



VIEWS AND REVIEWS

THE BOTTOM LINE

Partha Kar: Sadda haq, aithe rakh

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We live in a world where discussion around the issue of race gets caught up in a maze of debates about what's politically correct, what's part of "woke" culture, and what's simply unacceptable in 2020. In this febrile environment, it's not always easy to be a doctor from an ethnic minority in the NHS.

Whatever your view on Brexit, it's clear that the 2016 referendum has opened wounds that will take decades to heal. And many doctors from ethnic minorities feel a sense of déjà vu as controversies erupt about immigrants, race, ethnicity, and religion. It's not easy to say whether the UK is racist or not: there's no doubt that it's largely more accepting than other countries, but, as a qualifying argument, that holds little leverage for those at the sharp end.

I've been part of the NHS for 20 years and continue to work with people who, in the main, accept me for who I am—with strong emphasis on the word "accept." But is the system or the NHS itself racist? Yes, it is, if you look at any dataset. Top jobs still go largely to people who are white: even in 2020, it's a joy and occasion to rejoice when someone from an ethnic minority background actually "makes it."

We also need to look at outcomes in patients from ethnic minorities. We'd love to think that the NHS provides the same care to everyone, but it seems that it provides just a bit less if you're from an ethnic minority. The system has tried to tackle this by setting up courses, reverse mentoring, and campaigns, but progress has been incremental at best.

My struggle to establish myself has been far greater than that of my white peers. Even in a national role, the subtle hints, negativity, or indeed downright racist comments have come from senior people, academics with titles, executives in clinical commissioning groups, and managers—people who didn't bat an eyelid, believing that it was OK to behave as they had. At other times I've heard excuses made in terms of "unconscious

bias": a term I think is used to hide outright racism in a system that's always looking to justify prejudice.

I'm not sure what we can do to change things, if I'm honest. From a personal perspective, my approach has fundamentally altered over the past few years: from a position of looking to be embraced, giving everyone the benefit of the doubt and wondering what else could be done, a more clarified and carefree approach has taken hold.

There's a saying in Punjabi: "Sadda haq, aithe rakh." Loosely translated, this means, "Give me what's mine—right now, right here." I suspect that my approach could be crystallised with that phrase too. As a member of an ethnic minority and contributing as much as anyone else, I no longer need to justify my presence; nor do I hesitate to call out racism, however big the name is. I belong, as much as anyone else, and I'm not looking for anyone's permission or acceptance.

What would my advice be to any ethnic minority healthcare professional? Do your job, and do your bit to make sure that people from minority backgrounds aren't deprived of opportunities or access to services. Make sure, especially, that people aren't being deprived just because a policy has been set by someone with no cultural awareness. Define yourself by your outcomes: people can either accept you or not. And don't apologise for being who you are—be proud of what you are and where you come from. The rest will follow.

Competing interests: I am national specialty adviser for diabetes with NHS England.

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