

Minority Student Tax

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TO THE EDITOR:

The Betancourt et al article, “Minority Tax on Medical Students: A Review of the Literature and Mitigation Recommendations,” summarizes literature that explores the extra responsibilities placed on minority students to achieve diversity, experiences of racism, and academic inequities. The review demonstrates that minority tax experienced by medical students can detract from participation in medical school activities, impede academic success, and influence career choices.¹ Improving the experiences of health professionals in training is not a new concept, nor is it unique to medical students.^{2,3} Underrepresented students encounter myriad barriers at various stages that can deter and prohibit pursuit of careers in health care. More research of student experiences is warranted to better understand how organizations can promote and implement pipelines for success for marginalized groups that desire medical professions.

As an underrepresented premedical college student, this article sparked frustration and concern as I (K.C.) contemplate my future. At my current stage of education, I (K.C.) can directly relate to several of the sentiments expressed by the underrepresented in medicine (URiM) participants. I (K.C.) am trying to expose myself to many opportunities to strengthen my own medical school application. However, the added responsibilities to represent minority populations is arduous and distracting.^{1,3} Programs that help students navigate the path through medical education and positive social representation might help retention and recruitment.

Our society needs more physicians from marginalized populations. Some data indicate greater patient satisfaction with care from health providers from concordant race. While findings are mixed, some research indicates that concordance

can lead to improved communication, increased patient satisfaction, and, in certain cases, better clinical outcomes.

Nevertheless, diversity of health care providers can improve cultural competency and care for diverse populations.^{4–6} Therefore, the demographic of the health care workforce⁷ should more closely align with that of the population,⁸ and greater effort should be made to achieve this goal. Unfortunately, recent American Association of Medical Colleges data indicate that, while medical school applications from underrepresented students have increased, the number of those matriculating in medical schools has decreased.⁹ How can our society attract into and successfully educate students from underrepresented groups in medicine when they are exposed to the additional duties of the minority tax? One answer is to increase underrepresented faculty to mentor students and improve minority student success.^{1,2} The answer to this question, though, will be multifactorial.

We, the authors, are grateful that Family Medicine continues to provide insight on this matter. The article by Fraser et al, “Underrepresented in Medicine Mentorship Program: Perceived Benefits and Lessons Learned,” is inspiring, illustrating how mentorship can foster success among early-career URiM health professionals.¹⁰ Such initiatives can also positively influence students by providing role models and expanding support networks. At the same time, understanding the lived experiences of URiM students is essential to identifying systemic barriers and developing targeted solutions. To that end, one of our team members (C.H.) is conducting interviews and focus groups with recently graduated URiM physicians to explore strategies they used to navigate and succeed in medical school. Findings from this work may help inform the design of future programs that support all learners on the path to a career

in medicine.

In this era of anti-diversity, equity, and inclusion (DEI) legislation, we fear that minority tax will increase. Addressing minority tax in the absence of DEI offices will be challenging. However, we encourage such investigation and hope that Family Medicine will continue the science in this respect. We call for more investigation into pipelines for successful matriculation of marginalized populations into medicine, creating and maintaining psychologically safe environments for minority populations, coping strategies for navigating the road to and through medical careers for URiM, and mechanisms for effective mentorship. We know that your influence will encourage further research and program implementation to improve experiences of underrepresented students pursuing medical professions.

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