



Anatome's Recommended Reading List

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Age

Transgender and gender diverse older people: health aging and dementia

Asti, E., Beale, N., Thorne, N., Denning, T. (2024) 'Transgender and gender diverse older people: health, aging and dementia', *International Journal of Transgender Health*

Covers the treatment of the older transgender community, including their physical health as well as stress compared to their LGB counterparts. This includes a lack of trust of healthcare professionals.

Decolonising the Curriculum

Colonization, cadavers and color: Considering decolonization of anatomy curricula

Finn, G.M, Danquah, A., Matthan, J. (2022) 'Colonization, cadavers, and color: Considering decolonization of anatomy curricula', *Anatomical Record*, 305 (4), pp938-951.

Addresses "underrepresentation of certain bodies, difficulty talking about difference, and the hidden curriculum in anatomy education".

Decolonising health and medicine

BMJ (n.d) 'Decolonising health and medicine', *The British Medical Journal*, available at: <https://www.bmj.com/decolonising-health> (Accessed 18 January 2024)

Involves reconstructing the curriculum without the "cultural and social impacts of colonial era violence, racism, misogyny and Eurocentrism"

Decolonising and Diversifying the (Medical) Curriculum

Mbaki, Y. and Todorova, E. (2020) 'Decolonising and Diversifying the (Medical) Curriculum', University of Nottingham, available at: <https://www.nottingham.ac.uk/medicine/documents/edi/appendix-2-decolonising-and-diversifying-the-medical-curriculum.pdf> (Accessed 18 January 2024)

Highlights how BAME students experience an awarding gap compared to their white counterparts., this may be due to representation in both the staff and the curriculum. Decolonisation is an ongoing process.

Decolonizing History: Enquiry and Practice

Behm, A., Fryar, C., Hunter, E., Leake, Lewis, S.L., Miller-Davenport, S. (2020) 'Decolonizing History: Enquiry and Practice', *History Workshop Journal*, 89, pp. 169-191.

Decolonizing history highlights the Eurocentric history within the medical profession. Helps in understanding the historical context of medicine.

Empirical Report Submitted as Part of The Report of Recommendations by the Commission of Inquiry into the History of Eugenics at UCL

Llanos, M.B. (2020) 'Empirical Report Submitted as Part of The Report of Recommendations by the Commission of Inquiry into the History of Eugenics at UCL', Office of the President of Provost University College London, available at: https://www.ucl.ac.uk/provost/sites/provost/files/empirical-report-on-eugenics-at-ucl_22-january-2020.pdf (Accessed 27 January 2024)

Some BAME students felt it was challenging to use spaces named after eugenicists, such as sitting through lessons that praise Galton and Pearson without addressing their works on eugenics at UCL.

Decolonising the curriculum – how do I get started?

Arshad, R. (2021) 'Decolonising the curriculum – how do I get started?', *Times Higher Education*, available at: <https://www.timeshighereducation.com/campus/decolonising-curriculum-how-do-i-get-started> (Accessed 04 February 2024)

"Decolonising is not about deleting knowledge or histories that have been developed in the West or colonial nations; rather it is to situate the histories and knowledges that do not originate from the West in the context of imperialism, colonialism and power and to consider why these have been marginalised and decentred."

Recommendations for Fostering Inclusivity in Medical Education

Bangi, Shifa, Barve, Rajas, Qamar, Amna, (2021) 'Recommendations for Fostering Inclusivity in Medical Education', *Academic Medicine*, 96(4), pp. 482-483.

A petition with over 200,000 signatures called for more teaching regarding BAME students in the medical curriculum. There is a need for students to be aware of inclusivity.

Strategies for Promoting Inclusivity in Health Sciences Education

Haight, M.A., Bahner, I., Belovich, A.N., Bonaminio, G., Brenneman, A., Brooks, W.S., Chinn, C., El-Sawi, N., Haudek, S.B., Ikonne, U., McAuley, R.J., McKell, D., Rowe, R., Slivkoff, M., Taylor, T.A.H., Vari, R., (2021) 'Strategies for Promoting Inclusivity in Health Sciences Education', *Medical Science Education*, 31(6), pp. 2121-2124.

Bias in medical education can occur in a number of places, from educators, content that is taught and the way in which students are monitored. Ill effects on mental health can be due to microaggressions.

Anatomy in a Modern Medical Curriculum

Turney, B.W (2007) 'Anatomy in a Modern Medical Curriculum', *Annals*, 89(2), pp. 104-107.

GMC offers no guidance for minimum anatomical knowledge, it is left to medical schools, if there is a lack of inclusivity at the top, this can trickle down. Most anatomical teaching is in the first undergraduate year, so inclusivity at this level is extremely important.

Diversity and Inclusion in Anatomy and Physiology Education, Degree Programmes, and Professional Societies

Meyer, E.R. and Cui, D. (2019) 'Diversity and Inclusion in Anatomy and Physiology Education, Degree Programmes, and Professional Societies', *HAPS Educator*, 23(2), pp. 396-419.

National increases in diversity means that inclusivity is as important as ever (see census 2011 vs 2021 to see if there's been a change). It's important to not only have inclusivity in the curriculum, but also the university experience as a whole. The use of research around different racial groups may be helpful in promoting diversity.

Inclusion in higher education: an exploration of the subjective experiences of students

Tobbel, J., Burton, R., Gaynor, A., Golding, B., Greenhough, K., Rhodes, C., White, S., (2020) 'Inclusion in higher education: an exploration of the subjective experiences of students', Journal of Further and Higher Education, 45(2), pp. 284-295.

Inclusion is a contributory factor in the educational trajectory of all students. A focus on the experience of students rather than just the university as a whole leads to increased inclusivity. Forming a relationship between students and staff also factors into inclusivity.

Honoring Medicine's Social Contract: A Scoping Review of Critical Consciousness in Medical Education

Manca, A, Gormley, G.J, Johnston, J.L., Hart, N.D., (2020) 'Honoring Medicine's Social Contract: A Scoping Review of Critical Consciousness in Medical Education', Academic Medicine, 95(6), pp. 958-967

The curriculum should have the chance for learners to evaluate and develop their own attitudes towards inclusion. Medical educators should be aware of their influence on students. If students do not have the chance to have conversations about a wide range of cultures, it can have a negative affect overall.

What is inclusive learning and teaching and why is it important

Imperial College London (n.d) 'What is inclusive learning and teaching and why is it important?'. Available at: <https://www.imperial.ac.uk/staff/educational-development/teaching-toolkit/inclusive-learning-and-teaching/what-is-inclusive-learning-and-teaching-and-why-is-it-important/> (Accessed 6 October 2022)

Inclusivity promotes better engagement with the teaching and gives students the chance to have the best attainment possible. Challenges in the world require inclusivity. This means that there is more preparation to approach the diverse nature of incoming students.

Diversifying the medical curriculum as part of the wider decolonising effort: A proposed framework and self-assessment resource toolbox

Mbaki, Y., Todorova, E., Hagan, P., (2021) 'Diversifying the medical curriculum as part of the wider decolonising effort: A proposed framework and self-assessment resource toolbox', The Clinical Teacher, 18(5), pp. 459-466

Diversifying the medical curriculum will mean that students receive a better, more fulfilling education. They will have greater knowledge on how to equally and inclusively treat their patients. Medicine has not always been completely representative as doctors are "typically white, male, heterosexual and from affluent backgrounds." The "hidden curriculum" is a reflection of the learning environment, and because of this, it's important that there are changes to the environment to promote inclusivity.

Disability

A Social Anatomy of Disability

Messikomer, C.M. (1990) 'A social anatomy of disability', University of Pennsylvania, available at: <https://www.proquest.com/docview/303881046?fromopenview=true&pq-origsite=gscholar&sourcetype=Dissertations%20%20Theses> (Accessed 19 January 2024)

Media may equate "disabilities with notions of heroism and invincibility" and something that can be "conquered".

Disability and narrative: new directions for medicine and the medical humanities

Garden, R. (2010) 'Disability and narrative: new directions for medicine and the medical humanities', *Medical Humanities*, 36(2), pp. 70-74

Those who have disabilities make up a minority of the population but seek health care disproportionately. They also experience healthcare disparities compared to their non-disabled counterparts. "The language of medicine and the doctor's account of disability pose a considerable challenge to the disabled person's narrative." The healthcare setting should be in a position where they meet the needs of people with disabilities as much as possible.

Disability and participation in the progressions: examples from higher and medical education

Shrewsbury, D. (2013) 'Disability and participation in the progressions: examples from higher and medical education', *Disability and Society*, 30(1), pp. 87-100

Disabled students are unrepresented at an institutional level and representation is disproportionate in the medical course. "to some, a disabled physician is viewed as a paradox" (Manders 2006, 1585).

Ethnicity and Race

Colonization, cadavers, and color: Considering decolonization of anatomy curricula

Finn, G.M, Danquah, A., Matthan, J. (2022) 'Colonization, cadavers, and color: Considering decolonization of anatomy curricula', *Anatomical Record*, 305 (4), pp938-951.

Anatomical education uses multiple types of media in teaching: "cadavers, imagery, models, and technology". Decolonizing the anatomical curriculum involves addressing "underrepresentation of certain bodies, difficulty talking about difference, and the hidden curriculum in anatomy education." There have been improvements with respect to broader skin tone representation in surface anatomical imagery.

Fearing the Black Body: The Racial Origins of Fatphobia

Strings, S (2019) 'Fearing the Black Body: The Racial Origins of Fatphobia' NYU Press, New York

Features of black women were seen as unattractive, which saw them better placed in a position of servitude, whereas white women were seen as "pure, chaste and stately". Black women were singled out as having significant increases in their rates of "extreme obesity"/

The role of stereotypical information on medical judgements for black and white patients

Madeira, F., Costa-Lopes, R., Bu, E.A.D., Marinho, R.T. (2022) 'The role of stereotypical information on medical judgements for black and white patients', *Public Library of Science One*, 17(6)

Evidence shows that racial groups are deemed more often ineligible for hepatitis C treatment, despite no clinical evidence supporting differential treatment for Black and White patients." which may be due to implicit biases of healthcare professionals. "Black patients are perceived as more likely to be seen as at risk for substance abuse".

Stereotyping Patients

Puddifoot, K. (2019) 'Stereotyping Patients', *Journal of Social Philosophy*, 50(1), pp.69-90

Implicit biases affect the way that healthcare professionals appraise their patients, which can lead to differences in healthcare outcomes for patients. "Implicit biases influence assessments of pain, the quality of clinician-patient interactions, treatment choices, and which conditions are considered to provide a plausible explanation of a patient's condition." "The application of the stereotype can also have a distorting effect on the way that a health professional perceives the symptoms of a patient."

Representations of race and skin tone in medical textbook imagery

Louie, P. and Wilkes, R. (2018) 'Representations of race and skin tone in medical textbook imagery', *Social Science and Medicine*, 202, pp. 38-42

Racial inequities in healthcare may be partly due to a lack of representation of skin tone in healthcare professional's learning materials. A review of 4146 textbook images found an overrepresentation of light skin tones as compared to the United States population.

Why we no longer use the term 'BAME' in government

Race Disparity Unit (2022) 'Why we no longer use the term 'BAME' in government', GOV.UK, available at: <https://equalities.blog.gov.uk/2022/04/07/why-we-no-longer-use-the-term-bame-in-government/> (Accessed 21 January 2024)

The term BAME ascribes significance to certain ethnic groups and excludes others. "Many ethnic minorities themselves say they do not like the term 'BAME'"

Racism an issue in the NHS, finds survey

Tonkin, T. (2022) 'Racism an issue in the NHS, finds survey', BMA, available at: <https://www.bma.org.uk/news-and-opinion/racism-an-issue-in-nhs-finds-survey> (Accessed 21 January 2024)

"In a BMA survey of more than 2,000 doctors and medical students, just over 90 per cent of Black and Asian respondents, 73 per cent of mixed ethnicity, and 64 per cent of white respondents said they believed racism in the medical profession was an issue." "Seventy-six per cent of those surveyed said they had been subjected to at least one incident of racist behaviour in the past two years, with 17 per cent stating they experienced it regularly."

Ethnic inequalities in limiting health and self-reported health in later life revisited

Evandrou, M., Falkingham, J., Feng, Z., Vlachantoni, A. (2016) 'Ethnic inequalities in limiting health and self-reported health in later life revisited', *Journal of Epidemiological Community Health*, 70(7), pp. 653-62

Those from BME groups report worse general health than their White counterparts. "Even within the same social class, research has shown that BME individuals have a lower income than their white British counterparts" "The increasing ethnic inequalities in health with age in the UK could reflect the accumulation of risks over the life course and the long-term consequences of exposure to hazards (such as socioeconomic disadvantage, poor healthcare experience and racial discrimination) in early life"

Genetic Similarities Within and Between Human Populations

Witherspoon, D.J., Wooding, S., Rogers, A.R., Marchani, E.E., Watkins, W.S., Batzer, M.A., Jorde, L.B. (2007) 'Genetic Similarities Within and Between Human Populations', *Genetics*, 176(1), pp. 351-359

"Individuals from different populations can be genetically more similar than individuals from the same population." In a reanalysis of data from 377 microsatellite loci typed in 1056 individuals, Europeans proved to be more similar to Asians than to other Europeans 38% of the time (Bamshad et al. 2004; population definitions and data from Rosenberg et al. 2002)."

The social, economic, political, and genetic value of race and ethnicity in 2020

Mersha, T.B. and Beck, A.F. (2020), 'The social, economic, political, and genetic value of race and ethnicity in 2020', *Human Genomics*, 14

As used in the modern world, both race and ethnicity remain social constructs; neither term delineates genetic or biological categories. The terms race and ethnicity exist purely as social constructs and must not be used interchangeably with genetic ancestry. There is no scientific evidence that the groups we traditionally call "races/ethnicities" have distinct, unifying biological or genetic basis

The Invention of Racism in Antiquity, Review of the Invention of Racism in Classical Antiquity by Benjamin Isaac

Millar, F. (2005) 'The Invention of Racism in Antiquity, Review of the Invention of Racism in Classical Antiquity by Benjamin Isaac', *The International History Review*, 27(1), pp. 85-89.

"For slavery, it is clear that, in general, it was felt to be more problematic than that of enslaving those who identified as non-Greeks".

Linneaus and Race

Charmantier, I. (2020) 'Linneaus and Race', *The Linnean Society*, available at: <https://www.linnean.org/learning/who-was-linnaeus/linnaeus-and-race> (accessed 26 January 2024)

One of the origins of scientific racism can be traced to Linnaeus' work on the classification of man, which had devastating and far-reaching consequences for humanity

- 1 - Skin colour, medical temperament (corresponding to the four medieval humours), and body posture;
- 2 - Physical traits relating to hair colour and form, eye colour, and distinctive facial traits;
- 3 - Behaviour;
- 4 - Manner of clothing;
- 5 - Form of government.

Anthropology, standardization and measurement: Rudolf Martin and anthropometric photography.

Morris-Reich, A. (2013) 'Anthropology, standardization and measurement: Rudolf Martin and anthropometric photography.', *The British Journal for the History of Science*, 46(3), pp. 487-516.

"Martin believed that races were affected by the environment, physical conditions and cultural history."

"Scientific' Racism Again?": Reginald Gates, the Mankind Quarterly and the Question of "Race" in Science after the Second World War'

Schaffer, G. (2007) "'Scientific' Racism Again?": Reginald Gates, the Mankind Quarterly and the Question of "Race" in Science after the Second World War', *Journal of American Studies*, 41(2), pp. 253-278

In February 1947 eighteen academics from Howard University in Washington, DC signed a petition calling for the dismissal of one of their colleagues, a Canadian-born British biologist by the name of Reginald Ruggles Gates. The petition, addressed to the dean of liberal arts, accused Gates of teaching racist theory in the university, doctrines "long since repudiated by objective scientists but associated with Houston Stewart Chamberlain, Gobineau and even Hitler."

Trends in Opioid Prescribing by Race/Ethnicity for Patients Seeking Care in US Emergency Departments

Pletcher, M.J., Kertesz, S.G., Khon, M.A. (2008) 'Trends in Opioid Prescribing by Race/Ethnicity for Patients Seeking Care in US Emergency Departments', *JAMA*, 299(1), pp. 70-78

"Racial and ethnic minority groups appear to be at particularly high risk of receiving inadequate treatment for pain in the emergency department. For example, Hispanics with long-bone fracture presenting to an emergency department in Los Angeles were twice as likely to receive no opioid analgesic compared with non-Hispanic whites"

Racial Disparities in Pain Management of Children With Appendicitis in Emergency Departments

Goyal, M.K., Kuppermann, N., Cleary, S.D. (2015) 'Racial Disparities in Pain Management of Children With Appendicitis in Emergency Departments', *JAMA*, 169(11), pp. 996-1002

Racial disparities in health care have been well documented in both adults and children.¹⁻³ In the emergency department (ED), racial and ethnic differences have been demonstrated with respect to ED wait times to see a physician,^{4,5} hospital admission rates,⁶ and management of closed head trauma. Findings suggest that although clinicians may recognize pain equally across racial groups, they may be reacting to the pain differently by treating black patients with nonopioid analgesia, such as ibuprofen and acetaminophen, while treating white patients with opioid analgesia for similar pain.

High cumulative incidence of uterine leiomyoma in black and white women: ultrasound evidence

Baird, D.D., Dunson, D.B., Hill, M.C., Cousins, D., Schectman, J.M. (2003) 'High cumulative incidence of uterine leiomyoma in black and white women: ultrasound evidence', *American Journal of Obstetric Gynaecology*, 188(1), pp. 100-107.

The results of this study suggest that most black and white women in the United States develop uterine fibroid tumors before menopause and that uterine fibroid tumors develop in black women at earlier ages than in white women

Racial Differences in Pelvic Anatomy by Magnetic Resonance Imaging

Handa, V.L., Lockhart, M.E., Fielfing, J.R., Bradley, C.S., Brubakery, L., Cundiffy, G.W., Ye. W. Richter, H.E. (2008) 'Racial Differences in Pelvic Anatomy by Magnetic Resonance Imaging'; *Obstetric Gynecology*, 111(4), pp. 914-920

Before MRI, conventional radiography suggested that the architecture of the bony pelvis differs between white and African-American women "We found that African-American women have narrower transverse diameters of the bony pelvis than white women (pelvic inlet and intertuberous distance). Also, among women delivering vaginally without a sphincter tear, African-American women had a deeper pelvic anteroposterior diameter (outlet)."

Racial Limitations of the Fitzpatrick Skin Type

Ware, O.R., Dawson, J.E., Shinohara, M.M., Taylor, S.C. (2020) 'Racial Limitations of the Fitzpatrick Skin Type'; *Skin of Color*, 105(2), pp. 77-80

The Fitzpatrick skin type scale is the "most commonly used classification system in dermatologic practice" It is used to "assess the clinical benefits and efficacy of cosmetic procedures, including laser hair removal, chemical peel and dermabrasion, tattoo removal, spray tanning, and laser resurfacing for acne scarring For example, Japanese women often self-identify as FST type II, but Asian skin generally is considered to be nonwhite.¹ Fitzpatrick himself acknowledged that race and ethnicity are cultural and political terms with no scientific basis.⁶ Fitzpatrick skin type also has been demonstrated to correlate poorly with constitutive skin color and minimal erythema dose values Employing terms such as skin irritation, tenderness, itching, or skin becoming darker from sun exposure rather than painful burn or tanning may result in better identification.

Human Skin Color Diversity Is Highest in Sub-Saharan African Populations

Relethford, J.H. (2000) 'Human Skin Color Diversity Is Highest in Sub-Saharan African Populations'; *Human Biology*, 72(5), pp.773-780

The evidence to date points to a general finding of greater within-population diversity in sub-Saharan African populations relative to other major geographic regions such as Europe, East Asia, and Australasia" This has been argued to be due to the size or age of the African continent. "The current study shows the same pattern for human skin"

Skin cancer and photoprotection in people of color: a review and recommendations for physicians and the public

Agbai, O.N., Buster, K., Sanchez, M., Hernandez, C., Kundu, R.V., Chiu, M., Roberts, W.E. Draelos, Z.D., Bhushan, R., Taylor, S.C., Lim, H.W. (2014) 'Skin cancer and photoprotection in people of color: a review and recommendations for physicians and the public'; *Journal of the American Academy of Dermatology*, 70(4), pp. 748-762.

"When skin cancer occurs in non-whites, it often presents at a more advanced stage, and thus the prognosis is worse compared with white patients." The increased morbidity and mortality associated with skin cancer in patients of color compared with white patients may be because of the lack of awareness, diagnoses at a more advanced stage, and socioeconomic factors such as access to care barriers."

Under-representation of skin of colour in dermatology images: not just an educational issue

Lester, J.C., Taylor, S.C., Chren, M.M. (2019) 'Under-representation of skin of colour in dermatology images: not just an educational issue', *British Journal of Dermatology*, 180(6), pp. 1521-1522

"Healthcare disparities are regrettably familiar: black people are 50% more likely to die from heart attacks or stroke than white people; residents of rural areas of the U.S.A. have higher prevalence of chronic obstructive pulmonary disease and Mexican-American adults with hypertension are less likely to have controlled blood pressure."

Absence of images of skin of colour in publications of COVID-19 skin manifestations

Lester, J.C., Jia, J.L., Zhang, L., Okoye, G.A., Linos, E. (2020) 'Absence of images of skin of colour in publications of COVID-19 skin manifestations', *British Journal of Dermatology*, 183(3), pp. 593-595

"Knowledge of cutaneous manifestations of COVID-19 and the ability to identify them in patients of all skin types is important for dermatologists and other healthcare providers who may be evaluating patients who are otherwise asymptomatic. In order to provide optimal care to all patients, it is therefore important that we are able to identify cutaneous manifestations of COVID-19 in patients with darker skin."

Update on prostate cancer in black men within the UK

Jones, A.L.C. and Chinegwundoh, F. (2014) 'Update on prostate cancer in black men within the UK', *Ecancermedicalscience*, 8, pp. 455

"There is a wealth of evidence which can be traced back to the African transatlantic slave trade indicating that black men have a higher risk of prostate cancer compared to other ethnic groups."

Black, Asian and minority ethnic communities

Mental Health Foundation (2021) 'Black, Asian and minority ethnic communities', Mental Health Foundation, available at: <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/black-asian-and-minority-ethnic-bame-communities> (Accessed 30 January 2024)

"Black men are more likely to have experienced a psychotic disorder in the last year than White men, Black people are four times more likely to be detained under the Mental Health Act than White people, older South Asian women are an at-risk group for suicide, refugees and asylum seekers are more likely to experience mental health problems than the general population, including higher rates of depression, anxiety and PTSD" Contributing factors to mental health of BAME communities: "racism and discrimination, social and economic inequalities, mental health stigma"

Donald Trump's false comments connecting Mexican immigrants and crime

Lee, M.Y.H. (2015) 'Donald Trump's false comments connecting Mexican immigrants and crime', *The Washington Post*, available at: <https://www.washingtonpost.com/news/fact-checker/wp/2015/07/08/donald-trumps-false-comments-connecting-mexican-immigrants-and-crime/> (Accessed 02 February 2024)

““When Mexico sends its people, they're not sending their best. They're not sending you. They're not sending you. They're sending people that have lots of problems, and they're bringing those problems with us. They're bringing drugs. They're bringing crime. They're rapists. And some, I assume, are good people.”” – Donald Trump. "A range of studies show there is no evidence immigrants commit more crimes than native-born Americans. In fact, first-generation immigrants are predisposed to lower crime rates than native-born Americans. (The Center for Immigration Studies, which advocates for restrictive immigration laws, has a detailed report showing the shortfalls of immigrant crime data.)”

Could routine race-adjustment of spirometers exacerbate racial disparities in COVID-19 recovery?

Anderson, M.A., Malhotra, A., Non, A.L. (2020) 'Could routine race-adjustment of spirometers exacerbate racial disparities in COVID-19 recovery?', *The Lancet*, 9 (2), pp. 124-125

Minority populations disproportionately suffer from the effects of COVID-19, as evidenced by nearly three times the infection rate and one to two times the death rate among Black, Indigenous, and Latino people compared with White people.¹ Although some assume that these disparities are rooted in genetic differences between racial or ethnic groups, they are more likely a result of structural inequalities.” Currently, there is no known major genetic locus that varies by race that can explain racial disparities in lung function; however, body proportions, socioeconomic status, and occupational hazards clearly influence capacity. These factors should be measured directly, rather than using race as a rough proxy.”

The educational background and qualifications of UK medical students from ethnic minorities

McManus, I.C., Woolf, K., Dacre, J. (2008) 'The educational background and qualifications of UK medical students from ethnic minorities', *BMC Medical Education*, 8

“Medical students in UK universities are ethnically diverse, so that in recent years about 30% of home students (i.e. those resident in the UK, with UK nationality) come from ethnic minorities. That proportion has risen [1], surveys by one of us finding that about 10% of 1981 entrants were non-white, a figure which rose to 14% for those entering in 1986, and 22% for those entering in 1991 [2–5]. Official data from UCAS for 1996, 2001 and 2005, show that 30%, 33% and 30% of entrants for medicine and dentistry were non-white.” “In the past ten years, further data have accumulated on the relatively poorer performance of UK non-white medical students and doctors in undergraduate and postgraduate examinations, non-whites performing less well in undergraduate clinical examinations [9–11, 11–14], as well as in the postgraduate examinations of the Royal Colleges of Physicians (the MRCP(UK) [15, 16]), and the Royal College of General Practitioners (MRCGP [17, 18]).”

Racial Discrimination in Face Recognition Technology

Najibi, A. (2020) 'Racial Discrimination in Face Recognition Technology', Harvard University, available at: <https://sitn.hms.harvard.edu/flash/2020/racial-discrimination-in-face-recognition-technology/> (Accessed 04 February 2024)

"A growing body of research exposes divergent error rates across demographic groups, with the poorest accuracy consistently found in subjects who are female, Black, and 18-30 years old." "Independent assessment by the National Institute of Standards and Technology (NIST) has confirmed these studies, finding that face recognition technologies across 189 algorithms are least accurate on women of color."

Racial bias in the pain assessment and treatment recommendation, and false beliefs about biological differences between blacks and whites

Hoffman, K.M., Trawalter, S., Axt, J.R., Oliver, M.N., (2016) 'Racial bias in the pain assessment and treatment recommendation, and false beliefs about biological differences between blacks and whites', *Proceedings of the National Academy of Sciences*, 113(6), pp. 4296-4301.

The belief that black people experience less pain than white people is still upheld by a substantial proportion of the American population. This highlights the need for not only diverse teaching, as well as the use of real world examples to systematically break down biases. It is unlikely that racist treatment of patients is due to explicit and overt racist beliefs by students and doctors, but rather due to implicit bias and a lack of education.

Perceived Racial/Ethnic Discrimination and Mental Health: a Review and Future Directions for Social Epidemiology

Vines, A.I., Ward, J.B., Cordoba, E., Black, K.Z., (2017) 'Perceived Racial/Ethnic Discrimination and Mental Health: a Review and Future Directions for Social Epidemiology', *Current Epidemiology Reports*, 4(2), pp.156-165

'Adolescents and young adults experiencing racial/ethnic discrimination were at greater risk of adverse mental health outcomes, and the accumulation of stressors over the life course may have an aggregate impact on mental health.' If minority ethnic students feel they are being discriminated against due to their ethnicity, this can cause poor mental and physical health.

The Person Beneath the Hair: Hair Discrimination, Health, and Well-Being

Nkimbeng, M., Rumala, B.B.M., Richardson, C.M., Stewart-Isaacs, S.E., Taylor, J.L. (2023) 'The Person Beneath the Hair: Hair Discrimination, Health, and Well-Being', *Health Equity*, 7(1), pp. 406-410.

"Hair discrimination that is sometimes referred to as hair bias, hair racism, or hair harassment is defined as negative stereotypes and attitudes manifested toward natural or black textured hair styles (hereafter referred to only as natural hair).¹ Natural hair describes texture that is tightly coiled and/or styles that are typically worn by Black persons including afros, locs, twist-outs, and braids.² Society's view of natural hair as unattractive and unmanageable was prevalent during slavery, wherein slave owners required Black women to cover their hair or adopt grooming practices that emulated White/Eurocentric beauty standards.

Multiple Discrimination against Female Immigrants Wearing Hijabs

Weichselbaumer, D. (2020) 'Multiple Discrimination against Female Immigrants Wearing Hijabs', *Industrial and Labour Relations Review*, 73(3), pp. 600-627

"The Muslim headscarf (or the hijab, which is a particular type of veil that Muslim women wear to cover their head and chest; see Rosenberger and Sauer 2012) is particularly controversial. As Helbling (2014) showed for six European countries (one of them Germany), attitudes of non-Muslims are significantly more negative toward the headscarf than toward Muslims in general.¹ Approximately one-quarter of survey respondents opposed Muslims, whereas nearly 60% disagreed with the practice of women wearing headscarves. According to another survey, 60% of Germans support a ban of Muslim headscarves in public places (Van der Noll 2010). Indeed, several European countries have implemented such laws. In some German federal states, teachers were banned from wearing headscarves in 2003, but in March 2015 the Constitutional Court in Karlsruhe ruled that an absolute ban is incompatible with religious freedom and is unconstitutional. With the recent influx of Muslim immigrants into Europe, however, the discussion on whether women should be allowed to veil their bodies in Muslim style reached a new peak. For example, in the summer of 2016, localities in coastal France stoked the debate by banning the burkini (full-body swimwear worn by Muslim women). France's highest administrative court soon overturned the ban."

Police brutality and racism in America

chwartz, S.A, (2020) 'Police brutality and racism in America', *Explore (NY)*, 16(5), pp. 280-282

People of colour have a higher likelihood of being killed by police officers than white people. 26% and 36% of people shot and killed by police in 2015 and unarmed people shot and killed by the police in 2015 we black, despite them making up 13% of the overall population.

Black or 'Other'? Doctors may be relying on race to make decisions about your health

Smith, J., Spodak, C. (2023) 'Black or 'Other'? Doctors may be relying on race to make decisions about your health', *CNN Health*, available at: <https://edition.cnn.com/2021/04/25/health/race-correction-in-medicine-history-refocused/index.html> (Accessed 03 February 2024).

"In 2016, researchers asked White medical students and residents about 15 alleged differences between Black and White bodies. Forty percent of first-year medical students and 25% of residents said they believed Black people have thicker skin, and 7% of all students and residents surveyed said Black people have less sensitive nerve endings. The doctors-in-training who believed these myths — and they are myths — were less likely to prescribe adequate pain medication to Black patients."

A Systematic Review of the Impact of Physician Implicit Racial Bias on Clinical Decision Making

Dehon, E., Weiss, N., Jones, J., Faulconer, W., Hinton, E., Sterling, S., (2017) 'A Systematic Review of the Impact of Physician Implicit Racial Bias on Clinical Decision Making', *Academic Emergency Medicine*, 24(8), pp. 895-904

2012 National Healthcare Disparities report shows that black patients received worse care than white patients for 40% of quality measures. Majority of studies found that implicit bias does not have an impact on decision making.

LGBTQIA+

Seen in Science: LGBTQ+ Inclusivity in Anatomy & Physiology Texts

Sirvisetty, H., King, K.R., Fuselier, L.C. (2020) 'Seen in Science: LGBTQ+ Inclusivity in Anatomy & Physiology Texts', *The University of Louisville's Institutional Repository*, available at: <https://ir.library.louisville.edu/uars/19/> (Accessed 19 January 2024)

There is work to be done surrounding the inclusivity of anatomy and physiology textbooks for LGBTQ+ people. Seeley's Anatomy and Physiology was the highest scoring regarding LGBTQ+ inclusivity.

Re-examining our roots: Queer history and anatomy

Smith, T.C. (2022) 'Re-examining our roots: Queer history and anatomy', *Anatomical Record*, 305(4), pp. 968-982

Educators should address the historical connections associated with anatomy and the world around us. What is considered a 'normal' or average body is based on the population from which the information is derived. The current definition of sex is binary and ignores those with differences of sexual development. Disparities in healthcare can be influenced by the additional stressors that those from minority backgrounds experience, which can also extend to healthcare students.

LGBTQIA+ Inclusive Teaching of Anatomy and Physiology

Goldina, A., Jellyman, J.K., Young, L. (2023) 'LGBTQIA+ Inclusive Teaching of Anatomy and Physiology', *HAPS Educator*, 27(1), pp.34-45

"Faculty can help to reduce barriers to success faced by gender and sexual minority students by growing in cultural competency, using inclusive vocabulary, and infusing their courses with accurate content that allows all students to see themselves in the curriculum."

'LGBTQIA+ invisibility in nursing anatomy/physiology textbooks

King, K.R., Fuselier, L., Sirvisetty, H. (2021) 'LGBTQIA+ invisibility in nursing anatomy/physiology textbooks', *Journal of Professional Nursing*, 37(5), pp. 816-827.

Healthcare disparities experienced by members of the LGBTQ+ community are increased due to cultural incompetence of healthcare professionals. The resources which students are exposed to in their teaching can reinforce societal norms instead of "accurate scientific understandings", leading to a less culturally competent education. LGBTQIA+ should be integrated within the anatomical curriculum and we should consider the inclusivity of our curriculum.

Understanding the Mental Health of Transgender and Nonbinary Youth

Price-Feeney, M., Green, A.E., Dorison, S. (2020) 'Understanding the Mental Health of Transgender and Nonbinary Youth', *Journal of Adolescent Health*, 66(6), pp. 684-690

Survey data from the Substance Abuse and Mental Health Services Administration found that 1.3% of straight young adults, aged 18–25 years, attempted suicide in the past year compared with 6% of lesbian and gay young adults and 5% of bisexual young adults.”

Transgender Noninclusive Healthcare and Delaying Care Because of Fear: Connections to General Health and Mental Health Among Transgender Adults

Seelman, K.L., Colon-Diaz, M.J.P., LeCroix, R.H., Xavier-Brier, M., Kattari, L. (2017) 'Transgender Noninclusive Healthcare and Delaying Care Because of Fear: Connections to General Health and Mental Health Among Transgender Adults', *Transgender Health*, 2(1), pp. 17-28.

“Previous research has found that healthcare was the most common setting in which transgender individuals experienced discrimination compared with other settings such as housing and employment.” “In one study, those who had sought care for hormone therapy, transgender-related surgery, or gynecological care were more likely to experience discrimination than those who did not reveal their transgender status or did not seek medical intervention for physically transitioning to their gender identity.”

Demonstrating the Importance and Feasibility of Including Sexual Orientation in Public Health Surveys: Health Disparities in the Pacific Northwest

Dilley, J.A., Simmons, K.W., Boysun, M.J., Pizacani, B.A., Stark, M.J. (2010) 'Demonstrating the Importance and Feasibility of Including Sexual Orientation in Public Health Surveys: Health Disparities in the Pacific Northwest', *American Journal of Public Health*, 100(3), pp.460-467

“Gay and bisexual men have reported higher rates of smoking and alcohol use⁸ and poorer general health and mental health compared with heterosexual men.” “Sexual minorities were at risk for multiple health outcomes and risk behaviors and had fewer protective health care services compared with their heterosexual counterparts.”

A Novel Curriculum for Medical Student Training in LGBTQ Healthcare: A Regional Pathway Experience

Gibson, A.W., Gobillot, T.A., Wang, K., Conley, E., Coard, W., Matsumoto K., Letourneau, H., Patel, S., Merel, S.E., Sairenji, T., Whipple, M.E., Ryan M.R., Morales, L.S., Heinen, C. (2020) 'A Novel Curriculum for Medical Student Training in LGBTQ Healthcare: A Regional Pathway Experience', Journal of Medical Curricular Development, 7.

"Rates of smoking, alcohol consumption, drug abuse, high-risk sexual activity, poor mental health, and suicidality are significantly higher in LGBTQ communities than in the general population. LGBTQ individuals also have higher rates of various cancers and face disparities across the cancer care continuum. Many of these disparities are exacerbated by a lack of access to healthcare providers who can appropriately care for LGBTQ patients"

Sexual Orientation Microaggressions: Processes and Coping Mechanisms for Lesbian, Gay, and Bisexual Individuals

Nadal, K.L., Wong, Y., Issae, M.A., Meterko, V., Leon, J., Wideman, M. (2011) 'Sexual Orientation Microaggressions: Processes and Coping Mechanisms for Lesbian, Gay, and Bisexual Individuals', 5(1), pp. 21-46

"To be culturally competent and effective with their clients, counselors must attain knowledge, awareness, and skills when working with diverse populations (Sue, Arredondo, & McDavis, 1992)." "Microaggressions are defined as "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults toward members of oppressed groups" (Nadal, 2008, p. 23)."

African sexuality and the legacy of imported homophobia

Buckle, L. (2020) 'African sexuality and the legacy of imported homophobia', Stonewall, available at: <https://www.stonewall.org.uk/about-us/news/african-sexuality-and-legacy-imported-homophobia> (Accessed 04 February 2024)

"Botswana overturned colonial-era laws which criminalised homosexuality, with the judge, Michael Leburu, declaring that "the anti-sodomy laws are a British import" and were developed "without the consultation of local peoples". "There is a direct correlation between countries which belong to the Commonwealth, and therefore have previously been under British rule, and countries that still have homophobic biphobic and/or transphobic legislature in their constitutions. 25 per cent of the world's population (2.4 billion people) currently live in a country belonging to the Commonwealth, however they make up a disproportionately large 50 per cent of countries that still criminalise homosexuality"

Conversion therapy and the LGBT community: the role of the College now?

Bartlett, A. (2018) 'Conversion therapy and the LGBT community: the role of the College now?', *British Journal of Psychiatry Bulletin*, 42(6), pp.264.

"Not so long ago, a significant proportion of psychiatrists and therapists, 4%, were still prepared to treat individuals for their gay and lesbian identities. It is not clear how much this has changed, if at all, on the ground. Equally, it is still very easy to locate reparative therapy options on the internet, a common port of call for those wanting some help negotiating same sex sexual preferences."

Conversion Therapy' As Degrading Treatment

Trispiotis, I. and Purshouse, C. (2022) "Conversion Therapy' As Degrading Treatment', *Oxford Journal of Legal Studies*, 42(1), pp.104-132.

"Conversion therapy', a widely discredited practice which, according to the UN, aims to 'cure' LGBTIQ+ people by changing or repressing non-heteronormative sexualities and gender identities, is banned in a small number of countries around the world. At the time of writing, within the Council of Europe only Malta, Germany and Albania have introduced nationwide bans on 'conversion therapy', either fully or partly. The practice is not banned in the UK."

National Trends in Gender-Affirming Surgical Procedures: A Google Trends Analysis

Merrick, E., Weissman, J.P., Ascha, M., Jordan, S.W., Ellis, M. (2022) 'National Trends in Gender-Affirming Surgical Procedures: A Google Trends Analysis', 14(6).

"There has been a significant increase in the volume of gender-affirming surgical (GAS) procedures over the past decade." "GAS has been shown to improve quality of life among TGNB patients experiencing gender dysphoria. Many patients consult internet forums and social media for information regarding GAS."

Trans people can wait seven years for NHS initial assessment

Bullock, C. (2023) 'Trans people can wait seven years for NHS initial assessment', *BBC News*, available at: <https://www.bbc.co.uk/news/uk-england-bristol-61605588> (Accessed 07 February 2024)

"The South West's only gender identity clinic has the longest backlog, with an average wait of 90 months." "The lowest average wait of 28 months was at the Nottingham Centre for Transgender Health, the data obtained through a Freedom of Information (FOI) request shows."

Miscellaneous

Inclusivity in anatomy education: What does it look like and how do we achieve it?

Moyes, S., Jayanth, A., Evans, L. (2023) 'Inclusivity in anatomy education: What does it look like and how do we achieve it?', Plymouth University, available at: https://xerte.plymouth.ac.uk/xerte/play.php?template_id=8098#page1section5 (Accessed 18 January 2024)

There are efforts being made to understand opinions of inclusivity in anatomy both nationally and internationally.

Anatomy in a Modern Medical Curriculum

Turney, B.W. (2007) 'Anatomy in a Modern Medical Curriculum', *The Annals of the Royal College of Surgeons of England*, 89(2)

"It is necessary for core knowledge of anatomy to be assimilated by all doctors in order to practice and communicate safely." "The General Medical Council (GMC) offers no guidance on what is a minimum knowledge requirement for any medical subject but instead leaves it to the medical schools to determine their own curricula" The majority of anatomical teaching is often undertaken in the first year of the undergraduate degree. "Anatomy must shake off the image of being old-fashioned and welcome clinical relevance, the IT revolution, models, body painting, and radiographic images. Anything that stimulates interest in anatomy should be promoted."

Hate crime, England and Wales, 2021 to 2022

Home Office (2022) 'Hate crime, England and Wales, 2021 to 2022', GOV.UK, available at: www.gov.uk/government/statistics/hate-crime-england-and-wales-2021-to-2022/hate-crime-england-and-wales-2021-to-2022 (Accessed 20 January 2024)

The number of hate crimes related to race, religion, sexual orientation, disability, and transgender people has increased from 2018 to 2022.

Why BMI is inaccurate and misleading

Nordqvist, C. (2022) 'Why BMI is inaccurate and misleading', *Medical News Today*, available at: <https://www.medicalnewstoday.com/articles/265215> (Accessed 22 January 2024)

Dr Claudia Langenberg and team found that "a male without obesity who is overweight with a waist circumference of at least 40.2 inches (102cm) has the same or higher risk of type 2 diabetes as a male with obesity. The same applies for females with a waist of 34.6 inches (88cm) or more." "BMI does not take into account the distribution of fat around the body. Abdominal fat affects organs like the kidney, liver and heart more severely than fat around the bottom or hips. Waist circumference gives an indication of abdominal fat levels." "Body Mass Index' biggest flaw is that it does not take into account the person's body fat versus muscle (lean tissue) content."

Inclusive Curriculum

Advance HE (n.d) 'Inclusive Curriculum', Advance HE, available at: <https://www.advance-he.ac.uk/inclusive-curriculum> (Accessed 28 January 2024)

"An inclusive curriculum is universal and intended to improve the experience, skills and attainment of all students including those in protected characteristic groups. It aims to ensure that the principles of inclusivity are embedded within all aspects of the academic cycle."

Composite Portraits of Criminal Types

The MET (1877) 'Composite Portraits of Criminal Types', The Galton Archive, available at: <https://www.metmuseum.org/art/collection/search/301897> (Accessed 01 February 2024)

"He later went on to create composite photographs of other segments of the population whose members were considered feeble or socially inferior, including the mentally ill, tuberculosis patients, and Jews. Later, he turned to the "healthy and talented" classes—Anglican ministers, Westminster schoolboys, doctors, scientists, and Royal Engineers."

We are here to change the world': in conversation with HIV treatment activist Sibongile Tshabalala

Sowemimo, A. (2018) "We are here to change the world': in conversation with HIV treatment activist Sibongile Tshabalala", gal-dem, available at: <https://gal-dem.com/decade-fighting-healthcare-south-africa/> (Accessed 02 February 2024)

"Many of our members had HIV. We mobilised people from our communities and we taught treatment literacy, and about the constitution. We began to understand the science of HIV and the law; we simplified it for everyone to understand and translated it into our African languages so people on the ground that had never gone to school would be able to understand. Explaining that we needed to fight, TAC was launched." "It was not easy, and sometimes people were arrested. Even if we were arrested then we would go to jail peacefully and we knew if we were going to do any civil disobedience then we would collect as much treatment for those living with HIV as we could."

Gender and Dialect Bias in YouTube's Automatic Captions

Tatman, R. (2017) 'Gender and Dialect Bias in YouTube's Automatic Captions', *Association for Computational Linguistics*, pp. 53-59.

"The results show robust differences in accuracy across both gender and dialect, with lower accuracy for 1) women and 2) speakers from Scotland. This finding builds on earlier research finding that speaker's sociolinguistic identity may negatively impact their ability to use automatic speech recognition, and demonstrates the need for sociolinguistically-stratified validation of systems."

How unconscious bias can discriminate against patients and affect their care

Oxtoby, K. (2020) 'How unconscious bias can discriminate against patients and affect their care', *BMJ*, 371. Available at: <https://www.bmj-com.nottingham.idm.oclc.org/content/371/bmj.m4152.full> (Accessed 6 October 2022).

Unconscious bias is "what happens when our brains make snap judgements about people, places, and things based upon past experiences." - Sarah Mumford. Unconscious bias is relevant to students and teaching as it can impact care for patients. It "leads us to value some groups more than others, based on such factors as ethnicity, gender, and disability, which all play a critical role in patient care." - Pete Jones.

The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It

Marcelin, J.R., Siraj, D.S., Victor, R., Kotadia, S. Maldonado, Y.A., (2019) 'The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It', The Journal of Infectious Diseases, 220(2), pp. S62-S73

Promotion of inclusivity and diversity can have positive outcomes for healthcare in minority groups. Useful terms: active bystander, bias, cultural humility, intent Unconscious bias affects us all and is a survival tactic. Because of this, we need to both acknowledge and address it. vs impact, microaggression, prejudice, stereotype, unconscious bias, underrepresented minority. Stereotypes may sometimes assist care, but they can also hinder it. It can mean that differential diagnoses are not considered or treatment is prescribed without thorough evaluation if it is the correct course of action. Having a diverse cohort of staff members and lecturers can decrease unconscious bias.

Noteable Figures

Kamran Abassi

Kamran Abassi. BMJ (n.d.) Kamran Abassi, the BMJ, available at: <https://www.bmj.com/about-bmj/editorial-staff/kamran-abbasi> (Accessed 6 November 2024)

Editor in chief of the BMJ. Created major e-learning resources for professional development of doctors which include BMJ learning and the Royal Society of Medicine's video lecture service. Spoke out about the lack of transparency during COVID-19 with, for example, the government contracts.

Annabel Sowemimo

Sowemimo, A (n.d.) About me, Annabel Sowemimo, available at: <https://www.annabelsowemimo.com/> (Accessed 6 November 2024)

Consultant in Community Sexual and Reproductive Health in the NHS, Founder of Reproductive Justice Initiative (RJI), aiming to address health inequalities and racial disparities. Won grassroots organisation of the year at 2020 Sexual Health Awards and a National LGBTQ Health Advisor Award in 2022. Won inaugural award for Health Equity Champion at the Curah-H Awards in 2024

Henrietta Lacks

Nature (2020) Henrietta Lacks: science must right a historical wrong. Nature. Available at: <https://www.nature.com/articles/d41586-020-02494-z> (Accessed 6 November 2024)

ied in 1951 at 31 years of age to cervical cancer. Was treated at John Hopkins Hospital, one of the few hospitals which provided medical care to black women. Samples of her tiisue were given to researchers without her consent, where it was found that they were "immortal" cells, meaning that they had an extraordinary capacity to reproduce and survive, and became a catalyst for biological research moving forward. However, she had never consented to her cells being used for this, and over the past decade, her family has worked in order to govern stronger rules surrounding this.

Michael Brady

NHS (n.d.) Posts by Dr Michael Brady, NHS, available at: <https://www.england.nhs.uk/author/dr-michael-brady/> (Accessed 6 November 2024)

Was appointed as the first National Advisor for LGBT Health at NHS England in April 2019. HIV and Sexual Health Consultant at Kings College Hospital in London. Medical Director of the Terrence Higgins Trust

Magnus Hirschfeld

Bryan-Quamina, G. (2024) Magnus Hirschfeld and the Institute for Sexual Science. Science Museum. Available at: <https://blog.sciencemuseum.org.uk/magnus-hirschfeld-and-the-institute-for-sexual-science/> (Accessed 6 November 2024)

Founded the Institute for Sexual Science (translated). Was invested in using science to improve the lives of people in the LGBTQ+ community. Was a gay man but never publicly came out due to it being illegal to be homosexual in Germany at the time. Founded the Scientific-Humanitarian Community which campaigned to overturn Paragraph 175 of the German penal code which criminalised same-sex relations between men.

Sophia Jex-Blake

University of Toronto (n.d.) Queer Women in the History of Medicine: Sophia Jex-Blake and Women's Medical Education in Victorian Britain, Fisher Library, available at: <https://fisher.library.utoronto.ca/fisher-blog/queer-women-history-medicine-sophia-jex-blake-and-womens-medical-education-victorian> (Accessed 6 November 2024)

Member of the "Edinburgh Seven" who campaigned for nearly a decade for the right as women to attend medical school. Garnered national attention and support from prominent physicists and scientists, including Charles Darwin.

Christopher Reeve

BMJ (2003) Man and Superman, BMJ. Available at: <https://www.bmj.com/content/326/7402/1287> (Accessed 6 November 2024)

Actor who had played "Superman" who had been left severely disabled following an accident, therefore being a person in the public eye who had a voice to speak about stem cell research. Went to a stem cell debate when the USA was considering outlawing therapeutic cloning, where stem cells are harvested from surplus fertilized eggs in fertility clinics.

Dame Rosemary Rue

Boyce, J. (n.d.) Dame Elsie Rosemary Rue: Royal College of Physicians. Available at: <https://history.rcp.ac.uk/inspiring-physicians/dame-elsie-rosemary-rue> (Accessed 20 December 2024)

Contracted spinal and abdominal TB, and during her time in the hospital, decided to become a doctor. Enrolled as a medical student at the Royal Free, one of the few hospitals allowing women to study medicine. Once she was married, she moved to Oxford as the Royal Free barred married students. Made her "biggest mistake" in contracting polio from a patient, leading to her becoming so badly paralysed on her left side, she couldn't continue as a GP. Stayed at the Oxford Regional Health Authority (ORHA) and became regional medical officer, and subsequently became regional general manager once these positions were created, becoming the only woman appointed into one of these roles. Worked to make it easier for women to become doctors whilst having a family.