Racism rife in the medical profession, BMA report says

Debashis Singh *London*

Racism blocks the career progression of doctors from ethnic minorities and from overseas, a BMA report has said.

The BMA report is part of a cohort study tracking the careers of 476 medical graduates who qualified in 1995 and offers a snapshot representation of doctors' careers. Doctors participating in the survey were asked their views on whether their ethnicity was a factor in their career progression. Four focus groups involving 33 doctors were used to explore the issue in greater depth.

The study found that racism was evident in access to medical training and careers and was seen as "acceptable" behaviour in the NHS. Sixty two per cent of doctors from ethnic minority groups (versus 41% of all respondents) believed that ethnicity played a significant role in medical training; 70% (versus 45%) believed that it played a significant role in early career opportunities; 87% (versus 53%) believed that it had a significant effect on access to specialties; and 86% (versus 59%) believed that it played a significant role in career advancement.

The focus groups concentrated on three main areas: how racism is evident in the medical profession, how the system is sustained, and how the system could be changed. The focus groups provided examples of how racism was considered to be acceptable. Examples included a consultant who went through application

forms openly throwing out all the ones from overseas candidates and another consultant who, in a packed theatre, told a doctor who had worked for him for over four months that he could not remember her "funny foreign name."

The BMA report suggests that the system is sustained by the reluctance of trainees to complain.

Changes recommended by the study included:

- The establishment of an objective and transparent selection procedure for training posts
- The provision of personal advocates for doctors, to whom doctors could go without worrying that they were jeopardising their career
- The introduction of cultural diversity modules into the medical school curriculum.

In the United Kingdom, doctors from ethnic minority groups account for 35% of hospital doctors. Currently a fifth of consultants are from ethnic minority groups, compared with 60% of associate specialists and 65% of staff grade doctors.

Dr Vivienne Nathanson, the BMA's head of science and ethics, said: "The results of this survey make very uncomfortable reading." □

Racism in the Medical Profession: The Experience of UK Graduates is available on the BMA's website (www.bma.org.uk).

Former US assistant surgeon general to edit BMJ USA

Dr Douglas Kamerow (above left), a former assistant surgeon general in the US Public Health Service, is to become the new editor of the *BMJ USA*, the *BMJ*'s sister publication in the United States, from 1 July.

Its present editor, Dr Steven Woolf (above right), who is professor of family practice and preventive and community medicine at Virginia Commonwealth University, Richmond, and who has edited the journal since last September, will become the *BMJ*'s North American editor.

Dr Kamerow, who worked for the Public Health Service from 1979 to 2001, led programmes in health policy, public health, and clinical medicine. As director of the Center for Practice and Technology Assessment, at the Agency for Healthcare Research and Quality, he developed and led a national initiative to improve the quality of health care through the development and implementation of evidence based tools and research.

In 2001 he joined RTI International, an independent, non-profit corporation that conducts research in the fields of health, the environment, and economic and social development, as its chief scientist for health and social and economics research.

Annabel Ferriman *BMJ*

Advanced scanning techniques help doctors stage prostate cancer

David Spurgeon *Quebec*

Advanced techniques of high resolution magnetic resonance imaging now allow doctors to distinguish accurately between benign and malignant prostate cancer nodes. The techniques have the potential to revolutionise the method of determining how advanced a tumour is, a study conducted at the Massachusetts General Hospital in the United States and Nijmegen Hospital in the Nether-

lands says (*New England Journal of Medicine* 2003;348:2491-9).

The approach relies on detailed and computerised image analysis and a novel contrast agent—magnetic nanoparticles that seek out lymph nodes.

The study was designed to show whether a protocol developed at the Massachusetts hospital could identify prostate cancer metastases in abdominal lymph

nodes. That hospital and the Dutch hospital each enrolled 40 patients with a diagnosis of clinical stage T1, T2, or T3 prostate cancer before surgery. All patients underwent magnetic resonance imaging before and 24 hours after the intravenous administration of lymphotropic superparamagnetic nanoparticles (2.6 mg of iron per kilogram of body weight). A total of 334 lymph nodes were imaged.

After the imaging the patients received standard prostate cancer treatment, which for most was removal of the prostate gland. The usual lymph nodes were removed for pathological analysis.

However, on the basis of the imaging results additional nodes were removed from nine patients.

The imaging studies showed that 271 of the nodes were benign. Detectable metastases were found in 63 nodes. These results were confirmed by pathological examination.

Forty five of the 63 malignant nodes were so small they would not have been identified as malignant by conventional imaging techniques. A node by node analysis showed the new technique to have a higher sensitivity than conventional imaging (90.5% versus 35.4% ($P<0.001$)). □