

# IS OUR HEALTHCARE SECTOR INSTITUTIONALLY RACIST?

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To begin to understand institutional racism, one first needs to understand what social institutions are. Social institutions refer to the various organisations in a society for example the criminal justice and the healthcare system. These institutions are essential for creating a harmonious society. The criminal justice system works to reinforce common beliefs in society and the healthcare system works to prevent ill health and improve the physical and mental health of the population.

But when these institutions have implicit discriminations that are intertwined with these values, there can be harmful impacts for people. Because institutional racism is arguably so embedded in our society's fabric, it can be difficult to recognise and call out and therefore to change.

Evidence suggests that racism is embedded in systems, laws, written policies, and entrenched practices and beliefs that condone widespread unfair treatment. Institutional racism is often only recognised in the policing and justice system after events like Stephen Lawrence's murder and failed investigation. The McPherson Report (1999) concluded that the Metropolitan Police force was institutionally racist which led to them poorly investigating the case of Stephen Lawrence. However, institutional racism in the healthcare system is often overlooked or not spoken about.

## WHY ARE BLACK WOMEN MORE LIKELY TO DIE IN CHILDBIRTH?

In the UK, black women are more likely to die from complications around pregnancy and childbirth. 1 in 2,500 black women have a chance of death

but this figure is 5 times smaller for white women. There can be many possible explanations for this. It could be due to economic problems, however a report found that black-middle class women were more likely to die in childbirth than white working-class women. This shows that social class has nothing to do with black women dying more than white women. If not economic problems, then what is causing this phenomenon? It must be a deeper problem.



source: The Independent

When looking at black women's experiences in the healthcare system many black women may feel that they won't be taken seriously, which could lead them to not fully disclose how they are feeling (Kasprzak, 2019). In her account of giving birth, Candice Brathwaite explains that she was treated differently to other mothers in the same position but of different race to her when she gave birth. She had told the staff that she felt worse than she should, and she felt that her concerns weren't listened to like other mother's concerns were. She was told that she was 'overthinking' and then later she was told that they were taking her into theatre, or she wouldn't make it until tomorrow. This clearly isn't an economic problem, it's a social one.

The MBRRACE (Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries) is a collaboration appointed by the Healthcare Quality Improvement Partnership to run the national



source: canva

Maternal, Newborn, and Infant clinical Outcome Review Programme which conducts surveillance and investigates the causes of maternal deaths. (Women and Equalities Committee, 2023) The MBRRACE enquiries into maternal mortality and have revealed the need for 'complex individualised care and culturally sensitive care', and they looked at the differences in care between White, Asian, and Black women. They found that Black and Asian women were overrepresented amongst the group of women who failed to receive individualised and culturally sensitive care. The MBRRACE assessors found commonalities in the kind of care that the women who died received, and they found that because the women were viewed as 'not like me' by the medical staff there was a lack of consideration of cultural factors to enable the most appropriate individualised care for a woman and instead there was a more 'one size fits all' approach.



*"1 in 2,500 Black women are likely to die from pregnancy complications"*



They also found that microaggressions were a factor. Microaggressions are subtle and indirect or sometimes unintentional discrimination against members of a marginalised group, such as ethnic minorities. In this case, health professionals sometimes perpetuated racial or ethnic stereotypes, such as 'black women having lower pain thresholds' which was a detriment to their care. Research shows that over 42% of women they surveyed had felt discriminated against during their maternity care, with one of the most common reasons being their race.

## COULD INSTITUTIONAL RACISM BE BLAMED FOR HIGHER DEATH RATES OF COVID AMONGST SOME ETHNIC MINORITIES?

Pulse oximetry was used during the pandemic to guide triage and therapy decisions; it was essential in deciding who needed care. Oximeters instantly measure a person's blood oxygen level by transmitting light. A study in the New England Journal of Medicine (Roberts, 2023) found that Black patients in Michigan hospital were nearly three times as likely as white patients to have low blood oxygen saturation that wasn't detected by an oximeter.



source: Health

A problem with oximeters that wasn't considered when they were designed, is that not only does haemoglobin absorb light, so does melanin, making the devices less accurate for people with darker skin tones. A third of admissions during the pandemic were from a BME background in ICU units and a contributing factor could be the

oximeters. This isn't a new problem, research dates back to the late 1980, suggesting that the reason why nothing has been done about it is because of institutional racism. Such devices should be accessible to all, and people should not have to factor in their race when thinking about their healthcare. Progress is being made in response to a growing push to fix pulse oximeter's inaccuracies as engineers at Brown University and Tufts University are working to redesign the pulse oximeter in the hopes that it will be accurate for everybody.



## WHY DOES THIS HAPPEN WHEN THERE ARE LOTS OF ETHNIC MINORITIES WORKING IN HEALTHCARE?



source: Pixabay

The NHS Workforce Race Equality Standard shows that BME staff make up almost a quarter of the workforce overall, so how is it that institutional racism still exists in the healthcare system? One argument could be the lack of ethnic minority representation at senior levels; their voices may not be represented implying that those in the top positions are the ones who may still have implicit biases and therefore unconsciously treat their

workers poorly. Research carried out by the National Nursing Research Unit at King's College London strongly suggests that levels of satisfaction and wellbeing among NHS staff has a direct impact on patients' experiences of healthcare and one argument is that the staff are working in a negative environment that unconsciously impacts their patient care, possibly impacting the statistics for institutional racism.

However, change is occurring and in the past 12 months, BME senior managers have increased from 9.2% to 10.3% which suggests that the NHS is making positive changes to work towards a more equal work environment and consequently more equal patient care. This change is encouraging to see and suggests that there is hope for the future in tackling institutional racism.



*"BME senior managers have increased from 9.2% to 10.3%"*

The NHS website has identified the ongoing institutional racism and have devised some recommendations for ways to tackle discrimination; these include organisations having to demonstrate that they provide opportunities for all staff to have difficult conversations about racism without fear of repercussions; organisations must ensure all staff (White or BME) have the skills, knowledge and a clear expectation of acceptable behaviour to create an inclusive environment that is anti-racist and all organisations must develop a method of reporting all kinds of discrimination.



This further shows that the NHS are taking accountability and offering ways to improve the racism within the healthcare system, in order to create a safe and inclusive space for all members of staff, regardless of their ethnicity.

To conclude, racism and discrimination is so deeply embedded in our society's fabric that it can be difficult to call out and change. We can try to put policies in place to ensure that racism doesn't occur in all areas of life, including healthcare but it is a much more difficult job to try and change the beliefs of other people and stereotypes that have been passed on through generations. It is up to us to make the world a better place and try to teach people to understand that their biases are not okay and must be challenged. It is also up to individuals to want to learn more and to want to change their views and to engage in difficult conversations on race.



source: UK Parliament Committees



source: CNN



source: Times Higher Education (THE)

# GLOSSARY

**Individualistic values** = people are motivated by their own preference and viewpoints.

**Universalistic values** = shared values and beliefs that apply equally to all members of a society, regardless of who they are

**Maternal deaths** = female deaths from any cause related to pregnancy and childbirth

**Culturally sensitive** = a knowledge, awareness, and acceptance of other cultures and other's cultural identities

**Cultural factors** = set of beliefs, moral values, traditions and ideologies held in common by a community

**Microaggressions** = a comment or action that subtly and often unconsciously expresses a prejudiced attitude

**Marginalised group** = groups and communities that experience discrimination and exclusion

**Institutional racism** = discrimination on the basis of membership of a particular ethnic group (typically a marginalised group) that arises from structures or systems that have become established within institutions, such as education and healthcare.

# REFERENCES

**Brooke Cheng, J. M. (2022).** The other pandemic: COVID-19 as a catalyst for hate against Asian healthcare workers. *BC Medical Journal*, 182-184.

**Cartwright, S. A. (1851).** *Report on the Diseases and Physical Peculiarities of the Negro Race*.

**Kasprzak, E. (2019, April 12).** BBC News. Retrieved from BBC News England: <https://www.bbc.co.uk/news/uk-england-47115305>

**Roberts, C. (2023, May 2).** Retrieved from Consumer Reports: <https://www.consumerreports.org/health/pulse-oximeters/pulse-oximeters-dont-work-as-well-for-people-with-dark-skin-a9391849239/#:~:text=But%20as%20far%20back%20as,New%20England%20Journal%20of%20Medicine>.

**Women and Equalities Committee. (2023).** *Black maternal health*. UK Parliament.





## QUESTIONS

- 1) Do you agree that the issue possibly lies in not enough ethnic minorities being in top positions? Or do you have any other explanations?
- 2) What do you think can be done to tackle institutional racism? Should the Government be doing more?
- 3) Which one of the NHS recommendations appears to be the most effective?

## NOTES

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