Book

Racism and the health system

“With critical reflection on the depth to which racism is embedded in society, humility, and empathy at the fore, the health community can be a powerful propellant for racial justice.”

Racial categories are dynamic social descriptions that change across time and place, [ok to add this?]but they are often applied as biological facts to the detriment of minoritised people. S*ystemic: How Racism Is Making Us Ill* by science journalist and former biomedical researcher Layal Liverpool testifies to the health effects of racism and structural violence. By citing case studies that link racism to health-related institutions within the UK and beyond, Liverpool expands on her own personal experiences to spell out exactly how racism at the interpersonal level is a byproduct of a larger constellation of harms. As she argues, “Whether or not an individual doctor exhibits racist behaviour is almost irrelevant if we consider that all doctors and other healthcare workers are operating within a wider system of medical education, guidelines and practices in which racism is deeply entrenched.” Identifying the extent of these harms is no easy task given the depth to which racism is embedded: “Racism is built into the health system. Racism is embedded deep into the foundation, not only of our societies, but of medicine and science—hidden in plain sight. And, in a painful irony, it is something that we humans have inflicted upon ourselves”, Liverpool writes.

Liverpool elucidates how racist stereotypes, social norms, and eugenically inflected medical practices translate to medical gaslighting and clinical violence. These patterns have population-level implications. For example, obstetric violence manifests in the alarmingly adverse maternal health outcomes experienced by Black women in the USA and UK. Liverpool grapples with these issues by questioning why the medical system— an institution we are encouraged to trust with our wellbeing—continues to fail minoritised communities. Crucially, she explains that this problem is beyond the individual, emphasising the need to scrutinise policy and practice. These dimensions are important because racism is reinforced by political, social, and economic power hierarchies. Therefore, addressing racism requires a critical look at these contexts, in addition to their clinical implications.

Without understanding racism’s impact on health, medical professionals will be ill equipped to address wellbeing. As Liverpool briefly discusses, Arline Geronimus’s influential work on weathering teaches us that constantly battling stressors triggered by racism can lead to chronic stress and inflammation, which contributes to the development and worsening of diseases such as diabetes, cardiovascular diseases, and COVID-19. These processes can shorten lifespan, and lead to intergenerational trauma.

There is a need for far more research to identify and assess the impact of interventions that recognise and address the health impacts of racism. But, as Liverpool makes clear, there are challenges to advancing scholarly work on racism and health. We need robust population datasets that detail race and ethnicity in more nuanced, clear ways. Liverpool highlights problems with data within genetic research and census categories because the categories that are used to describe different racial groups are socially constructed. Racial categories do not capture the diversity of lived experiences and the genetic diversity of different subgroups. Liverpool discusses the importance of “engaging a

more diverse range of people in medical research“ to “enhance scientific discovery” and deliver “better medicines and healthcare for everyone”. But the current insufficient inclusion of minoritised communities in clinical trials and DNA databases means we are left with a largely White, European image of illness. S*ystemic* shows how this lack of diversity leads to the missed diagnoses, misdiagnoses, and lower quality health treatment for minoritised communities. There is also incongruity in how racial descriptions are used in health-care settings; for example, when a clinician tries to describe a patient’s race for a race correction they typically base their assessment on their perception of race and ethnicity. As mixed race/ethnicity, we have faced, changed, and been uncertain about how to even describe ourselves. How can we expect a medical professional to tell us who we are?

To solve the problem, we need to grapple with the structural reality of racism and health inequity. This requires input from many groups, including those who design health systems and research, professionals at the front lines, and people who use health services. Liverpool identifies areas where progress is being made, including work to eliminate biases in artificial intelligence health algorithms, developments in medical education to recognise the health harms of racism, and the removal of race adjustment calculations from medical practice. These efforts require ongoing advocacy to improve health services. Health professionals can be driving forces for racial justice. Empowered with knowledge, trust, and experience, health professionals are well placed to explain how racism harms health and why policy makers should care, while advocating for their patients. Unfortunately, many physicians remain hesitant about changemaking. The prospect of participating in antiracism advocacy can be daunting and the risk of pushback and criticism is high when some people continue to deny structural discrimination. Advocating for minoritised peoples and racial justice is therefore a courageous endeavour.

Through *Systemic* Liverpool joins a growing discourse about racism, colonialism, and discrimination in health care and brings her scrutiny, optimism, and constructive voice to the field. With her focus on active members of the health community in clinics, policy making, research, and beyond, Liverpool’s analysis of the challenges to be overcome and ways forward is relevant for anyone interested in health equity. Guided by critical reflection on the depth to which racism is embedded in society, and withhumility and empathy, the health community can be a powerful propellant for racial justice.

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DD is the founder and director of the Race & Health group in UCL and was interviewed by Layal Liverpool for *Systemic* but had no direct involvement in the book.

Further reading

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