

Not the Last Word: My Flexner Retort

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Published in 1910 by the Carnegie Foundation, the Flexner Report [10] transformed medical education in America [8].


Abraham Flexner, the report's author, toured the country and inspected every medical school, 155 in all. Flexner routinely encountered dreadful conditions and, with what medical historian Kenneth Ludmerer [12] described as a "caustically entertaining" tone, shared his findings with the nation (Fig. 1).

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Flexner claimed that many of the institutions he visited were irredeemably rotten and advocated closing them. By 1922, only 81 US medical schools remained [13], all committed to Flexner's ideals: laboratory research, hospital-based training, and university affiliation [1].

A century after the publication of Flexner's report, Darrell Kirch, president of the Association of American Medical Colleges, said: "I do not believe it is an exaggeration to say that many of the miracles of modern medicine are directly attributable to Flexner" [13]. Historian Ludmerer [12] asserted, "Flexner's role as the most prominent medical educator America has ever produced remains secure."

These days, I am not so sure.

Just a short while ago, I asked a respected colleague to proofread a draft containing a passing reference to the Flexner Report. My colleague came back with strong words. The Flexner Report, he said, shuttered five of the country's seven Black medical schools and "we have never recovered the diversity in medicine we likely would've had, [nor] the Black middle class that could've developed with better-paying physician jobs." His advice was clear: "You probably don't want to go near it," noting that the Report's

"devastating impact on Black people makes it, essentially, uncitable in this era."

I was at a loss for words. For one thing, I did not want to be rude or ungrateful toward a colleague who did me the favor of reading my work. But more than that, I did not have anything to retort. I conveyed my thanks and deleted the Flexner reference.

As it so often happens, a response came to mind only later, inspired by what Diderot called *l'esprit de l'escalier* (the spirit of the staircase—the muse that visits only after you have left the party). My reply took shape only as I read and learned more.

My first comment would address the charge of disparate impact. Yes, advocating the closure of 71% (5 of 7) of Black schools does seem to be worse than recommending the closure of 47% (69 of 148) of White schools, yet a simple Chi-squared test shows that this difference could be caused by chance alone. But more to the point, not all racial disparities—even if statistically significant, and this one is not—are evidence of racism (despite claims to the contrary [11]). Besides, if pure racial animus was Flexner's motivation, the recommendation to close 69 White schools is inexplicable.

Along those lines, one can concede that closure of Black schools hindered the growth of the Black middle class without simultaneously ignoring the possible benefits of the report. The schools on Flexner's hit list were in sorry shape, and poorly trained

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Maryland Medical College: "The school building is wretchedly dirty. Its so-called laboratories are of the worst existing type: one neglected and filthy room is set aside for bacteriology, pathology, and histology; a few dirty test-tubes stand around in pans and old cigar-boxes. The chemical laboratory is perhaps equal to the teaching of elementary chemistry. The dissecting-room is foul. This description completely exhausts its teaching facilities. There is no museum or library and no teaching accessories of any sort whatsoever."

Knoxville Medical College : "Laboratory facilities : None. The school occupies a floor above an undertaker's establishment. Clinical facilities: None. It was stated by a student that twice between October 1 and January 28 "a few students were taken to the Knoxville College Hospital. There is no dispensary. The catalogue of this school is a tissue of misrepresentations from cover to cover."

Fig. 1 This figure shows an excerpt of the Flexner Report, which was published in 1910 by the Carnegie Foundation. The report that contains this excerpt is in the public domain and can be accessed at http://archive.carnegiefoundation.org/publications/pdfs/elibrary/Carnegie_Flexner_Report.pdf.

physicians are dangerous. The closure of weak schools, whether in predominantly Black communities or predominantly White ones, can improve public health.

Further, criticizing Flexner, as my colleague did, may attribute to him more power than he actually had. As historian Todd Savitt [16] stated, "Abraham Flexner did not inaugurate American medical education reform with his 1910 report." Rather, Flexner was hired to collect evidence supporting policies his patrons already endorsed. (This echoes one of Haspel's aphorisms [9], "Great rewards await those who supply the rich and powerful with reasons for whatever they were going to do in the first place.")

Of course, one could argue that Flexner should have pushed back on his patrons. After all, Flexner did argue successfully for "liberal support" [10] of one Black school, Meharry, an institution that thrives to this day.

The image of Abraham Flexner appealing to his sponsors at the Carnegie Foundation, as he did for Meharry, is reminiscent of another Abraham, the

Biblical patriarch, making a similar petition. In Genesis 18 [3], when God tells Abraham of his intent to wipe out Sodom and Gomorrah, Abraham pleads on their behalf. Why could not Flexner have done the same?

To me, Biblical Abraham is an unreasonably exceptional exemplar. A better standard is suggested by another biblical character who was also told of a heavenly plan for destruction: Noah. In Genesis 6, when God tells Noah of a plan to destroy the entire world, Noah offers not a peep of protest. Nonetheless, despite this failure, Noah is described in the Bible as "righteous" [2].

But that label of "righteous" comes with relevant a qualification: Noah is said to be a righteous man, "*in his generation*" [4]—righteous only when evaluated in comparison with his contemporaries. Contextual judgment is, likewise, a fairer way to evaluate the Flexner Report.

Flexner's remarks about Black people are appalling by modern standards, but Flexner is not a modern man. America in the early 20th century, after all, was a time when White people

shamefully "attempted to discount, dominate, and devalue Blacks," as Savitt described it [16].

It would be fairer to criticize the report for features that transcend a given era. One might fault the report for its implicit elitism, for example. Flexner championed academic and clinical excellence, yet closing marginal schools, Black and White, shrinks the pool of available providers. This, in turn, makes medical care more expensive, to the detriment of people without money of all races. The "miracles of modern medicine," as Kirch called them, are not a boon to those who cannot afford them.

To me, the medical reforms associated with Flexner have been, on balance, a net positive. Then again, as a well-paid provider and fully-insured consumer of healthcare, I'm biased. Reasonable people can disagree.

In the end, my aim is not to defend Flexner—for there is a lot to deplore—but simply to push back on those who want to memory-hole a foundational document of our profession. The Flexner Report is not

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“uncitable.” To the contrary, it must be cited more, warts and all.

To my discredit, I did not know about the full racial effects of the Flexner Report, despite the scholarship in this area [17]. If the report is not to be cited, future generations will know even less.

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Dr. Bernstein correctly points out some of the mysteries and paradoxes of the Flexner Report. First, Flexner was grossly unqualified to assess medical education. He was neither a physician nor a scientist. Flexner was a classics undergraduate, high school teacher, and then high school principal. His only medical training was having read a book on pathology.

In his 1998 paper published in *Academic Medicine*, Thomas Neville Bonner PhD [5] wrote of Flexner’s role: “It was one of the strangest appointments in education history. Certainly, it was a marked departure from Carnegie surveys of other professions, which relied on trained experts. Flexner himself admitted that he had never been inside of a medical school.”

In the absence of qualifications, one can only conclude that Flexner was selected because his opinions coincided with those of his benefactors. Some of the beliefs were laudable. For example, Flexner found that for-profit educational institutions were corrupt. However, other beliefs are troubling. Flexner opined: “It is important that [Black physicians] both be sensibly

and effectively trained at the level at which their services are now important. The negro is perhaps more easily ‘taken in’ than the white; and as his means of extricating himself from a blunder are limited, it is all the crueler to abuse his ignorance through any sort of pretense” [10].

Throughout his report, Flexner insults the intelligence and even character of Black patients and physicians. Although we will never know Dr. Flexner’s true motivations, there is ample evidence to suggest that either Flexner or one of his benefactors held strong beliefs about inferiority and ignorance of various racial groups.

Therefore, is it unsurprising that Flexner’s report disproportionately affected Black medical schools? I respectfully disagree with Dr. Bernstein’s point that, because Flexner’s report caused closure of White medical schools also, it is not racially biased. Flexner held other groups in disdain also, including women. We do not know Flexner’s precise methodology or scoring system. Although he purported to conduct a scientific investigation of the scientific method at several schools of medicine, his methodology, results, and scoring are unclear. Indeed, his report is akin to the “discussion” section of a scientific paper. However, it is bereft of the characteristic humility, measured language, and acknowledgment of limitations that accompany scientific papers. Therefore, there is plenty of opportunity for biases (both conscious and unconscious) to confound his results.

A century later, we continue to feel the impact of closing Black medical colleges. One study concluded that 27,773 Black graduates could have entered the workforce between the time the schools closed and 2019 if those five Black medical schools remained open and produced

physicians at the same rate as the remaining two [6]. There are ongoing disparities in the healthcare of Black patients and perceived inequities in the treatment of Black physicians, including orthopaedic surgeons. A recent survey found that 97% of Black orthopaedic surgeons perceived workplace discrimination, and that less than 20% thought that the leaders of national orthopaedic organizations are trying sincerely to end it [14]. The disparity remains part of Flexner’s legacy.

I strongly disagree with Dr. Bernstein’s sentiment that the closure of weak schools, whether in Black communities or predominantly White ones, can improve public health. Following a school and hospital closure, where else could the affected patients have gone? In the height of Jim Crow Segregation, both hospitals and physician’s offices were segregated in many communities. Black physicians served as a critical resource for the healthcare of Black patients. Reducing the number of Black physicians inevitably created an access issue. Furthermore, if there were issues with the quality of medical practice by various physicians or groups of physicians, the state medical boards would have been better equipped to address the conduct. However, the truth is that in 1910, medicine was barbaric and unsophisticated. Public health did not exist as an accepted concept.

Flexner was born on the heels of the Civil War. He embraced the concept of a robust liberal arts education elevating men. He was a contemporary of revolutionary Black men including W.E.B. DuBois, Frederick Douglas, and Booker T. Washington. He does not get a pass for having lived in an intolerant era and ignoring the voices of reason and sense that were available even then.

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Board Chairman of “Do No Harm”. The very idea that Abraham Flexner has been “cancelled” for his report [10] is validation for the failure of imagination and erudition in academic medicine. When the Association of American Medical Colleges renamed the Flexner award for outstanding contributions in medical education, the governing body of American medical education became the victim of an anti-intellectualism and historical illiteracy that has captured much of academia. In her blistering defense of Flexner, Linda Rosa RN [15] points out that almost every charge of racism and sexism thrown at Flexner by modern-day Savonarolas are simply false. Dr. Bernstein has also ably defended Flexner in his commentary but even he has not gone far enough.

Flexner, a nonphysician, was tasked with reforming American medical education and bringing all medical schools up to a standard that was already achieved by such institutions as Johns Hopkins, University of Pennsylvania, University of Michigan, and Harvard. American healthcare was unscientific and unstandardized, mostly because the standards for educating physicians were nonexistent. The argument that he should have kept Black medical schools open simply because they trained Black students but were substandard is absurd and is an insult to the schools like Meharry and

Howard, which remained open and produced accomplished physicians.

Even if Flexner had uttered the demeaning statements (and Rosa shows that he had not), the current surge of “presentism” must be rejected. Milos Forman, the great Czech movie director, wrote of authoritarian communism that “they wanted you to feel guilty.” This seems to be the goal of those who demand that all traces of an uncomfortable past must be erased because, somehow, we in the present are guilty for past injustices. That the legacy of a reforming figure like Flexner should be erased to somehow right past wrongs is illogical and can only lead to ignorance.

The history of medicine is an important academic topic and helps guide us in understanding how reforms can be accomplished in modern times. If we want medical education to have high standards, then we need to do the hard work of eliminating programs and even schools that fail to achieve that standard. Flexner understood that change of that sort was hard and demanded discipline and courage. We must speak the truth and reject mediocrity in medical training. Flexner showed the way; we should respect his accomplishments and reject the facile smears of those with self-serving political agendas that are based on a distorted notion of redemption from past sins.

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