Supplementary Appendix

The authors have provided this appendix containing additional information about their work.

Supplement to: Asmerom B, Legha RK, Mabeza RM, Nuñez V. An Abolitionist Approach to Antiracist Medical Education. *AMA J Ethics*. 2022;24(3):194-200. doi:10.1001/amajethics.2022.194.

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Figure. Major Conceptual Frameworks[a]

Abolition[1,2,3]

- **Abolition** seeks to undo the way of thinking and doing things that sees prison and punishment as solutions for all kinds of social, economic, political, behavioral, and interpersonal problems. It calls for defunding the police, removing police from schools, repealing laws that criminalize survival, and providing safe housing for everyone. An act of radical imagination, it demands reorganizing and reimagining and rejects reform.
- **Abolition medicine** involves constructing new systems of community-based care that challenge the medical-industrial complex rooted in slavery to build a new, healthier, more just society committed to healing. It reimagines the work of medicine as an antiracist practice; calls for the abolition of race-based diagnostic tools and treatment guidelines that reinforce biological race; and demands longitudinal antiracist training in medical education, desegregating the profession, and reparations for communities devastated by medical experimentation.

Critical Race Theory (CRT)[4,5]

- A theoretical framework providing a critical analysis of race and racism to illuminate and combat root causes of structural racism and highlighting the relationship between race, racism, and power.
- Key concepts include: (1) *ordinariness* (racism and White supremacy in post-civil rights society are integral and normal rather than aberrational); (2) *centering in the margins* (shifting discourses' starting point from the majority group's perspective—eg, whiteness—to that of marginalized groups); (3) *social construction of race* (race was fabricated based on historical, contextual, political considerations); (4) *intersectionality* (the multidimensionality of oppressions—race, gender identity, class, national origin, sexual orientation—resulting in disempowerment); (5) *activism* (scholars commit to social justice, assuming an active role in "eliminating racial oppression as part of the broader goal of ending all forms of oppression"[6]); (6) *race consciousness* (explicit acknowledgment of the workings of race and racism in social contexts or in one's personal life); (7) *critical consciousness* (digging beneath the surface to develop deeper understandings of concepts, relationships, and personal biases).

Decolonization[7,8,9]

- Decolonization refers to "writing back" against the ongoing colonialism and colonial mentalities that permeate all institutions, including health care. It involves the process of deconstructing colonial ideologies that reinforce the superiority and privilege of Western thought and approaches. In the realm of health care, it focuses on decentering the dominant White, heteronormative, patriarchal, gender-binary narrative while recognizing the harm it has caused BIPOC and LGBTQIA2S+ individuals. Decolonization demands an Indigenous framework and the centering of Indigenous land, sovereignty, and ways of thinking.
- It dismantles harmful clinical practices that derive from and reinforce systemic privilege and whiteness. It recognizes the heavily Eurocentric approach to health as colonizing and that existing health practices do not adequately account for colonization, global issues, and cultural variables. It advances a movement to seek justice and liberation through education, collective care, and activism.

[a] This figure of major conceptual frameworks was originally developed for Legha, Clayton, Yuen, and Gordon-Achebe[10] and has been modified slightly.

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