



LETTERS

ETHNICITY AND COVID-19

Ethnicity and covid-19: analysis must be inclusive and transparent

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Khunti and colleagues discuss the possible association between ethnicity and severity of covid-19.¹ Our experience in London would suggest such a link, and further analysis of clinical outcomes data should be a priority.

Ethnicity is multidimensional.² Analysis of the UK covid-19 data needs to take into consideration that those of black, Asian, and minority ethnic (BAME) background have vastly heterogeneous cultures, behaviours, family and community dynamics, religions, and languages. Defining (even through self-identification) patients as “black” or “Indian” hides the diversity within these ethnic groups, and further subgroup analysis is required to understand the complex social and economic factors at play.

In celebrations of the NHS during the pandemic, the faces of BAME NHS staff have been missing from front page coverage in the national press,³ despite making up over 20% of the workforce.⁴ Women have been excluded from the national and global discourse on covid-19,⁵ and black women are noticeably absent. Any analysis of ethnicity and covid-19 must involve accurate representation from communities affected for true credibility.

Rather than being a “great equaliser,” covid-19 is emphasising the entrenched inequality that exists in UK society. As medical professionals, it is our duty to lend our voices to the calls for prompt and transparent analysis of the data.

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- 4 Gov.uk. NHS workforce. 6 January 2020. <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest>
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