



Beyond Decolonisation: Decolonising healthcare

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What areas of healthcare do
we represent?



A little about me

British Born: lots of colonial history!

South Asian second-generation **Bangladeshi**

3rd culture kid

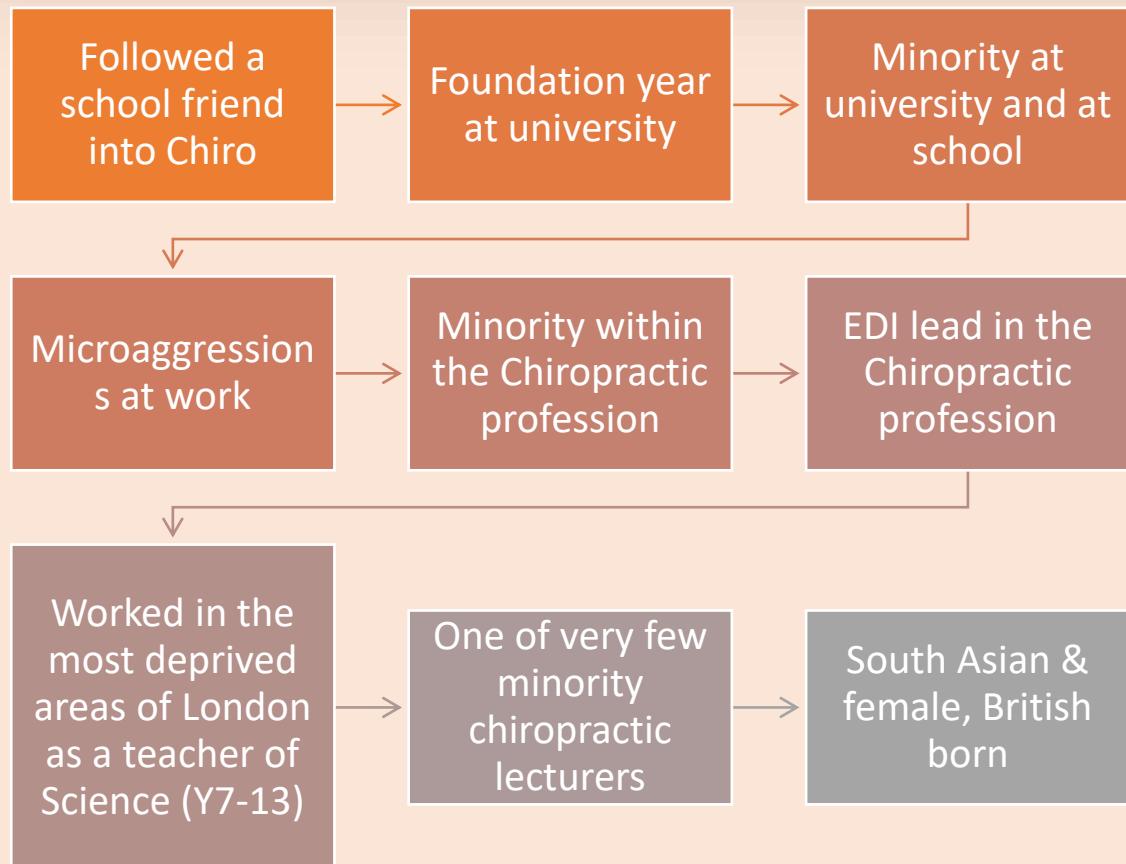
Chiropractor- studied in South Wales

Qualified teacher of science

Lecturer at LSBU since 2021

EDI committee lead- Athena Swan

Experiences whilst in Education



The lie that invented racism

- Race is a social construct.
- It was backed up by scientists at the time, many of our overarching scientific theories were invented by these very scientists.
- Did you know some of the medicinal treatments and procedures used today were tested out and invented on enslaved people in the Americas?
- How does it impact us today?



J Marion Sims with Lucy, and enslaved woman in Alabama. Sims is known as “the father of gynaecology”

A large crowd of people at a protest, many holding 'BLACK LIVES MATTER' signs.

What did the 'BLM' movement mean to you?

What aspects of British history are significant?

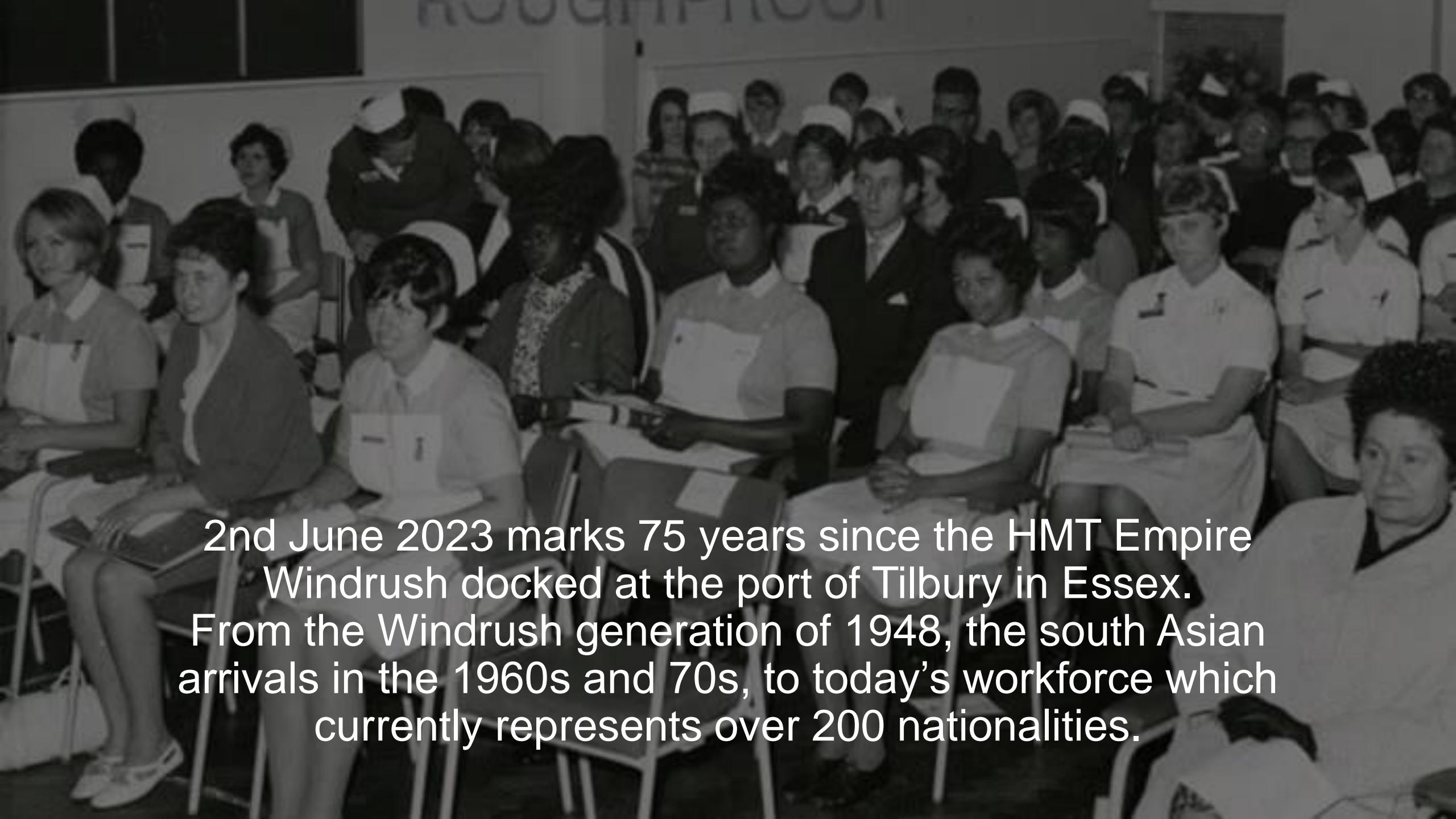
The Commonwealth vs the British Empire

- Royal African Company (1660-1752): 1680 Edward Colston
- The Commonwealth is a voluntary association of 56 independent countries, almost all of which were formerly under British rule.
- The origins of the Commonwealth come from Britain's former Empire.
- Reconstruction of Britain: People from the Commonwealth were 'invited' down to the labour shortages post-WW2



Disease & colonisation

- It's often cited that 'tropical diseases' affected many of the colonisers, i.e. the indigenous people were to blame for epidemic causing diseases
- Disease has wiped out many indigenous people, there is a reccurring theme of disease in literature
- It is thought that diseases killed colonisers
- But it can be argued that colonisers used diseases to control
- i.e. Malaria was one of the largest barriers to colonization



2nd June 2023 marks 75 years since the HMT Empire Windrush docked at the port of Tilbury in Essex. From the Windrush generation of 1948, the south Asian arrivals in the 1960s and 70s, to today's workforce which currently represents over 200 nationalities.

History of healthcare in the uk

- NHS- July 1948: created by a newly elected Labour government
- Prior to this, patients had to pay for their healthcare
- The NHS is renowned for its ethnic diversity; 24.2 per cent of people employed in NHS trusts are from ethnic minority groups.
- **Management:** Ethnic minorities make up only 10.3 per cent of very senior managers and 13.2 per cent of board members. The vast majority of the most senior leaders and decision-makers in the NHS are white.

Racism in Medicine: multifacted

- **Historical mistrust** in the medical services, mainly within Black Caribbeans
- **Access to healthcare**: fewer minoritised ethnic people would pay, so cannot always access i.e. private. Use of IT, phones, emails, online
- **Health inequalities and disparities**: what conditions affect people of colour
- **History education**: Understanding why these diseases came about
- **Treatment of service users**: How are service users/patients being treated?
- **Relatability**: who is treating these patients? language barriers, differences in cultural backgrounds. Healthcare professionals perceptions and behaviours

Historical Mistrust

- Historical: Deep-rooted mistrust, mainly stemming from slavery i.e. procedures tried and tested on enslaved people
- 1932-1972- Tuskegee Syphilis Study

The study initially involved 600 Black men – 399 with syphilis, 201 who did not have the disease. Participants' informed consent was not collected. Researchers told the men they were being treated for “bad blood,” a local term used to describe several ailments, including syphilis, anemia, and fatigue. In exchange for taking part in the study, the men received free medical exams, free meals, and burial insurance.

- Use of Bioterrorism: spread of AIDS, COVID-19
- Present day: Black women feeling as though they are not being listened to, and feel unsafe in regards to care
- Preference to natural remedies/non-invasive, passed down through generations: seen in COVID-19

History Education: Sickle Cell

- Thalassaemia mainly affects people with a South Asian or Mediterranean heritage, and sickle cell mainly affects people with Black African or Black Caribbean backgrounds.
- It is estimated that 1,000 people in the UK have thalassaemia, and between 13,000-15,000 people in the UK have sickle cell.
- Research shows that the mutation causing sickle cell disease arose in Africa thousands of years ago to help protect against malaria
- In 1960s Britain, it was thought that Black nurses were spreading sickle cell to patients
- The pattern of malaria as we see it today, on the other hand, were produced by colonialism, and the study of malaria as we know it now was intended to protect colonial interests, not to help Indigenous people or defeat the disease more broadly. (Bumo. J, 2022)

History Education: Diabetes

- UK South Asian subgroups, in all their heterogeneity, have an increased prevalence of diabetes. They have a four- to six-fold increased prevalence of type 2 diabetes compared to the White European population. (Patel & Bhopal, 2007)
- In 2019, Pomeroy et al. found that South Asians in London, UK, had 2–3 times greater T2D risk compared with those of European ancestry, with onset typically 5 years earlier and at a lower body mass index (Pomeroy, E. et al. 2019)
- Historical link: The East India Company's raising of taxes, policy failures (including a “denial of rice”), resources being deployed to the military, and droughts that were met with British inaction, resulted in the deaths of millions. In 1943, West Bengal saw the worst of it all, a famine in which up to three million people died of malnutrition.
- Famines in the British era were not due to a lack of food, but due to the inequalities in the distribution of that food..

Health disparities/inequalities defined

“... a particular type of health difference that is closely linked with economic, social, or environmental disadvantage.

Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic -status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” [Healthy People 2020](#)

Health Disparities: at present

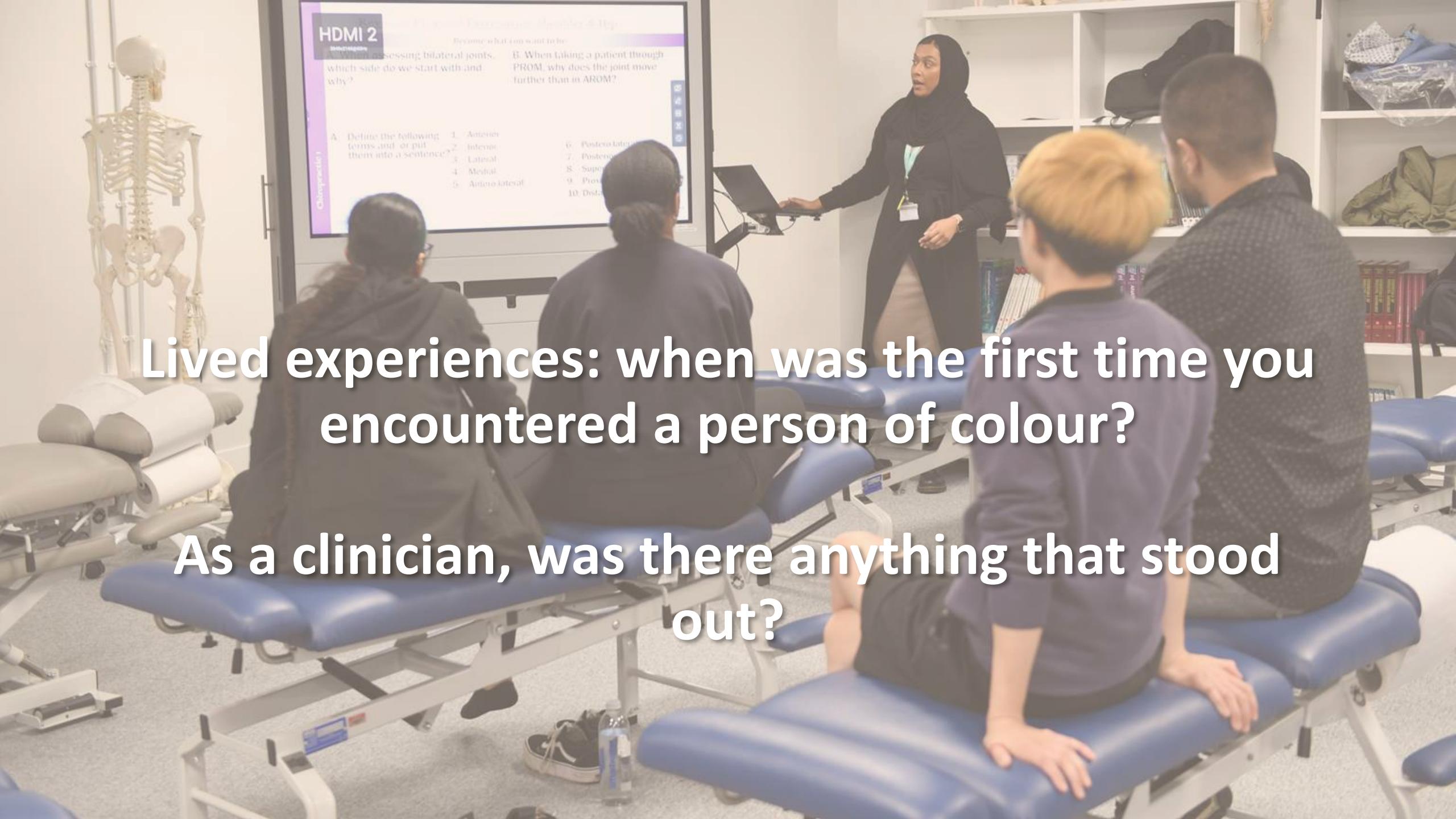
- **The COVID-19 pandemic:** disproportionate impact among racial and ethnic minority populations is a more recent example of these enduring health disparities.
- **Maternal mortality rates:** Key findings between 2019-2021 show that Black women were 3.8 times more likely to die during or in the first year after pregnancy than White women. Asian women 1.8 times greater risk than White women.

Decolonisation of medical curriculums/healthcare

- Taking a decolonial lens to our curriculums means looking at what we are teaching and how we deliver it.
- Speak to focus groups of students, student bodies are more diverse than before. Understand from a student/patient perspective i.e. different clinical presentations in
- Are we truly patient centered if we are not taking into account cultures and different ethnicities?
- We need to remove the Western lens when looking at healthcare, or ask more questions
- Eugenics and BMI- BMI wasn't initially created to be an indicator of health. Back in the 1830s, Adolphe Quetelet, a Belgian astronomer and math statistician, wanted to calculate the size of the average man using a population of Belgian men.
- Nutrition- are we giving adequate advice based on individual lifestyles and the types of foods people consume i.e. Bangladeshis rice, Italians pasta.

Lived experiences: when was the first time you encountered a person of colour?

As a clinician, was there anything that stood out?



As a service user, what could be a barrier?

- Healthcare professionals perceptions and behaviors
- Does seeing someone that looks like you make a difference to your care? Plan of management? Your prognosis?
- Language barriers
- Culture- is it possible to create/train enough culturally aware/competent healthcare practitioners?
- Technology

Experiences of students or practitioners

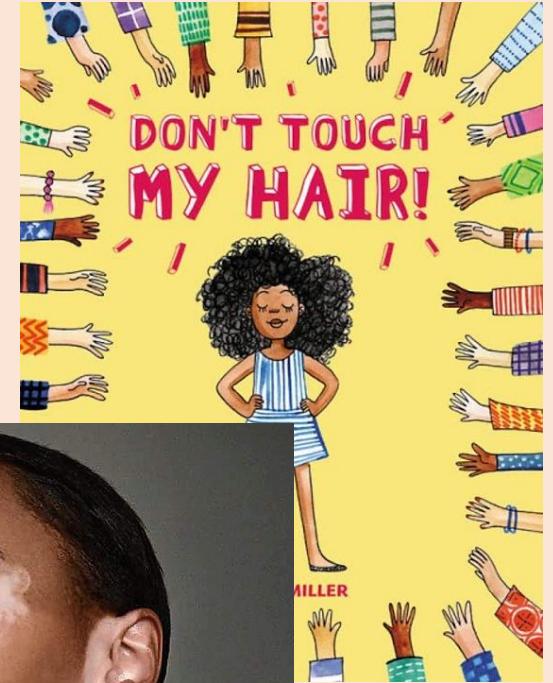
- What are student experiences in education i.e. for MSK courses are Muslim students required to undress, what is the ruling on this? How might students feel at the start of the year if there isn't guidance or accommodation on this?
- Doctors vs healthcare practitioners
- Not seeing yourself in educators- how does this impact your success as a student?
- How are students viewed, i.e. does an accent or clothing affect how we see our students

As educators, how can we help?

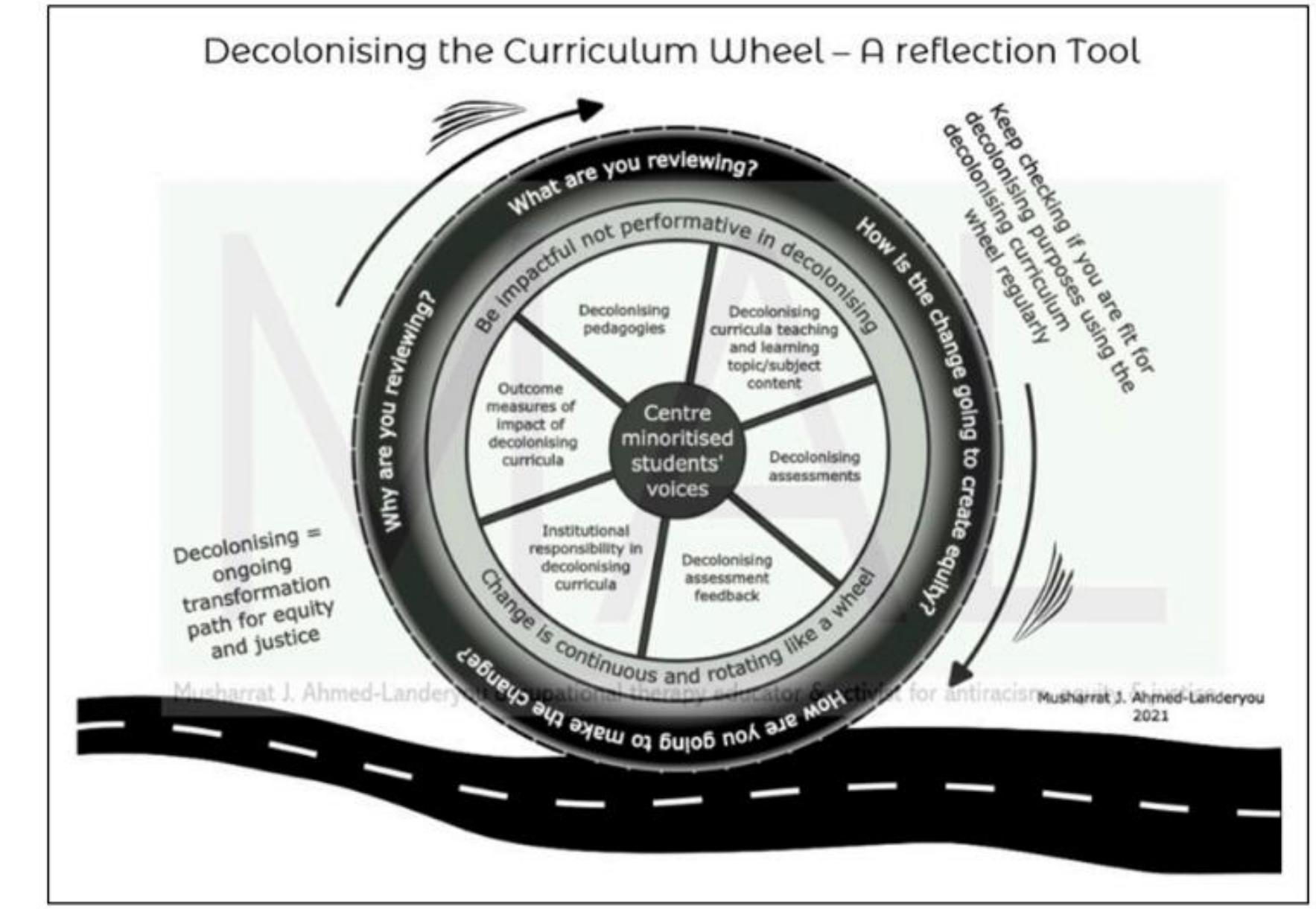
- **Cultural competency/awareness:** Are we teaching cultural competency or awareness within our curriculums?
- **Racial awarding gaps:** what are we doing to address these?
- **Outreach:** increasing the number of healthcare practitioners of colour, or cultural aware practitioners; how are we recruiting? No interviews or providing questions
- **Resources:** Textbooks, literature, resources- what texts are being used? Are there enough people of colour who are authors
- **Promote scholarship:** If not, what can we do to promote more scholars of colour i.e. encouraging students to pursue PhDs or further research, look for grants
- **Build resources:** There is slowly more material than can be used when teaching, however applying for grants to create more materials

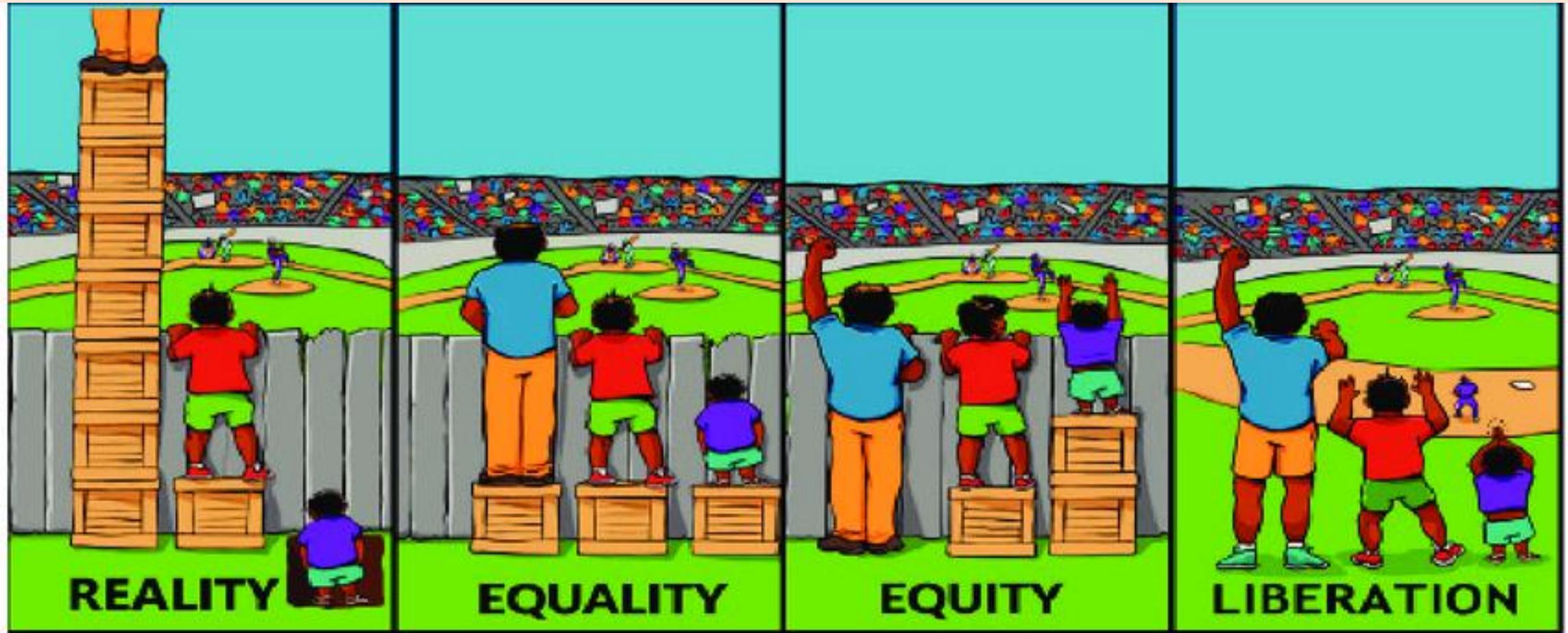
Some food for thought...

- Finances- spacing out treatment
- Jaundice & vitiligo in black & brown skin
- Afro hair textures- wigs and weaves
- Skin moisturizer and hair oils
- Hijab and chaperone
- Muslim males- uncovering awra
- Fasting & Ramadan
- Food and diet- yellow nails
- Language used with patients



Decolonisation is a process





Beyond decolonization: What needs to be done to move forward?

- Centre minoritized voices i.e. students, patients
- Admissions, outreach, assessments & curriculums
- See an increase in the number of minoritised ethnic lecturers, medical professionals
- Under representation at leadership level → An increase in management
- Global perspective: due to the lack to resources, we can learn from medical professionals worldwide
- Raise Cultural Awareness: do we know our history and how it could effect people of colour? i.e. generational trauma
- Specific health conditions: tailor care provided to culture/culture considerations