

Good afternoon Chairwoman Roegner and members of the Senate Committee on Higher Education.

My name is Stanley Goldfarb and I am the chairman of Do No Harm. I appreciate the opportunity to address this committee about restoring merit and high-quality to medical care and medical education.

Diversity, Equity, and Inclusion has become the mantra of medical education throughout the country, and in Ohio at its excellent group of medical schools

The need for diversity in medical education and medical care is based on a number of myths in the service of promoting a restrictive ideology in medical education.

The first myth is that we must train more minority physicians, because black patients will have better healthcare outcomes, and black communities will have reduced healthcare disparities if those patients have black physicians. Advocates typically cite a single cherry picked study as proof. However, my organization, Do No Harm, has reviewed the extensive medical literature on this topic including five systematic reviews covering over 60 individual publications. This analysis shows that the vast majority of studies do not favor any benefit for black patients having black physicians. Even the idea that black patients communicate better with black physicians has not borne out by careful study.

Black patients want the best doctors and when confronted with the opportunity to choose between the best available physician and one that look like them, over 80% of them choose to have the best physician.

A second myth is that choosing physicians to enter medical school based on immutable characteristics like race will not compromise quality. However, many studies show that performance on the MCAT, the achievement test for medical school, and undergraduate grades predict student performance. Also, minority students who have been accepted in order to achieve racial diversity goals perform less well once they reach their residency programs. The latter assertion is based on two large peer reviewed studies of residency trainees. In each case, the minority trainees as a group performed less well on medical knowledge, professionalism, and readiness for practice. Of course, this is not to say there weren't outstanding individuals within that group.

Nationwide, there are over 52,000 students applying to medical school and only 22,000 available places. If students are taken in based on immutable characteristics like race, rather than their academic achievements, then other students with greater potential to be outstanding physicians are denied admission. Medical schools must be absolutely rigorous in choosing the most qualified individuals. This is not only a question of fairness, but is also a responsibility to provide patients with the best healthcare possible.

For these and other reasons which I'm happy to elaborate on, Do No Harm strongly supports the legislation that will eliminate diversity equity and inclusion from medical education and ultimately lead to the highest quality of healthcare available to citizens of Ohio.