Viewpoints

BJGP Open

Race and Racism in Primary Care

The *Black Lives Matter* campaign has highlighted issues of race and racism which are present in all parts of our communities and organisations. BJGP Open is inviting Viewpoints to document experiences of racism in primary care as a patient, practitioner, trainee, or researcher.

This initiative sits outside the usual BJGP Open framework for research and commentary, and has been created as a rapid access format for sharing information.

What is your full name?

Hina Javaid Shahid

What is your role?

GP

Please describe the experience of race and/or racism that you would like to share

Last year, three months after I started wearing a headscarf, I was attacked by a patient who doused me in alcohol as I walked back from a home visit. Though I was fortunate to have supportive colleagues, it was a deeply traumatising event involving a police case I later dropped for multiple reasons best summarised as structural gaslighting.

Islamophobia is often defined as anti-Muslim hatred, racism or religious discrimination. However, it is a complex intersectional phenomenon of race, religion, class, citizenship and gender-based oppression. COVID-19 inequalities and the brutal George Floyd murder have galvanised anti-racist action but racism and other forms of oppression do not operate in isolation. Intersectionality is the simultaneous embodiment of multiple axes of oppression and we can not tackle racism without understanding how it interacts with and is reinforced by compounding power structures and the violent and traumatising impact this has on victims, which includes our workforce on the frontline of society.

My internalised oppression and professional values told me I needed to exercise patience, compassion and resilience. As healthcare professionals, we have been conditioned to believe that "patients come first", more so as the patient who attacked me had an underlying serious mental illness. Additionally, how could I prove this was Islamophobia and not part of his delusional beliefs in a society that continues to question its legitimacy and where a hyperincarcerated Muslim population undermines confidence in the criminal justice system?

Should we feel guilty putting ourselves first and raising our voices when we face not just secondary, but primary trauma too, as Islamophobia in society and abuse against GPs increases, our workforce continues to haemorrhage, and snowy white peaks embellish the top? We need a GP-first approach that protects, supports and empowers our diverse workforce beyond the draperies of resilience training and nominal zero-tolerance policies. We need to start by unveiling

the multiple facets, structures and enablers of discrimination and oppression, including Islamophobia, stitched into the fabric of our societies, institutions and interpersonal interactions, and we need to unweave self-sabotaging values of boundless altruism strangling justice and wellbeing in our workplaces.