

Racism goes viral

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How the Novel Coronavirus is sparking racism

A patient refusing to shake their surgeon's hand. An emergency physician asked to wear a mask. Members of the public presenting to ED requesting viral swabs because they sat next to a man of 'Asian appearance' on the bus. These stories, and too many others, highlight an uncomfortable problem – xenophobia, racism, is deeply entrenched in our society and health systems.

The Novel Coronavirus pandemic is a serious public health emergency requiring a coordinated clinical response. Health professionals need to approach the situation with calm and respect. Management should be based on evidence, not driven by irrational fear based on race.

'Where are you from?'

Australians of Chinese descent have been stereotyped and made to feel different for generations. Sensationalist coverage of the emerging pandemic has served to exacerbate [racial division in our society and health systems](#). It is important to remember that racism, like Coronavirus, is not just a Chinese problem. It affects everyone who does not outwardly appear 'Australian'.

Diversity is positive

Diversity is good for health care teams and our patients. Research demonstrates that clinicians who share cultural backgrounds with their patients deliver more effective communication, resulting in improved adherence with treatment recommendations and better health outcomes. There is evidence from the business world that diverse teams make better strategic decisions too.

We live in a multicultural society and our clinical workforce should reflect and represent the population that we serve. Aboriginal and Torres Strait Islander people, in particular, have long called for racism in health care to be addressed.

The negative effects of racism in the workplace

As health professionals, we need to be constantly alert to racism in our work environments. We also need strategies to address racial discrimination when it occurs. When racism goes unchecked, teamwork erodes. Victims of discrimination often find the implication that their colleagues tolerate racism more hurtful than the original racist event. They feel estranged and become disengaged from their work. Poor workplace culture drives 'diversity drain' from the very teams who need it most.

'So where are you really from?'

Racism draws attention to 'otherness'. Difference of appearance, of accent or language, or of behaviour. Characteristics that bear no relationship to clinical competence and cannot be easily changed. Racism implies that difference is not welcome.

Of course, colleagues should be able to discuss their cultural backgrounds and share family history. It is best done with genuine curiosity and interest, in a way that celebrates diversity and brings people together.

Impacts on physical and mental health

Racism is about much more than hurt feelings. Experience of racial discrimination adversely affects both physical and mental health. It is associated with problems such as hypertension, respiratory disease, anxiety and depression. No racist event should ever be considered 'minor' or 'just a joke', because the impact on the recipient is always significant.

Diversity researchers have a saying that 'empathy stops at the limits of one's own experience'.

It takes time, respect and humility for someone who has not personally experienced racism to listen, and hear, from those who have. Those who experience racism may not speak up. Because to do so breaches social conventions, re-opens wounds and creates emotional labour for the victim – as they explain their culture and describe solutions. It is not the sole responsibility of the victim to bridge the gap between their experience and yours.

What can you do to address racism?

Above all, speak up when you witness racism, no matter how 'minor' it may seem to you. Signal that diversity is welcome and racial discrimination will not be tolerated. Show leadership and promote an inclusive team culture. A useful resource is [Let's talk race: a guide on how to conduct conversations about race](#) published by the Australian Human Rights Commission.

Learn about the many cultures in our world so you are better equipped to recognise racism. Read, travel, make friends and be curious. Don't make assumptions about what people think or believe, or how they would like to be treated, based on their appearance or accent. Ask them.

Explore your own bias

Take a test, for example, the [Harvard Implicit Association Test](#). Learn about how racism works - browse the SBS [Face up to Racism](#) page and take a look at the resources on the University of Western Sydney [Challenging Racism Project](#) site. Do some formal training in cultural competency. Most medical training organisations and colleges now have modules on offer.

Finally – walk the talk. Always be equitable in your treatment of patients and colleagues and take time to reflect on your interactions.

- When talking, do you make it clear that you are interested in the thoughts and feelings of others, not just your own?
- Do you actively seek contributions from colleagues from minority backgrounds?
- Do you listen to their voices to the same extent as majority colleagues?
- Do you praise and seek feedback from all team members regardless of background?
- Are tasks, responsibilities and leadership opportunities allocated fairly in your team?

If not, you've got some important work to do.

About the authors

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All three authors speak excellent English.

References

[ACEM calls for unity and respect in Coronavirus response](#)

[Australian Health Protection Principal Committee \(AHPPC\)](#)

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