



COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

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STATEMENT ON RACISM IN THE HEALTHCARE SYSTEM

1. PREAMBLE

The College of Intensive Care Medicine of Australia and Aotearoa New Zealand (the College) is an accrediting body for intensive care specialists, and as such is well placed to provide leadership in challenging racism, discrimination, and bias.

The purpose of the College is to provide a high-quality training program to our trainees, ensure continuing medical education and professional development for our Fellows of the College (FCICM) and to advocate for equitable health care for all Australians and Aotearoa New Zealanders by ensuring patients are treated by well-trained, qualified intensive care specialists. Consequently, the College represents a diverse range of individuals who provide critical care and support for a diverse population of patients through all stages of life, across a breadth of contexts.

In achieving our purpose, the College is committed to promoting equity and diversity to the benefit of all relevant stakeholders, including but not restricted to College staff, Members, affiliates, contractors, and visitors.

The College and medical workforce are strengthened by promoting the inclusion of people from diverse backgrounds, who convey unique skills, experience, and networks to healthcare. Working towards an industry devoid of racism and discrimination for staff, professionals and patients will facilitate the formation of a cohesive healthcare system; better equipped to deliver the optimal health outcomes for the wider Australian and Aotearoa New Zealand communities.

In line with this statement, the College endeavours to:

- cultivate an environment committed to raising awareness of diversity and equity and guarantee best practice throughout the profession;
- build and endorse a workplace environment with zero tolerance of racism and discrimination of any description (including but not limited to, direct racial discrimination, institutional racism and associative racial discrimination);
- protect and promote equal opportunity across all domains of employment, training, assessment and clinical practice; and
- ensure all stakeholders can operate in a professional arena free of racism and discrimination.

This statement will also form the basis of a future anti-racism policy that will detail internal and external complaints processes.

2. POSITION

The College does not accept any form of racism and strongly supports action to challenge racism within intensive care medicine and the broader healthcare system.

The College's position is:

- that healthcare staff and professionals have the right not to experience racism throughout their careers.
- the right not to experience racism should be reflected in College policy, process, and practice to protect workplace relationships from racism, discrimination and bias.
- that Members are aware of, and advocate for patients who are affected by institutional racism.

3. BACKGROUND

The United Nations (UN) General Assembly defines racism as, 'any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life'².

There is a growing consensus among scholars from the social and biologic sciences that racism shapes social experiences, which have biological consequences, and that race is not a meaningful scientific construct in the absence of context⁴⁻⁷. Without context, political/epidemiological descriptors such as, Aboriginal, Māori and Black African, can become poor proxies for genetic difference and risk lumping together populations with sizable genetic differences despite shared ancestry^{4,8,9}. The transition of biological evidence, such as disease prevalence within a specific population, to social stereotyping can lead to unconscious biases that may result in diagnostic errors¹⁰.

It is important to avoid pathologising race within our trainee curriculum. Inappropriate use of race as a surrogate for genetic difference, behavioural risk factors and socioeconomic status can lead to the biased conclusion that minority ethnic groups represent high risk groups for a given pathology. If this implicit link between race and risk propagates it can serve to reinforce an inaccurate conclusion that race and ethnic disparities in health are derived from inherent racial differences. This not only facilitates unconscious racial bias but obfuscates the role of racism in producing health outcomes⁴.

The College promotes and recognises the importance of equity and diversity within intensive care medicine. Protecting and promoting equity throughout the College and profession is seminal in creating a culture that safeguards equitable opportunity and the wellbeing of all stakeholders.

4. PRINCIPLES

4.1 Healthcare staff and professionals have the right not to experience racism throughout their careers.

The College advocates for a zero tolerance approach to racism and a working and training environment free from any form of discrimination or bias. The College's guiding principle is that intensive care specialists and practice staff should address racism in any environment or form. Intensive care specialists must show leadership, provide support and advocacy where a patient, colleague, staff member or student is subject to acts of racism or discrimination. The College recommends all intensive care specialists and accredited training sites join the [Racism. It stops with me](#) campaign and display resources that highlight their commitment and efforts to address racism. It is strongly encouraged that intensive care specialists participate in both cultural awareness education and more in-depth cultural safety training, to learn how to identify, address and, more importantly, prevent racism.

4.2 The right not to experience racism should be reflected in College policy, process, and practice to protect workplace relationships from racism, discrimination and bias.

The College will not accept processes, positions, and conducts that amounts to any form or racist discrimination. The College is committed to working across all levels of senior management, Board, executive, committees and others as required, to develop and promote comprehensive equity and diversity policies and procedures to the benefit of all relevant stakeholders.

4.3 Members are aware of, and advocate for patients who are affected by institutional racism.

Institutional racism refers to the ways in which "racist beliefs or values have been built into the operations of social institutions in such a way as to discriminate against, control and oppress various minority groups". It is often covert, and is frequently unrecognised by those involved in it, making it challenging to identify, confront and overcome^{3,12}.

Challenging institutional racism requires a systemic response, created by an organisational culture from the top, at the Board-level downwards, that promotes inclusion at all levels of services. Action on institutional racism requires adapting approaches, attitudes and behaviours through up-skilling staff, reviewing policies, procedures and systems. Research has found that the introduction of strategies to improve cultural thinking and culturally appropriate care is possible, having translated these actions into tangible improvements in cultural respect, service and clinical measures¹¹.

Failure to acknowledge and sensitively approach the diversity of our patient population can lead to racism. This negatively impacts the patient experience and ferments mistrust and a perception of the provision of a lower standard of care. Ultimately, this may result in poorer patient outcomes driven by avoidance or underutilisation of healthcare, and a reluctance to follow clinical advice¹.

The College recognises that inequities in health outcomes for Indigenous peoples in Australia and Aotearoa New Zealand can arise as a result of institutional racism. The College is committed to ensuring Māori, Aboriginal and Torres Strait Islander peoples have equitable access to intensive care medicine and receive health services within intensive care units delivered by Fellows of the College (FCICM) and non-Fellow intensive care practitioners who are knowledgeable and skilled in cultural competency and safety. The College's Reflect

Reconciliation Action Plan (RAP) is a formalisation of the College's commitment to enabling the best health outcomes for critically ill Aboriginal and Torres Strait Islander patients and their families and communities.

5. CONCLUSION

The College acknowledges that racism and discrimination adversely affect the wellbeing of healthcare professionals and their patients. Ultimately, this can negatively impact the societal health burden. As a result, the College resolutely opposes all forms of racism and any practice that involves direct and/or indirect bullying, bias, discrimination, and persecution, and advocates for sustainable and shared commitment across organisations, governments, and individuals to eradicate racism in healthcare.

The College acknowledges that further work is needed to ensure supervisors, intensive care specialists and staff are supported to identify and address acts of racism and discrimination in their workplaces in relation to patients and staff. The College seeks to develop and implement a strategic plan with the aim to eliminate racism across the healthcare industry and within society.

The College recognises in order to successfully combat racism and discrimination and eliminate the negative impact these have on health at both an individual and population-based level that collaboration with relevant organisations, governments and individuals is essential.

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