It’s a very interesting time to be alive. 2020 has been the culmination of a few positives and many negatives. Global human suffering with COVID-19, the uninterrupted exposures of systemic racism through another unfortunate brutality – the death of George Floyd, and the global instabilities in job-security and the economy have made for a point in history that we’d all like to see ourselves grow to betterment from. AAEM and AAEM/RSA have been involved heavily on the political and educational front of many of these issues, from the protection of EM physicians during COVID-19, to the addressing of issues that medical students and residents are facing during this pandemic. Most importantly though, ever since our advent, we’ve been working to educate and advocate for more diversity and inclusion in emergency medicine – this has been critical now, just as it has been always.

Today, I want to highlight the importance of recognizing our duties as emergency medicine bound medical students and EM residents to each other. The house of medicine is and likely always will be structurally hierarchical. Every passing year, you grow in your knowledge and are granted more authority, both when it comes to patient care, but also in your own abilities to mentor, educate, and advocate for others in medicine. To stress: as we climb the ladder of medicine, we gain increasing ability to mentor and help those lower than us on this ladder of training. This hierarchy is riddled with flaws. I think, though, that when it comes to combating inequalities, it may be a blessing when used ubiquitously and the right way, and could be an understated tool in increasing diversity in medicine.

Making it through medical training is not easy. You know this, I know this, the people trying to enter medicine know this. But imagine how much more difficult it is for those from backgrounds that cannot possibly foster the resources needed to produce a medical student. Imagine the difficulties for those who come from low-income households, where striving for extracurricular activities must come second to striving for a warm meal, or for those whose name alone is a filter from entering the house of medicine. We have made strides to tackle these issues in medicine, especially in emergency medicine, and have been successful in many ways, but there’s still room for improvement.

As we, ourselves find our way through the difficulties of medical training and learn how to cope and succeed in the house of medicine, we should be more eager to help those with diverse backgrounds trying to enter it. Mentorship like this should be a characteristic not only in emergency medicine, where comradery is often associated with our specialty, but also in medicine in general. In all aspects of society, diversity and inclusion are critical aspects to betterment. In the house of medicine, this couldn’t be more true. Each of our patients comes from a diverse background, and having a diverse background of physicians can help to combat biases and misunderstandings in all aspects of their care.

We are all blessed to have made it this far. Maybe a part of the solution of our lack of diversity in medicine is to help lend more hands to those needing them.

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