VIEWS AND REVIEWS

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Margaret McCartney: Racism, immigration, and the NHS

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Watching recent videos posted on social media has been a wake-up call: some racists have found legitimacy in the United Kingdom's vote to leave the European Union and are expressing their vile views more freely, sometimes at healthcare professionals.

Certainly, most people who voted to leave the EU are not racist. But some are. I've overheard, "I voted Leave to get rid of the Muslims" and, "I wanted out of Europe so there would be fewer foreigners taking up beds in the NHS"—statements so ridiculous that responding seems pointless. But we're going to have to.

We're all hybrids: my heritage is French, Polish, Irish, and Scots. I'm also Glaswegian, Scottish, and British. Post-Brexit, I'll still claim to be European. It's plain that we can't define our nationhood or citizenship by racial categories.

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Do immigrants clog up the NHS? In fact, the phenomenon of "healthy immigrants" has tended to reduce net waiting times for outpatient appointments and emergency care. The increases we do see have been transient, and some were caused by natives' "internal mobility."¹

Despite an NHS constitution that promises equal treatment regardless of ethnicity, racism remains a festering sore for its staff.² Black and other minority ethnic staff are disproportionately less likely to be executive directors, board members, or promoted, and they're more likely to be disciplined than white staff over similar issues.³

Immigrants have shored up NHS services for generations. In the 1960s doctors from India and Pakistan worked in deprived and low paying general practices, and they were often isolated as a result.⁴ We have a debt of gratitude to pay and must remember that other countries need staff too.

The NHS is a collective feat, but I fear that many policy makers create services blindly. Ensuring that services are accessible to everyone is best done by a team that includes everyone. A

quarter of doctors working in the NHS are not British.⁵ A fifth of NHS staff are black or from other minority ethnic groups.³ The service survives because of them: make it harder for them to stay or more unpleasant to work here, and they will leave. And, if they leave, it could spell the unravelling of the NHS, clearing the way for the health insurance model that some leading Brexiteers are so keen on.⁶

The government must vocally acknowledge the benefits to the NHS from immigration. Racism must not be tolerated. NHS staff need to be protected, with clear mechanisms for reporting and managing incidents. It's sad that these are needed, but many trusts already have such schemes, with "yellow card" warnings for patients who display such behaviour.⁷

Competing interests: See www.bmj.com/about-bmj/freelance-contributors/margaret-mccartney.

Provenance and peer review: Commissioned; not externally peer reviewed.

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