With respect to patients from ethnic minority backgrounds, there are certain factors that contribute to health inequities and poorer outcomes. Some of these are attributable to cultural socio-economic and lived experiences. The other side of the health inequities equation fall under the umbrella of institutional racism. Raising awareness of these issues through sharing patient stories is important in order to improve outcome. Ascertaining what matters to the individual patient is important, even more so when you have limited experience of that patient's influencing culture and beliefs.

In comparison to White women, Black women were almost five times more likely to die from pregnancy and childbirth related causes and Asian women were nearly twice as likely. This is according to the Embrace Report UK which is mothers and babies reducing risk through audits and confidential inquiries across the UK and this was a report in 2018.

Due to unconscious bias, women from ethnic minority backgrounds are being failed with respect to pain management. Even though women from these communities may display stoic facial expressions, they still deserve to be given appropriate pain management and empathy that is accorded to their white counterparts.

A 37 year old Black African woman with history of multiple miscarriages presented to a hospital that she had visited quite a few times before. On entry, at a difficult, traumatic time of her life, the nurses asked the question ‘it's you again’ and she was made to feel like a nuisance during what was a harrowing experience.

A 39 year old Black woman presented with pain and lumps in her breasts after breastfeeding. At this time a child was two months old. Even with the fact that she had a family history of breast cancer, the GP dismissed the issue as mastitis. A year later this patient was diagnosed with aggressive stage three breast cancer.

When clinicians dismiss the concerns of women from ethnic minority backgrounds, the consequences are as grave as they come. It is important to note that as clinicians, you cannot just go by the facial expressions of patients which can be stoic and look like there's nothing going wrong under the surface. The truth of the matter is the stoic facial expressions, the strength that is shown is part of conditioning, it is part of what is culturally deemed as acceptable, but this does not change the fact that serious medical concerns need to be addressed as they are presented.

**Points to remember:**

* Unconscious bias is an underlying reason for inadequate pain management
* Empathy and understanding is required by ALL patients
* Don’t dismiss concerns due to stoic expressions presented