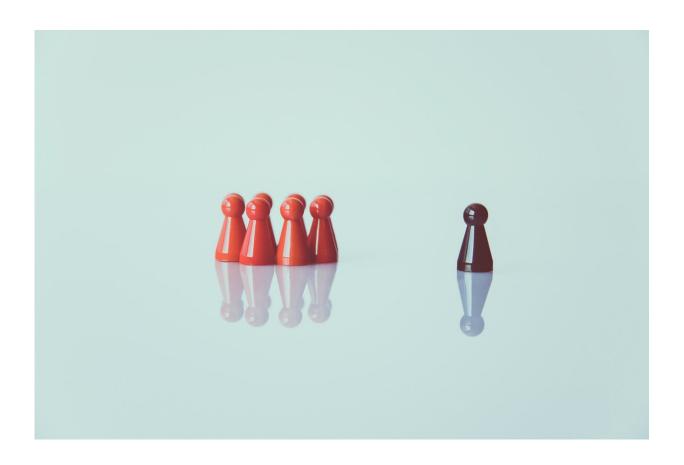


Structural racism shown to persist in radiotherapy

November 30 2023



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Everyone should get quality care, no matter the color of their skin. However, implicit bias, micro-aggressions, and a lack of cultural understanding persist, leading to oppression and unequal treatment in



health care.

An insightful <u>article</u> in the new themed issue of the *Journal of Medical Imaging and Radiation Sciences* on specialized populations highlights this serious problem, specifically addressing the assessment and treatment of radiation-induced skin reactions (RISR) in <u>patients</u> across the world undergoing <u>external beam radiotherapy</u>.

The article provides a stark example of how outdated perceptions and racialized myths have resulted in inadequate care for people of color globally. It discusses widely used assessment tools originally designed for white skin, which do not account for the diverse skin tones of patients. As a result, patients of color often face delayed recognition and management of adverse reactions, causing significant distress and burden on health care systems.

The article presents a historic clinical case from a Society of Radiographers special interest group in which a black patient with head and <u>neck cancer</u> was advised that their skin should be more resistant to radiation damage. The patient described the subsequent reaction to radiotherapy as their skin "was on fire," causing them significant distress. The incident led to the patient seeking psychological support and reporting they felt "helpless."

Radiation can harm anyone's skin, no matter its color. The way we check for skin problems during treatment doesn't always work for everyone. To address this issue, the author calls for a more inclusive and ethnically conscious approach in <u>medical education</u> and clinical practice. He emphasizes the importance of understanding and acknowledging the unique characteristics of brown and black skin, including the visual and tactile differences in how RISR presents.

The health care industry is urged to adopt new, more inclusive medical



terminology and grading tools to ensure that patient-centered care is provided to individuals of all racial backgrounds. The article underscores the critical need for education and collaboration to mitigate implicit biases and improve care for people of color.

Author Naman Julka-Anderson, Research Radiographer at The Royal Marsden NHS Foundation Trust and The Institute of Cancer Research, London, explains, "It is essential that new and more inclusive guidance is developed for clinicians who deliver radiotherapy, ensuring that treatment and care are appropriately tailored to people of color. Understanding the diverse skin tones of patients and addressing the structural racism that exists within health care are imperative steps to ensure equitable care for all individuals."

The article concludes with a call for a more inclusive and ethnically conscious approach to medical education and <u>clinical practice</u>, emphasizing the importance of understanding the diverse skin tones of patients. The author suggests that addressing these issues is crucial to reducing <u>racial bias</u>, racial health disparities, and structural racism within health care services and ensuring patient-centered care for everyone.

More information: Naman Julka-Anderson, Structural racism in radiation induced skin reaction toxicity scoring, *Journal of Medical Imaging and Radiation Sciences* (2023). <u>DOI:</u> 10.1016/j.jmir.2023.09.021

Provided by Elsevier

Citation: Structural racism shown to persist in radiotherapy (2023, November 30) retrieved 11 May 2024 from https://medicalxpress.com/news/2023-11-racism-shown-persist-radiotherapy.html



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