



NEWS

Covid-19: Disproportionate impact on ethnic minority healthcare workers will be explored by government

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The BMJ

The government has said that it will investigate why covid-19 seems to be having a disproportionate impact on healthcare workers from ethnic minority groups.

Data from the Intensive Care National Audit and Research Centre, published on 10 April, show that of 3883 patients with confirmed covid-19, 14% (486) were Asian and 12% (402) were black.¹ This is nearly double the 14% ethnic minority population in the UK.

Reports also show that most doctors who have died from the virus are from ethnic minority backgrounds,^{2,3,4} although doctors from ethnic minority backgrounds make up only about a third of doctors working in the NHS.

Chris Whitty, England's chief medical officer, said, "It's critical that we find out which groups are most at risk so we can help to protect them. Three things are clear, and ethnicity is less clear. The three things that are clear are age, people who've got more than one other disease, and male sex. Being a member of an ethnic minority group is less clear. I've had discussions with scientists about this in terms of trying to tease this apart today."

He added, "We've asked PHE [Public Health England] to look at this in some detail, and then, if we see any signal at all, we want to know what next to do about it to minimise risk."

Yvonne Doyle, medical director at PHE, said: "There is emerging evidence to suggest that covid-19 may be having a disproportionate impact on ethnic minority groups. There is limited recording of ethnicity across almost all datasets, so we must be very careful in making any assumptions. This is a really important issue, and detailed and careful work needs to be done before we draw any conclusions."

The BMA said that the government's review needed to be informed by real time data collection if it was to have real effect. Chaand Nagpaul, BMA council chair, said, "This must include daily updates on ethnicity, circumstance, and all protected characteristics of all patients in hospital, as well as levels of illness in the community, which is not currently recorded." He added, "The government must send a directive to every hospital telling them to record the ethnicity of patients who are admitted and succumb to covid-19 immediately."

Nagpaul said that the government also needed to take steps to protect ethnic minority communities. "This could include those at greatest risk, including older and retired doctors, not working in potentially infectious settings."

Amitava Banerjee, a consultant cardiologist and researcher, said that there could be several factors contributing to the

disproportionate number of ethnic minority doctors who had died from covid-19. He said that one possibility was that ethnic minority groups were at higher risk of certain conditions, including diabetes and cardiovascular disease, which could lead to more severe complications with a covid-19 infection.

He also said that questions need to be asked around whether the health professionals who died had less access to or were less able to speak up about a lack of access to personal protective equipment (PPE). "I would like to see a breakdown of which department or specialty they worked in. Are they particularly in risk prone, procedure driven specialties?" said Banerjee.

"What I have seen so far is that they are from a mixture of specialties. But it's important to understand whether it is an issue of viral load—in other words more exposure to the virus, which could be because of where they work, but it could also be because they haven't been wearing the right equipment." He added, "Regardless of seniority or skin colour, at the end of the day we're not going to be much use to our patients if we are sick ourselves."

"We shouldn't actually be seeing patients . . . without the correct equipment. That should be non-negotiable, and it's something that the government should stop pussy footing around and make sure concerns are heard and dealt with."

Peter Tun, an associate specialist in neurorehabilitation, died of covid-19 on Monday. Speaking on Twitter, his son Michael Tun said that his father did not have access to the appropriate PPE.

"My Dad Dr Peter Tun died from covid-19 because of the lack of PPE. My hope in writing this is that it will save more doctors and nurses lives and avoid pain for their families," Tun said.⁵

"The day he found out there was a positive for covid-19 in his ward, Dad told me that he had earlier complained to a manager because they took PPE away from his ward to take somewhere else. He was told that if there was a case, they would bring it back. He replied it would be too late."

#properPPE

The BMJs #properPPE campaign is calling for healthcare workers on the front line to be given the appropriate level of PPE. We are calling for doctors to have the correct PPE for each clinical setting, for PPE of sufficient quality and quantity, and for doctors to be given what they need to make them feel safe.

Share your stories with us on social media by using #properPPE or by email at newsdesk@bmj.com. We want to hear about experiences so that we can push governments to act.

- 1 Intensive Care National Audit and Research Centre. Reports. 10 Apr 2020. <https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports>
 - 2 Marsh S. Doctors, nurses, porters, volunteers: the UK health workers who have died from Covid-19. *Guardian* 2020 Apr 17. <https://www.theguardian.com/world/2020/apr/16/doctors-nurses-porters-volunteers-the-uk-health-workers-who-have-died-from-covid-19>
 - 3 Coronavirus: Remembering the NHS workers who have died. *BBC* 2020 Apr 16. <https://www.bbc.co.uk/news/health-52242856>
 - 4 In memoriam: healthcare workers who have died of covid-19. <https://www.medscape.com/viewarticle/927976>
 - 5 MichaelTun1. Twitter. 16 Apr 2020. <https://twitter.com/MichaelTun1/status/1250676160683540486>
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