“The political and social discord created by the outcome of the EU referendum means there has been a rise in reports of racial discrimination towards non-UK trained EU nationals working in the health service.

“Race discrimination in the NHS is often subtle—an unintended consequence of stereotypes and bias, and it can be difficult to challenge racial prejudice from patients. It is not unheard of for patients to ask to change their doctor because they are of a different ethnic origin. Since the Brexit vote, racism in society has been more overt, and healthcare professionals are increasingly subject to verbal racial abuse.

“If you are subjected to racial abuse during a consultation—direct or indirect—it is important to remain professional. We need to put our duty of care towards the patient first and ensure the care they receive is not compromised. If you are a GP, raise the incident with your practice manager and partners to discuss how to proceed, and document it on an incident form.

“IT can be difficult to challenge patients”  
Karishma Singh, member of the RCGP’s Junior International Committee

“As a doctor of mixed ethnic origin, the number of racist incidents I have experienced are few. Nonetheless, it is worth describing the intense feelings they can bring—there is an initial shock, accompanied by uncertainty about how best to respond. Then there is anger at being unfairly judged and deemed inferior by someone whom you are trying to help.

“It is important to respond to the incident appropriately. Stay calm and inform your colleagues as soon as possible. Support and your safety are paramount. You can consider police involvement—racial harassment is an offence under the Race Relations (amendment) Act 2000. Also ensure that the incident is documented accurately in an incident form.

“If the patient is acutely unwell, management of their health takes priority and the racist incident can be dealt with retrospectively.

“Avoid bystander apathy by ensuring the act is recognised”  
Sonia Tsukagoshi, chair of the RCGP’s Junior International Committee

“Educating staff is extremely important”  
Ula Chetty, GP and RCGP representative to the Vasco da Gama Movement

“In 2014, Nadeem Moghal reported a case in The BMJ where parents refused treatment for their child from any black or minority ethnic (BME) doctor. After over a year of the medical staff conceding to their wishes, this case was exposed, this view was challenged, and the family finally relented.

“Racism can take many forms. It is easy to pick up on direct racism, like in this case. However, institutional racism—where the discrimination is so normalised within a society that members may be unaware of it—is harder to identify. By accepting the parents’ wishes, one can argue that the medical staff in this case unwittingly marginalised and undermined their BME colleagues.

“‘Racism’ is a dirty word in modern times, which can create its own challenges in tackling the issue. Many recipients may overlook micro-aggressions, such as casual racism, as part of their day. Therefore, it is up to the rest of us to avoid bystander apathy by ensuring that these acts are recognised and not tolerated. We need to start the conversation, examine our own implicit biases, and challenge existing paradigms. An agreed zero tolerance policy ensures that boundaries are clear and everyone, including patients, knows what is expected of them. We are lucky that in the UK we serve a diverse population and we should strive to ensure that our workforce reflects that.”

“CAREERS CLINIC
How should I deal with a racially motivated incident?  
Abi Rimmer asks what doctors should do when faced with a race assault at work

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“If the patient is acutely unwell, management of their health takes priority and the racist incident can be dealt with retrospectively.

“Educating staff about responses to racism and awareness of cultural sensitivity is important. For instance, receptionists need to have a zero tolerance approach if a patient refuses to see a doctor because of their race. Not only should the request be declined but also challenged. After the Brexit referendum, overt racial harassment is becoming more frequent and everyone has a responsibility to challenge racism in all its forms.”

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What was your earliest ambition?
I received a doctor’s kit for Christmas when I was 5. I loved it, but it didn’t occur to me that working class girls like me ever became doctors.

What was your best career move?
Becoming one of the first specialty trainees in intensive care medicine while a senior registrar, even though it delayed my becoming a consultant.

What was the worst mistake in your career?
Being too opinionated and feminist at an SHO interview. But it meant that I spent a fantastic year as a GP trainee in Ambleside before starting anaesthesia training.

How is your work-life balance?
Dreadful but improving.

How do you keep fit and healthy?
I have a personal trainer and sign up for ridiculous challenges such as half marathons. My inclination is more couch potato.

What single change would you like to see made to the NHS?
Stop hoping that management based reorganisations will change anything.

What do you wish that you had known when you were younger?
That most people have “impostor” feelings. The world is run by people just like us.

Do doctors get paid enough?
I’m not sure that those coming out of medical school with huge debts do. A large debt changes your relationship with a demanding vocational career.

To whom would you most like to apologise?
My critical care and anaesthesia colleagues, who’ve more than pulled their weight to allow me to take up national roles.

Which living doctor do you most admire, and why?
I admire so many: their common characteristics are that they’re outstanding, caring clinicians who carry out high quality, meaningful, patient focused research and willingly share their knowledge and expertise with others.

What single change has made the most difference in your field?
A Department of Health document, Comprehensive Critical Care, along with £140m, in 2000. It transformed intensive care.

What new technology or development are you most looking forward to?
Fashionable, wearable health monitoring technology, such as watches. Might they undo some of the excesses of bad diet and lifestyle and make us healthier?

What book should every doctor read?
With the End in Mind: Dying, Death and Wisdom in an Age of Denial, by Kathryn Mannix. It’s a tearjerker.

What is your guiltiest pleasure?
Twitter and wine. Best not taken together…

Where are or when were you happiest?
The birth of my son—at 48. He’s brought endless joy to my life.

What would be on the menu for your last supper?
Cauliflower cheese, chips, and peas. Rhubarb crumble with custard. Champagne.

Anna Batchelor
Twitter trooper, ICU ace

Anna Batchelor, 61, is a consultant at Newcastle upon Tyne Hospitals, dividing her time between anaesthetics and intensive care. She qualified in Sheffield, Leicester, and Newcastle and is a past president of the Intensive Care Society and past dean of the Faculty of Intensive Care Medicine. She set up the role of advanced critical care practitioner to support resident staff in ICUs, and these practitioners now number more than 100. On Twitter her current preoccupations are Brexit and President Trump. She does not favour either, but she does express strong support for Free Open Access Medical Education (FOAMed). She is the GIRFT (Getting it Right First Time) lead for critical care in England.