VIEWS AND REVIEWS

THE BOTTOM LINE

Partha Kar: We must stand up and challenge offensive behaviour

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A spinelessness towards tackling offensive comments and behaviour seems to have afflicted people attending some recent healthcare and scientific conferences.

Let me give you some examples. At the World Airway Management Meeting last month a speaker made some “jokes” about a man choking a female partner but was not interrupted or challenged about the comments. Some people did protest on social media, and the organisers apologised “if any offence was taken by any of the comments or slides presented.”¹ But what stopped anyone there from interrupting the speaker to say that such a “joke” was not acceptable? What prevents members of the audience from standing up and saying that they don’t think such comments are actually “jokes”?

Here’s another example: also last month, the British Psychological Society held a social evening at which an antislavery performance included a scene interpreted as a slavery auction. In the wake of the anger over this “entertainment,” the British Psychological Society put out a statement to apologise for the distress the event had caused. But why on earth didn’t someone at the planning stage question this? And why did some of those in attendance join in to “bid” in the auction? Is there actually a shortage of people whose bravery to protest at such nonsense goes beyond doing so on social media?

It’s clear to me that you’ll find as much sexism and racism among people working in healthcare as you would among the general public: that seems to be an absolute fact of life. Recently, however, I have seen some people suggesting that racism in the NHS is often simply a result of unconscious bias. I’d say that

it’s very conscious, and it’s just that some people couch their biases more discreetly than others.

Why can some people stand up, while others can’t? What stops them—a fear of the power dynamics, a genuine blind spot to what other people see as an insult, or an ingrained racist or sexist mindset? It’s likely to be a combination of those, yet the worry is that, despite the drive to improve “unconscious” bias, we still have such events, right here, right now. Leadership starts at the top, beyond presentations or slogans. It starts with examples beyond soundbites—but we see a lack of genuine action.

I have grown tired of empty apologies. To all organisations involved in such utter nonsense, I say stop right now with the empty apologies and take some real action to tackle sexist and racist behaviour and language. To the many out there who witness sexist and racist behaviour or language in your work, I say stop being silent spectators. If you feel outrage, put your hand up and express it.

And, to anyone thinking of pulling the sorts of stunts mentioned above in the future, you’d better hope that I am not the chair, a co-speaker, or an audience member.

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

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

1 Mock J. “G-spot” slide ignites outrage about content at conference. *Medscape* 2019 Nov 25. <https://www.medscape.com/viewarticle/921802>. (Login needed.)

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