



# Prescriptions and prejudices: pharmacy students' experiences of racism

**Trinity student Aaron Koay writes about pharmacy students' encounters with racism in this article, which was first published in the *Trinity News*.**

**C**an I talk to someone who actually speaks English?" "Of course, just one second there." My mind was a blur. We were always taught to be patient-centred and professional, so I stayed small and quiet, reluctant to refuse such belittlement. I was raging, my eyes were welling up, but I didn't say a word. I didn't want to make a scene. I had only started the position but I knew I wasn't incompetent – my faults were that I have an accent and that I wasn't experienced enough to know the product for which the customer was asking.

Between long hours of studying and placements, pharmacy can be a difficult course at the best of times. For students of colour, this can be exacerbated by instances of racism. I interviewed 11 other pharmacy students of colour on their experiences in college, placement, workplace

and beyond, as we sail the pharmacy journey in Ireland. **Disclaimer: this is not going to be comfortable.**

## The highs and lows of college

Let's start with college; an environment that, in an ideal world, should nourish students and promote inclusivity and growth. Asked whether they had experienced racism during the course of their degree, one student said they had "no such experience in college at all" and that they "could not have asked for a more welcoming and inclusive group of Irish friends". Indeed, many expressed support and friendship from their pharmacy pals, while some attributed their support network to small cliques, sometimes a formation with other students of other ethnicities and cultural backgrounds. One



international student cited a “very positive experience with my [Irish] classmates . . . despite often [lacking] knowledge of a vast majority of foreign culture, [they] would actually seek to understand by showing genuine curiosity and asking appropriate questions”. They attributed their positive experience to the “welcoming and inclusive nature of the Irish people”.

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Where racism was experienced, it most frequently took the form of

microaggressions. “I often find myself having to defend or clarify my identity as an Irish person. The question of ‘where are you from’ is almost always followed by a variation of ‘where are you really from’; the implication being that I must justify my Irishness somehow,” a pharmacy student and person of colour born and raised in Ireland said. Cutting to the core, they stated that as racism is often hard to determine, it is often left unchallenged. Similarly, another student noted that racism they had experienced in college or on work placement manifested itself mostly in “sideways glances and comments”.

What about our educators? One student told me they could “confidently say” that the faculty of the School of Pharmacy had been “very kind and open-minded in light of [their] experiences”, and that their tutor had always stood in their corner. “I can confirm that most of the lecturers are overall considerate in both group and one-on-one encounters,” the student said. A hijab-wearing student who faced challenges while looking to carry out a summer research project abroad

recalled the support she received from a lecturer. Her offer for an Erasmus place at a reputable French university would have required her to comply with its laboratory rules to remove her hijab. She decided to turn down the offer, but cited that one of the professors responsible for organising international research experiences for pharmacy students was “really nice and supportive” to her. “[They] basically supported me and told the Academic Registry.” An email sent by Academic Registry outlined that they “understand and support [the student’s] decision to withdraw . . . We hope to find a solution and avoid a situation like [theirs] going forward.”

However, another student outlined a different experience in which a lecturer “made an inappropriate comment toward me in the middle of the lecture and there was just an uncomfortable silence with a few people giggling . . . I was very disappointed with the lecturer and my fellow students. I had never felt more alone in college.” The student said they pointed out to the lecturer that their comment was “not

funny or appropriate”, with another student of minority background commenting that the lecturer should apologise, which has not yet happened. Similarly, another student expressed that humour can sometimes serve as a vehicle for prejudices, referring to a “joke” made about the Traveller community by a pharmacy lecturer.

### **Working on placement**

Pharmacy students are required to undertake three blocks of placements, dispersed throughout the five-year M.Pharm. programmes. The experiences of students on placement were mixed; some stated that they were treated kindly and no different from anyone else, while others described experiencing or witnessing discrimination. Speaking about their placement in a global giant pharma based in Dublin, a student described that despite the “diversity and inclusion” flag the company waves, they did not find any co-worker who shared the same ethnicity. They did, however, report that “everything turned out fine in the end” despite



their initial apprehension. In contrast, another student described their experience on placement in a community pharmacy as “horrific”: “The supervisor didn’t like me so she rarely interacted with me, the technicians would again look at me in disgust. It was often horrific and I often spent time in the bathroom crying about it as I came there as [a] student to learn but rather humiliated and saddened, and I felt it was because [of] the colour of my skin.” Asked if they reported this to Affiliation for Pharmacy Practice Experiential Learning (APPEL), the student said, “I didn’t want to cause a fuss . . . I just wanted to finish up the placement and never go back there again.”

*“Many of my colleagues are kind, generous, sincere people but I wouldn’t expect them to understand racism the way that it is experienced by people of colour.”*

Aside from managing and governing pharmacy placements of the five-year M.Pharm. programmes in Ireland, APPEL also supports both students and supervisors during placements. In their respective handbooks, APPEL urges both parties to report the occurrence of any critical incident, defined as “any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or wellbeing of a student”. When I asked the students I spoke to if they would be comfortable bringing up their experiences of racism to their colleagues, tutor, school or APPEL, their responses were split almost down the middle. Most who

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said that they would make a report expressed that they haven’t experienced racism that required such escalation but that they might feel comfortable if the situation arose, with one student saying that they felt college had dealt well with instances of racism in the past, but that more work needs to be done. On the other hand, one student who said they wouldn’t feel comfortable discussing their experience of racism outlined: “Many of my colleagues are kind, generous, sincere people but I wouldn’t expect them to understand racism the way that it is experienced by people of colour . . . there is also the fear of judgement; the fear that they may see you are too sensitive, that you are being overdramatic, that your problems are not serious.” Another student who reported experiencing an issue in the past said they would feel “not at all” comfortable raising it, expressing that they felt their concerns would not be taken seriously.

Community pharmacy highly prides itself on its public accessibility and free health consultation. Nonetheless, its public-facing setting can come with a price for the safety and wellbeing of the pharmacy staff; discrimination, abuse and violence from patients and customers, in particular. Experiencing negative

treatment as a pharmacy staff member is near-universal, but for students on placement who have been subjected to racism, it cuts particularly deep. One student reported being actively “overlooked” in circumstances where they found their customers or patients preferred to be served by their “white co-worker”, while another said that “some customers were less likely to talk to a foreign staff member or pharmacist if there is other staff from that country available”. Racism manifesting through microaggressions also surfaced on placement, with one student recalling customers being “shocked” that they spoke fluent English. “I don’t think people understand that these comments are inherently racist as they suggest that someone who looks like me can’t be educated or speak English fluently.”

Since the beginning of the COVID-19 pandemic, an increasing number of racially-targeted assaults towards people who appear to have an Asian background have been reported worldwide. “Some customers were not so friendly to Asian staff,” the student said, recounting an instance in which a customer said to the pharmacist that Asian people only eat animals like bats, though the student further stated that the pharmacist “stood up

and told the customer that it was a misconception”. While dispensary staff catch a quick break in the middle of the day, racism doesn’t. “They said immigrants were making them racist,” a student recalled an overheard conversation. “They said with disdain and resentment that they’re here to exploit the health system.” A student also reported a “really bad experience” while they were on their way home from placement when “someone tried to spit at [them] and chased [them] down the street”.

### **Moving forward**

“Put the Patient First” is the first Code of Conduct for pharmacists, which states that they “must not allow [their] personal views to jeopardise or compromise patient care”. Nonetheless, evidence shows that healthcare workers who are racist, either consciously or not, can provide less quality patient care to those of ethnic minority background, thereby negatively impacting their health outcomes. Education is key to overcoming prejudice. Trinity may introduce a new Black Studies elective module as early as next year, following a petition led by two Trinity students, which was launched in response to the murder of George Floyd. Pharmacy students in Trinity, however, are unlikely to reap the benefits. As it stands, the rigorously accredited M.Pharm. Programme in Trinity does not offer students flexibility to tailor their learning from the outset; all modules are prescribed. A black pharmacy student commented, “Racial bias in practice and in community pharmacy is something that is barely taught, touched on and/or reflected upon in our course . . . the course is very rigid in nature . . . there could be room for revision and addition of an aspect similar to that of the Trinity’s Black Studies module.”

Asked if they think that ethnic diversity is present amongst lecturers and in the bigger pharmacy or healthcare picture in

Ireland, the resounding response was a simple “No”. Certainly, it will only take a few Google searches to uncover the fact there is a serious lack of leadership voice that can effectively represent the ethnic minority community in pharmacy, be it in academia, regulation, leadership, retail pharmacy businesses or other clinical settings. Simply because, well, ethnically, it’s a pretty homogenous circle. “Most supervising/superintendent pharmacists or pharmacy managers I know are white. Non-white pharmacists are doing locuming a lot more,” one student said, while another outlined: “I feel that the majority of senior lectures are Caucasian. However, throughout my time on placement I have interacted with many healthcare professionals who are not white . . . more work needs to be done in college to reflect the workplace.” Another student agreed that there was a lack of diversity but acknowledged that people of other ethnicities have only arrived in Ireland in the past few decades and thought that “more people from different ethnicities are qualifying as pharmacists every year”.

In February, the NHS announced that it would put new rules in place to allow health providers in the UK to refuse non-emergency care to patients who are discriminatory on the basis of sex and race – discretions that currently only cover violence or aggression. Among the students I spoke to, the majority would welcome similar initiatives in Ireland. “There should be no onus on anyone to tolerate racism – it is derogatory and belittling,” one said, while another student said that “a lot of people in power are white and don’t realise the impact of enduring racist remarks and behaviour. There is no reason for me to endure this behaviour and try to help someone who doesn’t even respect my existence.” A different student, however, opposed the idea as they thought it would go against

the Hippocratic Oath. Another student stated that they would understand if their colleagues choose to refuse non-critical care to racist patients, but they firmly believed that “a person’s personality should never come into question when their life and health is involved, even if they are of questionable morals”.

Looking back at a core reading we had to study in our fourth year, the *Dignity At Work Policy: For the Health Service* published by the HSE over a decade ago back in 2009, consideration of racism is given little attention. The term race appeared twice on page six, where discrimination based on race was included under the term harassment. There was no further explicit engagement with racism thereafter. “It almost feels like they wanted to cover their own back so putting everything under harassment was one way about it,” one student said. Since most pharmacists in Ireland are employed in the private sector, one could only hope that effective and robust mechanisms are somehow enforced there to protect those who have a different skin colour.

**“Someone needs to step up to protect the welfare of those who feel marginalised within the pharmacy environment.”**

The Pharmaceutical Society of Ireland (PSI), the regulator of the pharmacist profession in Ireland, recently proposed amendments to the registration rules that, if passed, will see pharmacists from countries outside the EU able to register to practice in Ireland more easily if they meet certain prerequisites. The move came as part of initiatives to “meet potential

and real challenges arising in the context of the COVID-19 emergency and will be linked for the duration of the emergency”. This could potentially result in a further increase of pharmacists that don’t share the skin colour as most of their colleagues. Coupled with universities’ recruitment of more international students, someone needs to step up to protect the welfare of those who feel marginalised within the pharmacy environment. However, it can be difficult to put faith in leaders who don’t have experiences of racial discrimination. As one student said, “Feelings of ‘otherness’ can be ambiguous and hard to grasp for people who have not been in the same position.” The Department of Justice and Equality announced in June that a new independent anti-racism committee is being formed to set out a new action plan against racism in Ireland. With foreign residents and people of colour comprising a significant proportion of the Irish healthcare workforce, it will be interesting to see if and how their concerns will be acknowledged and addressed.

On personal reflection, I’ve often asked myself if I could have acted differently, or if there was more I could have done, in circumstances where I had to face racism head-on. My experience in a different pharmacy was impacted by a patient who made blatantly racist remarks towards me every week they came in. I didn’t tell anyone at work. I tried to ignore it, maintaining my composure, lowering my head, walking to the back of the dispensary whenever the patient came in, or taking a bathroom break. This time, I didn’t just make myself small; I made myself invisible. “Out of their sight, out of their mind,” I thought; at least that made me feel like I was somehow in control of my circumstances. Deep down, however, I knew that wasn’t right and even worse, my own silence made me an accomplice. Come Monday, it was time again for my little self-hiding ritual – but I had had enough. I decided that I

wouldn’t let shame hold me back yet another time, so I told my supervisor about the patient’s racism. To my surprise, they confronted the patient directly. The supervisor’s response made me feel extremely valued and protected, as a student and also a human being. One should never underestimate the difference a supportive environment can make. Whether it’s a supervisor who stands up to a patient, a lecturer who supports a student at a difficult time, or a friend who points out that a joke isn’t actually funny, instances of solidarity stand out in our memories. Now, it’s time to build on them.

**This article was originally published in the Trinity News, and was edited by Lauren Boland, who is Editor of the Trinity News.**

**If you have been affected by the issues raised in this article, support is available from the following services:**

- Samaritans helpline: 116 123
- Aware helpline: 1800 80 48 48
- Pieta House: 1800 247 247
- Immigrant Council of Ireland Anti-Racism Hotline: 01 674 0200.

The Irish Network Against Racism (inar) runs [www.ireport.ie](http://www.ireport.ie), which is a portal for the reporting of all racist incidents (for both victims and witnesses). INAR also publishes the *Responding to Racism Guide: How to report racism and where to find help*, which can be downloaded at [www.inar.ie](http://www.inar.ie) > Racism in Ireland > Find Help.

