The creation of the Dell Medical School at the University of Texas presents a rare opportunity to design a new medical school curriculum that will advance the professional skills of physicians whose tasks include serving the ethnically diverse and often underserved patient populations of our state.

The Dell Medical School can become the premier medical institution in the United States in the field of social medicine. That will require an interdisciplinary approach to patient care that calls on expertise from outside the medical community.

For example, UT's College of Liberal Arts has forwarded to the medical administrators in charge of planning the new medical school a detailed proposal describing the contributions our faculty can make to both research and teaching when the first class of medical students arrives in the fall of 2016.

To maximize the new medical school's access to professional expertise, and in partnership with UT's University Health Services and the Seton Healthcare Family, the College of Liberal Arts sponsored a conference in September, “Addressing Racial/Ethnic Health Disparities: Best Practices for Clinical Care and Medical Education in the 21st Century.”

The university’s outreach program to address the medical needs of these communities includes two important partners. UT's Center for Mexican American Studies has been a special priority of UT President Bill Powers and will contribute to developing medical training that will improve care for Latino patients. The Center for the Elimination of Disproportionality and Disparities at the Texas Department of Health and Human Services Commission does important medical outreach work throughout the state.

These most vulnerable patient populations consist primarily of African-Americans and Latinos. Many patients do not understand how to navigate the health care system and would be well served by outreach programs an innovative medical school can provide. Spanish language translators have an important role to play in facilitating communication between Latino patients and their doctors.

Many African-Americans remain estranged from the American medical establishment because of generations of medical racism that have been ignored in past and present medical curricula. Medical students need to know that racially motivated diagnoses and treatments of black patients have ranged across the entire spectrum of medical sub-disciplines, from cardiology to obstetrics to psychiatry and...
beyond. They need to know about the oral traditions that flourish in medical schools that can convey potentially dangerous medico-racial folklore that persists over generations of medical students and the physicians who teach them. Well-prepared medical educators can also address analogous medical beliefs about other minority groups, such as Latinos, and thereby earn the trust of these communities.

It is not surprising that American medical education has not embraced the analysis of racially motivated medical thinking. “The general awkwardness surrounding racial issues in our society bleeds into medicine,” the prominent African-American cardiologist Clyde Yancy observed in 2009. The racial attitudes of medical personnel thus resemble those of the general population. Years of research on “racial health disparities” have concentrated on sociological data rather than the crucial issue of how doctors think about human diversity.

The Dell Medical School has an opportunity to create a medical curriculum that sets a new standard for the training of doctors who are much better prepared than their predecessors to understand and effectively treat their minority patients. Dr. Jerome Groopman, the Harvard oncologist and best-selling author of “How Doctors Think,” wrote of his own medical training: “I cannot recall a single instance when an attending physician taught us to think about social context.”

No medical culture that is cut off from America’s social realities can understand the consequences of its entanglement with America’s racial traumas and what it must do about race relations in medicine.

For many years, American medical schools have used “cultural competency” training to address race and ethnic issues in medicine. The general consensus is that these programs have been ineffective, because they are superficial and often lack the support of medical administrators.

The Dell Medical School will, therefore, be in a position to revolutionize the social dimension of medical education if and when its leadership chooses to do so. University of Texas faculty stand ready to contribute to making this vision a reality. Once again, Texas can show the world how to accomplish great things that have not been done.

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