Racial discrimination against doctors

EDITOR,—A Esmail and S Everington are to be congratulated on their study of racial discrimination against doctors.[1] Many of us have thought of doing similar studies, but none of us has been brave enough to incur the wrath of the establishment. As Richard Smith says, few doctors trained overseas will be surprised by the result.[2] The few who have attempted to query appointments at a local level have been met by shocked indignation and comments like: "The fact of the matter is that the applications that we receive from doctors from the subcontinent leave much to be desired." The fact of the matter is that there is no equality of opportunity, there never was, and we wonder if there ever will be.

As scientists and doctors we are encouraged to look for research evidence to support our hypotheses. It is appalling that these two doctors were charged by the fraud squad and that they will be investigated by the General Medical Council. What a terrible indictment on the medical profession if it pillories those of its members who are brave enough to find the research evidence to support what many have suspected but few have challenged.

We would strongly support the introduction of the principles of equal opportunity at all levels of appointments including shortlisting. While some unconscious biases—based, for instance, on which medical school or university people attended—may not be wholly eradicated, recognition of incipient biases would be a first step towards achieving real equal opportunities.

PARIMALA MOODLEY

Maudsley Hospital,
London SE5 8AZ

DINESH BHUGRA

Institute of Psychiatry,
London SE5 8AF

1 Esmail A, Everington S. Racial discrimination against doctors from ethnic minorities. *BMJ* 1993;**306**:691-2. (13 March.)
2 Smith R. Deception in research, and racial discrimination in medicine. *BMJ* 1993;**306**:668-9. (13 March.)

EDITOR,—A Esmail and S Everington's paper[1] and Richard Smith's editorial[2] draw attention to the important problem of racial discrimination in medical appointments. Sadly, it is a problem that is all too familiar to doctors and others from ethnic minorities. But Smith's tacit acquiescence with the notion that the method adopted by these researchers amounted to deception and that such deception needs to be justified (by pointing out the importance of the question being asked) should not go unchallenged.

These researchers sent out simulated applications to test the hypothesis that applicants with Asian sounding names were systematically discriminated against in the shortlisting process. The finding that this was indeed the case is of interest because the potential employers professed to operate a policy of equal opportunities and because such discrimination is illegal. A close analogy exists between what these researchers did and the inclusion of control specimens with every batch of samples in a laboratory assay, the purpose being the detection not only of random variation in accuracy but also the systematic errors introduced by sloppy work or dishonesty. The use of decoys by police officers to aid in the detection of crime is a similar though less analogous form of deception.

Fraud is defined in the *New Collins Dictionary and Thesaurus* as "deliberate deception, trickery, or cheating intended to gain an advantage." Whatever the law might hold, no one could argue that the methods used by Esmail and Everington amounted to fraud, in so far as they had neither the intention nor the potential to gain an advantage. The real fraud was committed by the appointing officers, who were inadvertently or, worse, deliberately subverting the publicly declared equal opportunities policy of their health authority or trust.

Esmail and Everington have come up with what could be a far more effective method of ensuring equal opportunities than any that Smith suggests. I suggest that an outside agency such as the Commission for Racial Equality should use the method more widely, targeting hospitals selected at random. Health service employers who mean what they say in their statements about equal opportunities would welcome such a monitoring process. The fact that such monitoring was taking place might have a salutary effect on the behaviour of those responsible for selecting medical staff. Discrimination in the job market is by no means confined to the medical profession. Immigrant doctors in Britain may silently have put up with a lot of it in the past, but those born and educated in Britain have every right to expect that they will be judged strictly on merit. It is the essence of professionalism not to allow extraneous considerations to influence your judgment.

JAMMI NAGARAJ RAO

Sandwell Health Authority,
PO Box 1953,
West Bromwich,
West Midlands B71 4NA

1 Esmail A, Everington S. Racial discrimination against doctors from ethnic minorities. *BMJ* 1993;**306**:691-2. (13 March.)
2 Smith R. Deception in research, and racial discrimination in medicine. *BMJ* 1993;**306**:668-9. (13 March.)

EDITOR,—I was shocked to read in the public press[1] and in Richard Smith's editorial[2] of the reaction to research conducted by A Esmail and S Everington.[3] As Smith points out, the use of such a covert strategy is well established in research that uncovers behaviour that is itself not merely unethical or immoral but illegal. The work of Brown and Gay[4] and others who were sponsored by the Commission for Racial Equality and used "actor studies" is well known in race relations research and is respected beyond that. How else can decision making in employment be researched?

No one, to my knowledge, attempted to press charges of deception against the BBC for its reporters' filming tactics in the series *Black and White Britain* screened a few years ago. It is a relief to know that the police, at least, were sufficiently attuned to the realities of contemporary social research to drop charges even if a nagging doubt remains as to how or by whom they were set on to the investigators.

None of this, however, explains or excuses the General Medical Council's strictures as to what it apparently regards as acceptable professional behaviour. I recently read Stacey's study of the council, published with its blessing and undertaken by the same means of "participant observation," albeit not apparently requiring the same degree of deception.[5] I thought that Stacey's conclusion was to the effect that the council had changed and was capable of internal reform. Surely there is an expectation that members of the medical profession should undertake audit and research based activity; is not this intervention a restraint of that?

I trust that the profession and the defence unions will rise to the support of these two researchers. Equally, I hope that their conclusions and recommendations will be carefully debated. Ethnic monitoring—in employment as in the delivery of services—is clearly essential. My only caveat is that ethnic origin should not be concealed from the selectors, who may find ways to deduce or guess at it. They should rather be given explicit knowledge, thus preventing the usual defence of a claim of ignorance.

MARK R D JOHNSON

Centre for Research in Ethnic Relations,
University of Warwick,
Coventry CV4 7AL

1 Jones J. Discrimination research halted by arrests. *Independent* 1993 Mar 12:2.
2 Smith R. Deception in research, and racial discrimination in medicine. *BMJ* 1993;**306**:668-9. (13 March.)
3 Esmail A, Everington S. Racial discrimination against doctors from ethnic minorities. *BMJ* 1993;**306**:691-2. (13 March.)
4 Brown C, Gay P. *Racial discrimination 17 years after the act.* London: Policy Studies Institute, 1985.
5 Stacey M. *Regulating British medicine.* Chichester: Wiley, 1992.

EDITOR,—The results of A Esmail and S Everington's study on racial discrimination are no surprise.[1] I disagree, however, with the suggestion that "information identifying ethnic origin can be removed by the personnel department." This would not work and is wrong in principle. McKeigue *et al* speculated that the discrimination occurred in shortlisting rather than in interviews.[2] I suspect that removing the information about ethnic origin would only postpone the discrimination to the interview stage. The members of the shortlisting panel and interviewing panel are often the same, so when a doctor from an ethnic minority gets shortlisted the panel may already have considered his or her ethnic origin. Even if it worked for senior house officer appointments it would not work for registrar appointments. Nowadays, a doctor is highly unlikely to obtain a career registrarship without having published anything. It is impossible to hide a name on a publication. Anyway, what's wrong with our names that we need to hide them?

N H V CHONG

Birmingham B31 3XX

1 Esmail A, Everington S. Racial discrimination against doctors from ethnic minorities. *BMJ* 1993;**306**:691-2. (13 March.)
2 McKeigue PM, Richards JDM, Richards P. Effects of discrimination by sex and race on the early careers of British medical graduates during 1981-7. *BMJ* 1990;**301**:961-4.

Advice to authors

Priority will be given to letters that are less than 400 words long and are typed with double spacing. All authors should sign the letter. Please enclose a stamped addressed envelope for acknowledgment.