

# Editorial-1

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## Indian Physicians around the World: A Common Agenda Released, March 2012

If you live in the UK, and have ever called upon the services of the NHS, the chances are that you will have at some point encountered a medical professional of South Asian origin.

The NHS estimates that up to a third of its general practitioners alone originate from overseas, the vast majority of these being from India, Pakistan, Bangladesh or Sri Lanka. Globally, 125,500 physicians of Indian birth or of immediate Indian descent ('Indian' being a slightly unhelpful blanket term for the subcontinent as a whole) practice medicine within the English-speaking world, and this figure excludes many thousands more working in pharmacology, optometry and dentistry.

The significant presence of Indian medical professionals within the healthcare sector corresponds to an enormous Indian Diaspora of over thirty million living outside of the subcontinent. In the UK's 2001 census, over a million people identified themselves as ethnically Indian, which equates to approximately 2% of the population.

The many and varied contributions that this community has made to British culture, politics, sport, cuisine and not to mention the NHS, have all been well documented, and rightly so. But a lesser known fact, and one far too often overlooked, is that people of South Asian origin continue to suffer significant negative healthcare disparities, when placed in comparison to the indigenous population of their host states.

It seems somewhat paradoxical; a scenario in which medical services are proliferate with those of a particular ethnic identity, and yet seemingly unable to cater to patients of that same ethnicity to an equitable standard.

The disparities are not trivial; if you were born in South Asia and live in Britain, or are simply of South Asian descent, you are on average 40% more likely to at some stage develop coronary heart disease, and up to four times more at risk of contracting type II diabetes. South Asian women are diagnosed with breast cancer not only 10 years younger than average (at the median age of 49 instead of 62) but their tumors tend to be larger and in the later stages of the disease.

This gulf between ethnic majority and minority comes at a high-price. CHD, diabetes and of course cancer are all directly or potentially terminal, and all take their own dreadful toll upon quality of life, mental well-being and life-expectancy. That South Asians should shoulder an uneven burden of these chronic diseases is unthinkable in a country which boasts one of the world's most sophisticated health services, and yet that situation is extant and remains largely unaddressed.

How this health dichotomy has arisen, and what can be done to remedy it, is the subject of a new book by Raman Bedi, former Chief-Dental Officer of England, and Professor of Trans-cultural Oral Health at King's College London.

With in-depth examination of each of the major areas of disparity (CHD, cancer, diabetes) as well as a thorough over-view of universal health challenges (smoking and mental health), the work details the diagnosis, treatment and outcomes of both the Indian diaspora and the Indian population itself. Crucially, with each disease profiled, Bedi outlines how medical professionals of Indian descent could best respond to the challenges at hand.

He argues that the large body of Indian-origin medical professionals are perfectly placed to see that the Indian Diaspora receives the suitable lifestyle guidance and, appropriately tailored health policy that it requires, suggesting that there is a lack of cohesion and identity among these individuals; an absence of a community with the potential clout to make significant, lasting change.

If Indian Health Professionals have a *raison d'être*, surely it can be found in its title. Professor Bedi wishes to raise awareness of the fact that Indian physicians do indeed share a 'common agenda'. In it, he not only calls for greater cohesion and co-operation between well-placed medical professionals, but outlines what challenges they face regarding Indian-origin health disparity, why they may be occurring and, vitally, what can be done to correct them.



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