



Covid-19: Review of ethnic disparities is labelled “whitewash” for lack of recommendations

Gareth Iacobucci

The BMJ

People from ethnic minority backgrounds are more likely to have covid-19 diagnosed and to die from it, a review from Public Health England has confirmed.¹

But the report was described as “a missed opportunity” by medical leaders because of its lack of recommendations for reducing these disparities. This is despite the review being commissioned amid concerns about the disproportionate impact of covid-19 on ethnic minorities, and its terms of reference stated that it would make recommendations for further action.²

Chaand Nagpaul, BMA council chair, said that the statistical analysis, although important, “gets us no closer towards taking action that avoids harm to black and minority ethnic communities.”

He added, “The BMA and the wider community were hoping for a clear action plan to tackle the issues, not a reiteration of what we already know. We need practical guidance, particularly in relation to how healthcare workers and others working in public facing roles will be protected. We need action, and we need action now.”

Kailash Chand, honorary vice president of the BMA, tweeted: “Equality and disparities remain a lip service . . . another report, with no substance . . . no recommendations—a usual whitewash! There to gather dust?”³

Disproportionate impact

The report examined how factors such as ethnicity, age, gender, and deprivation can affect the risk and outcomes from covid-19. It concluded, “Evidence suggests that covid-19 may have a disproportionate impact on people from Black, Asian and minority ethnic groups,” adding that its impact “has replicated existing health inequalities and, in some cases, has increased them.”

It found that black ethnic groups were most likely to have covid-19 diagnosed, with 486 diagnoses per 100 000 population in females and 649 in males. The lowest diagnosis rates were in white ethnic groups (220 per 100 000 in females and 224 in males).

Death rates were highest among people in black and Asian ethnic groups. When compared with previous years, all cause mortality was almost four times higher than expected among black males for this period, almost three times higher in Asian males, and almost two times higher in white males. Among females, deaths were almost three times higher than expected in this period among black, mixed, and other females, and were 2.4 times

higher in Asian females, compared with 1.6 times higher in white females.

People of Bangladeshi ethnicity had around twice the risk of death among people of white British ethnicity, while people of Chinese, Indian, Pakistani, other Asian, Caribbean, and other black ethnicity had a 10-50% higher risk of death than white British people.

The analyses accounted for the effects of a person’s sex, age, deprivation, and region but not for occupation, comorbidities, or obesity, which Public Health England acknowledged as limitations.

Microaggressions

Andrew Goddard, president of the Royal College of Physicians, said that the report must be backed up by action, particularly to protect healthcare staff. “There is no reason why all NHS employers should not have undertaken an initial risk assessment for those staff most at risk within the next two weeks,” he said.

Marsha de Cordova, Labour’s shadow secretary for women and equalities, said, “This review confirms what we already knew—that racial and health inequalities amplify the risks of covid-19. But when it comes to the question of how we reduce these disparities, it is notably silent. The government must not wait any longer to mitigate the risks faced by these communities and must act immediately to protect black and minority ethnic people so that no more lives are lost.”

Yvonne Coghill, director of the NHS Workforce Race Equality Standard, said it was important that solutions for tackling ethnic disparities did not focus only on a narrow set of factors.

She said, “This isn’t just about comorbidity, this isn’t just about people from black and minority ethnic backgrounds living in houses of multiple occupancy: there are other factors at play here which mean that black and minority ethnic people are going to have a much worse experience of many diseases.

“A lot of that is things we don’t talk about—they are microaggressions or micro-assaults, and it is as a consequence of living in a society that isn’t built for you . . . this impacts on the individual physiologically.”

1 Rimmer A. Covid-19: Disproportionate impact on ethnic minority healthcare workers will be explored by government. *BMJ* 2020;369:m1562. 10.1136/bmj.m1562-32303494
2 Public Health England. Terms of reference: review into disparities in the risk and outcomes of COVID-19. <https://khub.net/documents/135939561/287909059/COVID-19+Impact+Review+ToRs.pdf/611bea2c-0cbe-4c71-57fe-abfecdbf273?i=1588688788954>.

3 Chand K. Twitter. 2 Jun 2020. <https://twitter.com/KailashChandOBE/status/1267824292508495876?s=20>.

This article is made freely available for use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by

BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

<https://bmj.com/coronavirus/usage>