

Human life has intrinsic value. Black life is not the exception. The unconscionable killings of unarmed black men and women is a public health emergency. These killings, an extension of America's 400 years of systematic dehumanization of black people, are an affront to our values, our oath, and our mission. As physicians in a health care system that has participated in this dehumanization, we have a grave responsibility to be part of over-turning it. Now more than ever physicians must be compassionate, informed, receptive, and vocal for the voiceless. We must breathe life into the legacy of those who have been rendered breathless: those like Emmitt Till, George Floyd, Breonna Taylor, Trayvon Martin, Tamir Rice, Michael Brown, Eric Garner, Tony McDade and countless others.

As physicians, our practice has historically been guided by the ethical tenets of autonomy, non-maleficence, beneficence and justice. Today we must broaden the scope of these tenets to protect black lives.

**Autonomy.** Our respect for autonomy is a natural extension of our respect for human life. We reject the pervasive, traumatic notion that the lives of black people are less valuable than those who are white, privileged and of means. In order to help our patients make sound, informed decisions about their health, to help them exercise their autonomy, we have a responsibility to build an environment that is physically and psychologically safe from bias so that we can provide the kind of guidance that cultivates health and well-being for all.

**Non-maleficence.** The callousness with which black people are killed is a salient violation of the principle of non-maleficence. Institutional racism, although more nebulous in form, is almost as damning in practice. Our responsibility as healers is to speak out against brutality and injustice perpetuated by society at large while engaging in concrete ways to de-institutionalize racism in healthcare through education and policy changes.

**Beneficence.** We healthcare workers of all colors stand together in passionate conviction that we can contribute positively to the health of our most vulnerable patients not just by prescribing medications, performing procedures and not even just by listening. The present climate of inequity and injustice renews our commitment to advocate for the most marginalized of our community. From such advocacy comes empowerment; empowerment combines our respect for autonomy with our commitment to beneficence, non-maleficence and justice. (1)

**Justice.** In order for there to be justice in healthcare, there has to be vertical, not horizontal distribution of resources; currently the most vulnerable have the least. Because healthcare exists within the larger context of society, the distributive justice we seek is inextricably tied to civil and legal justice. (1)

When we together in action and voice embody the edict that Black Lives Matter, we will honestly be able to say that All Lives Matter, and we will finally become a more just and healthy society.

*Medical Ethics: Four principles plus attention to Scope* R. Gillon. BMJ July 16 1994; 309(6948):184-8.doi: 10.1136/bmj.309.6948.184.PMID: 8044100