

# book reviews

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## **Racism in medicine: an agenda for change.**

**Edited by Naaz Coker. King's Fund Publishing, London.**

**252pp. £15.99.**

The founding of the NHS in Britain in 1948 was based on socio-political forces which recognized that equity in access to prevention and treatment of ill health was the right of all its citizens. It reflected the culmination of the idealism and humanity of a people who had led and won a hard-fought global struggle against undemocratic and racist regimes. No doubt the people of Britain were also at this time coming to terms with the inevitability of the loss of their Empire. It is doubtful, however, if anyone foresaw the consequences of the gravitational pull of the NHS as a major public service employer on Britain's former colonial subjects, making it an arena where racism would become an issue. This book is a collection of papers documenting the evidence that at the close of the twentieth century the NHS was experiencing attitudes and practices stemming from racism, and offers an agenda for action to eliminate the consequential discrimination that puts immigrant citizens at a disadvantage.

Rational analysis of racism in the NHS requires evidence based on well-enunciated definitions of terms such as race, culture and ethnicity, as well as facts and figures. I found that this analysis was well presented, with use of relevant information from a wider social context. In these times, the prevalence of racist attitudes in the NHS is hardly surprising, given that a 1997 study carried out in Britain revealed that 20–26% of white people said they were prejudiced against Asian, Caribbean and Muslim ethnic minorities. Neither should it be surprising to learn of the racial discrimination and harassment felt or perceived by these NHS workers, or aspiring entrants to a medical school, given the tension in the wider community which is daily fuelled by widely-publicised events involving ethnic minorities such as inter-personal violence and pressure on social services. As an aside, it is of interest to observe that although non-white doctors suffer from under-representation at the consultant level, particularly in the most popular specialties, so do white women doctors relative to the total numbers of both in the total workforce.

The personal experiences and indignation reported by a second-generation Muslim doctor from the Indian subcontinent who has chosen to work as a general practitioner and engage in medical politics is a poignant example. However, is this experience, representative only of non-white doctors, all that different from the struggle of white people with a Jewish background, or women in medicine in our society of the previous – and some would say of the present – generation? Is racism essentially a war between the 'haves' and 'have-nots' to maintain the status quo, rather than a question of colour and cultural differences? These and many other issues are raised by the contributors to the book, who are themselves embedded in the NHS as practitioners or social researchers. The

need for a deeper understanding and ongoing attention is well argued.

Having established that racism in the NHS is principally directed against non-whites, the book examines the legal, governmental, personal and political solutions that are being applied to overcome the worst consequences of racism in the NHS. It is too early to say how successful they will be, especially for future generations of the immigrant community who wish to be integrated or assimilated into Britain, but who still feel alienated. A successful outcome overcoming racism in the microcosm of the NHS could be a paradigm for the nation as a whole.

The book is a timely source and review of information and reading, especially for policymakers in the public and private sectors and senior administrators of the NHS, as well as members of professional, regulatory, and university bodies with management roles who daily encounter people from diverse ethnic and cultural backgrounds. Rabbi Julia Neuberger's comments in the introduction to this book are worth quoting: 'It is enormously difficult to make significant changes to long-held assumptions and age-old ways of working. It takes up time that hard-pressed people working in health care can ill afford to commit. Without that time and effort, though, our health system will always be failing to meet its core values and ambitions.'

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*Kennedy Institute of Rheumatology, London*

## **The resourceful patient.**

**By JA Muir Gray. eRosetta Press, Oxford. 160pp. £14.50.**

According to the blurb on the back cover, 'Medicine needs revolution, not reorganisation, and the health service should revolve around the patient'. This is a handbook for (very literate) patients who want to participate fully in their own health care. The titles of the four main sections – '*The rise and fall of the Medical Empire*', '*What do doctors do all day?*', '*Skills and resources for resourceful patients*', and '*The new medical paradigm*' – give a reasonably good idea of what the book is about.

It is a hybrid book, published simultaneously on the web in hypertext ([www.resourcefulpatient.org](http://www.resourcefulpatient.org)) and on paper as ordinary text. A hybrid book differs from a website in that it is designed to be printed. This will apparently 'be done on demand which does away with the need to calculate a print run or have a warehouse full of stock'. The publishers also claim that 'the text can be changed regularly twice a year without the need to pulp paper'. So far so good and I understand from my regular computer magazine that sales of e-books and visits to their websites doubled in the first half of 2002 after a very rough year in 2001.

The text is cut up into small chunks because, 'Jakob Nielsen, one of our gurus, has found that people don't mind clicking but they