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ACUTE PERSPECTIVE

David Oliver: Racism in medicine—what ethnic minority doctors told me on Twitter

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When my editor asked me to write a column for this issue, I was hesitant. As a white, male, middle class British doctor, what could I possibly say that was useful?

I could emphasise that I work alongside doctors, nurses, and allied professionals from ethnic minority backgrounds and that, without their commitment, our health and care services would collapse.

I could write about the data. For instance, 13.1% of the NHS workforce have non-British nationality,[1] and 20.7% of NHS doctors are from ethnic minority backgrounds[2 3]—higher in general practice. Lower paid occupations such as social care rely even more on overseas and ethnic minority recruits.

I could describe the mismatch between their numbers in the rank and file and the number of doctors in high profile leadership positions. They don't reflect the balance of the workforce in terms of gender or ethnicity. Speaker and panel line-ups at medical conferences, and expert media talking heads on medical issues, also need rebalancing to be more representative.

I decided to ask on Twitter and see the responses.[4] I wanted to know what problems black and minority ethnic (BME) doctors faced—including those in medical management, leadership, and research—and how the rest of us could behave differently, to understand, help, and avoid causing further problems. Some essences can be distilled from what people told me.

"Where are you really from?"

Firstly, when people have trained in overseas healthcare systems and are new to working in our system and culture, we need to explain, answer questions, provide inductions, and give people time and patience as they adjust. How would any of us fare if we suddenly found ourselves in a different set-up—even in a white majority, English speaking country?

Secondly, a strong theme was basic humanity in how we treat colleagues. Time and again we don't get people's names right, even after correction. Would we do that with white colleagues or find their name "too difficult"? This also extended to BME doctors being mixed up with one another, sometimes for months, despite looking very different in all respects bar skin colour. We simply wouldn't do this with white colleagues.

Thirdly, people tweeted about what are sometimes called "micro-aggressions." Even if it's often well meaning or motivated by genuine interest, repeatedly being asked "Where are you from?" (even if you're from the UK) and, in some cases, "But where are your parents from?" or "Where are you really from?" can quickly get tiresome. Remarks such as "You speak English really well," to people trained and educated in English their whole lives, are offensive. Other commonly reported micro-aggressions included assumptions and generalisations about how doctors from a particular culture might think or act, as well as meetings dominated by white British colleagues, where BME doctors were ignored or marginalised or where their contribution was not well facilitated.

Although white doctors don't generally face this, it was pointed out to me that white European doctors with foreign accents and English as a second language can sometimes face barriers and attitudes that are just as troublesome. Several respondents also highlighted that simply using the term "BME" lumped together people with very different cultures, religions, nationalities, backgrounds, or skin shades into one poorly differentiated group, when they all have their own specific considerations. "Intersectionality" was also mentioned, whereby racial inequality can compound gender or disability assumptions, leading to multiple disadvantage.

Visible role models

Fourthly, beyond daily human interaction with peers and bosses, the respondents mentioned inequalities that were more structural. How transparent are we about pay disparities, appointments to senior roles, or the far higher rates of BME doctors reported to the General Medical Council? The need for a representative number of BME doctors in visible senior leadership roles was cited. Visible role models matter.

A Twitter thread isn't a scientific sample, but I didn't see many calls for affirmative action, quotas, or positive discrimination.

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What I saw was a call for senior doctors and NHS managers to treat all doctors with respect and human decency; to create acceptable working conditions for all; to ensure a level playing field of opportunities to progress; to listen and make an effort to understand; and to recognise cultural or racial differences but not make them the only consideration or make assumptions about them. This included the crucial need for mentorship, coaching, encouragement, and support from peers and seniors, whether BME or white British.

But perhaps what came through most strongly in the responses was the need to treat everybody with consideration and fairness, whatever their skin colour, gender, or nationality. That shouldn't be too much to ask in 2020.

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For more articles in *The BMJ*'s Racism in Medicine special issue see https://www.bmj.com/racism-in-medicine

1 House of Commons Library. NHS staff from overseas: statistics. 8 Jul 2019. https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7783.
2 Gov.uk. NHS workforce. 6 Jan 2020. https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest.
3 Dayan M, Palmer B. Stopping the staff we need? Migration choices in the 2019 general election. Nuffield Trust. 4 Dec 2019. https://www.nuffieldtrust.org.uk/research/stopping-the-staff-we-need#health-care.
4 Oliver D. Twitter thread on BME doctors in the NHS. 26 Jan 2020. https://twitter.com/mancunianmedic/status/1225401041384091650.

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