

Viewpoints



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?

Dr Sonali Dutta-Knight

What is your role?

Salaried GP, West Farm Surgery, Newcastle-upon-Tyne
Founder and Administrator of Healthcare Professionals Against Racism

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

A Nutshell History of Racism in British Healthcare

Introduction

[Black people are four times more likely to die of Covid disease than White people.](#)

95% of the Doctors who have died from Covid-19 were from BAME backgrounds.

The highlighting of such significant ethnic disparities has created unprecedented focus on racism in healthcare.

THE BRITISH EMPIRE

The reason that the NHS is such an ethnically diverse employer lies historically with the Empire. The Empire affected hundreds of millions of lives through brutal military conquest, enslavement, widespread torture and massacre for hundreds of years.

Medical Schools based on British styles replaced pre-existing training, with propaganda directing Doctors towards wishing to work in the 'finest British institutions.'

PROPAGANDA AND RACISM IN MEDICAL TRAINING

[Scientific racism](#) was used during the Empire to perpetuate an illusion of Black and Brown [physical and mental inferiority](#). Those [myths persist to this day](#).

Medical training focusses mostly on images of illness in White skin. This is thought to be the reason that doctors find it [harder to diagnose conditions in darker skin tones](#).

THE NHS

The founding of the NHS in 1948 created demand for doctors that could not be met internally so recruitment drives were held in the Commonwealth and Colonies particularly for those with 'British-style training.'

Many doctors who immigrated to the UK with the ambitions of completing certain career objectives were unable to achieve their goals because they found that [systemic racism prevented them from doing so](#). Returning home without fulfilling those aspirations was not an option. Many ended up in General Practice in posts unwanted by their white colleagues.

IN CONCLUSION

Covid-19 has highlighted the need to examine our own complicity in structural racism and unconscious bias in a way with no previous historical precedent. We must be mindful that historical reasons are part of the reason why ethnic disparities in healthcare persist.

<https://bjgpopen.org>