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THE BOTTOM LINE

Partha Kar: Holding up a mirror to racism in the NHS

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Listening to Azeem Rafiq's testimony to MPs about institutional racism at Yorkshire County Cricket Club,¹ it all rings true—and it burns. It burns to the core of your soul. What Rafiq has gone through could be the story of many an NHS doctor or nurse. The banter, the jokes, the sly comments, the racial slurs, the obstruction to career progression . . . they've been a constant presence during my career in the NHS.

It's easy to brush these off as “sins of the past” or “throwbacks,” as if the present healthcare system were immune to such things. But swathes of clinicians across the NHS will tell you that these things aren't old and that they haven't gone away.

The desire for free speech is understandable. But it comes with responsibilities, one of which is not to shrug off racism under the garb of “banter.” Racial slurs are not banter, and in no context are they acceptable. None whatsoever. Yet we have clinicians—confidently, and publicly—trying to explain why racial slurs need “context.” Let's be crystal clear: the use of the “P” word is as unacceptable as an anti-Semite slur.

A big problem is the insidious nature of racism in the NHS. The people who are openly racist and brazen about it are easier to tackle than the doors that are closed, the subtle changes in tone, and the differential treatment meted out. But many people in the health service still don't realise how common racism is in the NHS. One significant issue is that many leaders from minority ethnic backgrounds, driven by a desire to progress their careers and protect their jobs, forget to step up. They end up pulling up the ladder behind them rather than fostering an environment of equality.

You'd think that being in a “position of power” lessened the brazenness. I can personally confirm that it doesn't. The people from whom I've received differential treatment—who behave entirely differently when speaking to someone white, with zero awareness about speaking in a wholly unacceptable manner—include leads of clinical commissioning groups, senior NHS England staff, communication teams, chief executives of trusts . . . the list goes on.

The behaviours described by Azeem Rafiq don't only exist in the world of cricket. I've been shouted at, threatened, and subjected to abusive words and comments about my race. When I've raised issues with the people concerned (and I'm fully aware that I've done this from a position not afforded to many, as it could be a career ending move) it's mostly had the desired effect of shutting them up.

The question is, how much do we want to believe that this is a problem in the NHS? There's a growing realisation that NHS staff are as much blighted by racism, sexism, homophobia, and other forms of prejudice as the rest of society. If you don't believe it, ask around. Don't try to find a token “person of ethnicity” who has “never faced racism” to help with your confirmation bias: he or she may not have, but that's not what the wider community is trying to tell you, every single day. If you find the phrase “the NHS is racist” uncomfortable, step up and change the data. Don't sit there and challenge the figures. You can slice the data as much as you want, but the data will tell you one fundamental thing: the NHS doesn't provide equal care to all. It doesn't provide equal opportunities, or indeed care, to its own staff.

The day isn't far off when someone will be the Azeem Rafiq of the NHS. Many have already spoken about their experiences, and we turn a blind eye and a deaf ear to it. But, as the voices grow louder, this isn't going away. To those who face racism: speak up. I know how tricky it can be, but without that voice we can't change anything. If people need to be shocked into changing their behaviour, let's do that.

My recent role is director of equality for the medical workforce in the NHS, and the use of a racial slur will bring a trip to see your medical director or chief executive. With the more insidious ones, we need people to raise their voice, challenge positions of power, and do what's needed—in the public domain, if necessary. Maybe we need to consider (as other big organisations do, such as Royal Mail) a hotline for people who can raise these issues—without fear of retribution—and act as a deterrent to management layers that work without fear of reprisals.

Finally, to those who are still not convinced, take time to listen to Rafiq's testimony.¹ Then ask yourself, “What am I doing to prevent this in the NHS?” If you can't answer that, and if you still don't believe that racism is a problem, the issue is staring right at you when you look in the mirror. Racism doesn't always have to be overt, and neither does a racist need to fit the stereotype of a skinhead with Nazi tattoos. Ask those who bear the scars of that over the years.

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¹ Azeem Rafiq at the cricket racism hearing: key points of his evidence. *Guardian* 2021 Nov 16. <https://www.theguardian.com/sport/2021/nov/16/azeem-rafiq-cricket-yorkshire-racism-hearing-key-points-evidence>