Editor's Briefing

HIGHLIGHTS

The public health role of GPs is explored in editorials this month and health inequalities are never too far away from the discussion. First published on *BJGP Life*, our multimedia platform, Gemma Ashwell and colleagues write on behalf of the RCGP Health Inequalities Standing Group on how we need to put equity at the heart of our systems. Would you call the failure to do so social murder? Mark Riley puts forward the case.

Gill and Kalra have a powerful editorial on racism offering positive steps the primary care community can take to force meaningful change. Tariq Hussain describes the intensely personal experience of racism in the NHS — *'Look sorry, right, no offence but we need a white doctor.'*

We cover the ongoing impact of COVID-19 on the prognosis for the family doctor. Research on statins, hepatitis C, parkrun, and health service use by people with heart failure should all be eyed through a health equity lens. They can all change our practice.

DOI: https://doi.org/10.3399/bjgp20X711761

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PREJUDICE PLUS POWER = RACISM

It was Bertrand Russell who pointed out: *'Some men are so impressed by what science knows that they forget what it does not know; others are so much more interested in what it does not know than in what it does that they belittle its achievements.'*

Science has attracted opinions of all hues during COVID-19, with plenty of feet in both those camps. Goodness knows, the list of COVID-19 unknowns is long but, let's speak plainly, it isn't a new science that we have inequalities in our society. Gender and race bias underpin many of them.

Reni Eddo-Lodge, a British journalist and author, highlights that while minor acts of prejudice won't necessarily impact on someone's life chances, prejudice plus power equals racism. Yet, inequality and discrimination are kissing cousins; we have to dismantle systemic processes to stop racism and we shouldn't underestimate the medical profession's soft power. How many of us, when asked to think of someone who is working class, would conjure an image of a black woman pushing a pram and struggling home with shopping before heading out for a care home night shift? We can all address our own prejudice but hundreds of years of oppression and subjugation don't get wiped out just because you take an e-module on unconscious bias.

It's easy to miss the simple prejudice in ourselves. When my wife was pregnant with our first child, we were living in South Eastern Asia. She had morning sickness but I confess, blushing, that I thought there was a psychological element, an understandable overlaid anxiety in a first pregnancy when living overseas. One night, she woke from a dead sleep, leapt out of bed and vomited within the space of mere seconds. Not much psychological there. In this issue, Roger Gadsby and his team present research on nausea and vomiting in pregnancy. Their view is that the phrase 'morning sickness' is *'inaccurate, simplistic, and therefore unhelpful'*. Three qualities that I'd probably not use for my Twitter bio. Trivialising nausea and vomiting in pregnancy, as I did, is gender bias. I don't think it's over-woke to suggest the persistence of the term 'morning sickness' is related to the exclusively female experience of pregnancy.

COVID-19 hasn't created inequalities. It hasn't magicked them up from the ether. We don't get to throw our hands up in surprise. We knew about them. We just kept them on the periphery of our vision, despite Grenfell, despite Windrush, despite all the police killings before George Floyd and years of damning data on stop and search profiles. COVID-19 is an amplifier and it's definitely an illuminator, a Super Trouper spotlighting social inequalities driving health outcomes. The next step is to stop wringing our hands and start making changes. As Richard Horton has said in his latest book: *'Perhaps COVID-19 represents an impermeable boundary between one moment in our lives and another. We can never go back.'*

Euan Lawson,
Deputy Editor, *BJGP*

DOI: https://doi.org/10.3399/bjgp20X711773

© British Journal of General Practice 2020; 697: **369–424**

ISSN 0960-1643 (Print)
ISSN 1478-5242 (Online)

PRINTED BY WARNERS 01778 395111

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