [malpractice](#) in the future.

The tragic irony, as with so many liberal policies, is that the primary victims of this malpractice will be none other than America's sick, elderly, and poor. But ultimately everyone bears the risk that one day we'll be treated by a doctor dumbed down by ideology.

When you're on the operating table, will you care more about whether your surgeon is steeped in critical race theory or is dedicated to saving lives and improving health outcomes for his or her patients, regardless of their skin color, sexual orientation, or gender identity?

Medical schools—and every other American institution, for that matter—ought to prioritize excellence and merit. The alternative is national decay.

[Duggan Foley](#) and [Joseph Sturdy](#) also contributed to this article.

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