

# BMJ Open Exploring discrimination and racism in healthcare: a qualitative phenomenology study of Dutch persons with migration backgrounds

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## ABSTRACT

**Objective** To explore and characterise the discrimination and racism experienced in healthcare from the perspective of Dutch patients with a migration background.

**Design** This was a qualitative phenomenological study incorporating an inductive thematic analysis of the answers provided to a free form online survey. Descriptive and differential analyses were conducted for the closed-ended questions.

**Setting** This study used an online survey distributed in Dutch about experiences of discrimination and racism in healthcare to the general population in the Netherlands.

**Participants** The survey was completed by 188 participants ( $M_{age}=39.89$ ,  $SD_{age}=10.2$ ). Of whom 80 ( $M_{age}=37.92$ ,  $SD_{age}=10.87$ ) met the eligibility criteria for thematic analysis (ie, has a migration background or a relative with a migration background and experienced discrimination in healthcare based on their background) and were thus included in the analysis.

**Results** From the total sample, women, relative to men, were 2.31 times more likely to report experiencing healthcare discrimination ( $OR=2.31$ ; 95% CI 1.23 to 4.37). The majority of the participants (60.1%) had a Moroccan or Turkish background. Six themes were identified relating to experienced discrimination in healthcare based on one's migration background: (1) explicit discrimination, (2) prejudice, (3) not being taken seriously, (4) discriminatory behaviour, (5) language barriers and (6) pain attribution to cultural background. Some participants reported that their attire or religion was linked to their migration background, thus contributing to their experiences of discrimination.

**Conclusion** Dutch patients with a migration background may experience discrimination based on their ethnic identity or other factors related to their backgrounds, such as their faith, culture and skin colour. Discrimination manifests as intersectional and may take different forms (eg, discrimination based on the intersection between race and gender). Therefore, healthcare discrimination may increase health inequities and lead to unequal access to healthcare services. Implicitly or explicitly discriminating against patients is immoral, unethical, illegal and hazardous for individual and public health. Further research on the magnitude of discrimination in healthcare and its relation to health is needed.

## STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ The main strength of this study was the substantial sample size and comprehensive range of responses, which significantly contributed to the investigation of how discrimination is perceived through intersectional lenses.
- ⇒ The dominance of responses from Moroccan and Turkish participants may have resulted in sampling bias, potentially limiting the diversity of perspectives in the data.
- ⇒ The survey's Dutch language and online format have led to sampling bias of individuals who are not proficient in Dutch or lack digital literacy, thus overlooking their lived experiences.

## INTRODUCTION

The Netherlands has a legal obligation for its citizens to have healthcare insurance and to provide equal access to healthcare services.<sup>1-5</sup> Nonetheless, ethnic health disparities persist, and people with a migration background have poorer health outcomes than the native population.<sup>1-5</sup> The non-European migrant population accounts for approximately 14.5% of the population of the Netherlands, primarily comprising individuals from Morocco, Türkiye, Suriname, Indonesia and the Dutch Antilles.<sup>4</sup> This population group is at higher risk for and shows a higher prevalence of mental health problems, communicable and non-communicable diseases and higher mortality rates than those with a Western or Dutch ethnic background.<sup>1-4</sup>

Various factors contribute to ethnic health disparities, including contextual variables such as educational level, access to healthcare services, community health and factors related to the healthcare provider and patient. While current literature often attributes ethnic health inequities to low socioeconomic status, ethnic background and comorbidities such as obesity and diabetes,<sup>5,6</sup> disparities persist even



## Box 1

This paper adapts the American Psychology Association (APA) Dictionary of Psychology definition (<https://dictionary.apa.org>) of the below listed terms.

**Discrimination:** 'The differential treatments or outcomes that are unfavourable towards a group or an individual according to some aspect of their actual or perceived identity, such as race, religion, nationality, physical ability, gender, sexual orientation, class, or social status'.

While discrimination is a broader term encompassing unfair treatment based on aforementioned characteristics, racism specifically focuses on unfair treatment based on so called race, skin tone ethnicity.

**Racism:** 'A form of prejudice that assumes that the members of racial categories have distinctive characteristics and that these differences result in some groups being inferior to others. Racism generally includes negative emotional reactions to members of the group, acceptance of negative stereotypes, and racial discrimination against individuals; in some cases it leads to violence'.

**Ethnicity:** 'A social categorisation based on an individual's membership in or identification with a particular cultural or ethnic group'.

**Race:** 'A socially defined concept sometimes used to designate a portion, or 'subdivision', of the human population with common physical characteristics, ancestry, or language. The term is also loosely applied to geographic, cultural, religious, or national groups. The significance often accorded to racial categories might suggest that such groups are objectively defined and homogeneous; however, there is much heterogeneity within categories, and the categories themselves differ across cultures. Moreover, self-reported race frequently varies owing to changing social contexts and an individual's possible identification with more than one race'.

Depending on the context (Europe vs the USA or Global North vs the Global South), the social construct of race is often used interchangeably with the social construct of ethnicity when discussing racism. While racism and ethnicity-based discrimination are two slightly different concepts.<sup>6</sup>

after controlling for these variables.<sup>3 7 8</sup> There is a prevalent assumption that the heightened risk of poor health outcomes among non-Western ethnic groups stems from genetic or ethnic differences.<sup>6</sup> However, race and ethnicity are sociopolitical terms and do not inherently indicate biological differences that increase disease risk among populations.<sup>6</sup> Therefore, attributing health disparities to race or ethnicity is problematic.<sup>6</sup> Many underlying societal factors contribute to these health inequities,<sup>9</sup> including the significant role of racism and discrimination (see [box 1](#) for definitions).<sup>10-14</sup> However, the key role of discrimination and racism in accounting for health inequities is often overlooked.<sup>8 11-13 15 16</sup> Discrimination, whether implicit, explicit or institutional, negatively impacts the quality of healthcare services and contributes to poor mental and physical health and inequalities in accessing healthcare.<sup>8 11 16-22</sup>

A worldwide commission on Racism, Structural Discrimination and Global Health worked on the manifestations of discrimination and racism in healthcare and their potential effects on health. Manifestations and impact varied per region or country and had yet to be fully understood.<sup>23</sup> A recent Lancet Series has provided

empirical evidence of the relationship between racism, xenophobia, discrimination and health, underscoring the need for further research on their impact on healthcare.<sup>24</sup> There is no evidence that findings from this Series would not be valid in the Netherlands. It is, therefore, pivotal to document the manifestation of discrimination and racism from a patient perspective rather than relying solely on theoretical concepts. The lived experiences of patients who faced discrimination and racism in healthcare settings have provided valuable perspectives that theoretical concepts alone cannot fully explain.<sup>25</sup>

Little European research has been available on the characteristics and contribution of discrimination and racism towards ethnic minorities and how this has been perceived from a patient's perspective.<sup>26-29</sup> The same applies to the Netherlands, where on a government level, policymakers have aimed to provide equal access to healthcare, fight discrimination and institutional racism and reduce ethnic health disparities. Therefore, this study has two main objectives. The first objective is to identify characteristics and manifestations of discrimination and racism in healthcare as perceived by Dutch patients with a migration background. The second objective is to examine how the aforementioned form of social injustice impacts the participants. An online survey was administered to obtain these goals, enabling the collection of a relatively large sample size for qualitative research.

## METHOD

### Study design

The study used an exploratory qualitative research design employing a descriptive phenomenology approach, utilising open-ended surveys to examine participants' experiences of discrimination in healthcare.<sup>30</sup> This research methodology allowed us to understand and learn from individual experiences.<sup>30</sup>

### Study population

We conducted this study in the Netherlands, targeting Dutch participants with a migration background. The Netherlands has a diverse and multicultural society with first, second and third-generation citizens from all over the world. The survey was advertised with the purpose of sharing experiences about discrimination in Dutch healthcare. The participants were recruited via social media platforms (Twitter, Instagram, Facebook and LinkedIn), word-of-mouth advertisement, snowball sampling by asking participants to share the questionnaire with others and they were invited to complete the online survey. We applied convenience sampling for easy accessibility, time efficiency and cost-effectiveness.

### Survey

To obtain insight into participants' experiences with healthcare discrimination, they were asked to fill out a survey, accessible from June until July 2022 via the website of STATERA (the funding institute of this study). This

**Table 1** Survey questions

#	Question
1	What is your sex (M, F, X (other such as intersex))?
2	What is your age?
3	What is your ethnic background? (Options: Dutch, Moroccan, Turkish, Surinamese, Antillean, Afghan, Bosnian, Egyptian, Pakistani, Chinese, Syrian, mixed or other)
4	Have you or your relative ever experienced discrimination in a healthcare setting for example at the hospital, physical therapist or at your general practitioner? (yes/no)
5	Could you please elaborate on the experienced discrimination?

survey consisted of four closed-ended questions assessing participants' demographics, one close-ended (yes/no) question assessing participants' experienced discrimination based in healthcare, and one open-ended question which prompted participants to elaborate on their perceptions of discrimination with no character limit (see [table 1](#)). By including the latter question, we aimed to capture written answers that may reveal participants' experiences and opinions. All survey questions were presented in Dutch.

## Data analysis

### Descriptive analysis

Descriptive statistics were employed to analyse the closed survey questions. Non-parametric tests were conducted to evaluate variations in experienced discrimination across diverse groups, both the Kruskal-Wallis test (for comparisons involving more than two groups) and the Mann-Whitney U test (for pairwise comparisons) were utilised. Odds Ratio (OR) was derived through cross-tabulation, indicating the likelihood of outcome differences two groups. When significant differences emerge among multiple groups, post-hoc analyses were conducted. Statistical significance was set at a 5% level (alpha value). All statistical analyses were performed using SPSS V.18 (IBM).

### Thematic analysis

Participants' responses to the open-ended question were included for thematic analysis if they met the following criteria: (1) They answered all survey items by providing comprehensive answers; (2) had a migration background or a relative with a migration background, and reported that they or their relative experienced discrimination in healthcare (answered yes to question 4). Answers to the open-ended question 5 consisting of a single word, incomplete sentences or missing data were excluded for thematic analysis. The free-form answers from question 5 were thematically analysed in Excel. The answers were approached inductively using the six-step plan of Kiger and Varpio:<sup>31</sup> (1) becoming

familiarised with the data; (2) generating initial codes; (3) searching for themes; (4) reviewing themes; (5) defining and naming themes and (6) producing the manuscript. The analysis was conducted by CZ and checked by AK. Both researchers have a migration background in Africa, lived experience and expertise with the effect of discrimination in health, healthcare and research, which played a role in identifying codes, themes and data interpretation. Any discrepancies were resolved through consensus.

The frequency of themes was calculated by counting how often a theme occurred in the survey. Several citations were selected for the results section to provide an example of the theme. Answers were analysed in Dutch and translated into English for this publication.

## Ethics considerations

The study consisted of an online survey on a website which did not collect participants' data such as names, addresses, ID numbers or any traceable information leading to the participant. Since this was not a medical, scientific study in which persons were subjected to an intervention, the BETCHIE checklist of the Vrije Universiteit Amsterdam, indicated that this research did not raise ethical concerns and did not need further evaluation, under the Dutch Medical Research Involving Human Participants Act and, therefore, ethical clearance.

## Patient and public involvement statement

None.

## RESULTS

### Study population

The survey was completed by 188 persons ( $M_{age}=39.89$ ,  $SD_{age}=10.2$ ), of whom 39.4% identified as Moroccan, 20.7% as Turkish, 20.2% as Dutch, 13.6% had other or mixed background and 5.9% were Surinamese. Most participants were female (67.6%), and 53.7% reported experiencing discrimination in healthcare based on their social identity (eg, ethnicity, religion and gender). We observed no significant difference in experienced discrimination among the different migration background groups (Kruskal-Wallis  $H=11.17$ ,  $df=12$ ,  $p=0.51$ ). Among all survey respondents, women compared with men were 2.31 times more likely to report experiencing discrimination in healthcare (OR=2.31; 95% CI 1.23 to 4.37).

Eighty of the 188 participants' responses were eligible for the thematic analysis. The 108 answers that were excluded were due to not having experienced discrimination ( $n=100$ ), reported discrimination outside the healthcare setting ( $n=3$ ) or left question 5 blank ( $n=5$ ). The sample for thematic analysis was, on average, 37.92 years ( $SD_{age}=10.87$ ) old, and most were self-identified as women (71.6%).

### Experienced discrimination within healthcare

Six themes arose from the thematic analysis of the written responses. The complete set of answers from the selected answers is reported in online supplemental file 1: included open-ended survey answers. Due to the intersectionality and interpretation of the data, multiple answers could be categorised under multiple themes, and overlap might have occurred.

#### Explicit discrimination

The theme 'explicit discrimination' covered answers that showed deliberate and easily recognisable discrimination. The responses in this theme showed that explicit discrimination towards patients from the healthcare worker was related to the access and use of healthcare services. Explicit discrimination was experienced (30/80, 37.5%) based on racialised, ethnic or non-Western background, being of Islamic faith, being a woman and language proficiency.

Cultural discrimination and misinformation. Incorrect information provision. Not being referred well. And in a rehabilitation centre, I was approached by the healthcare workers and patients in a racist way. *Female, Moroccan background.*

I was once refused at the general practitioner's office because of my family name. *Male, Moroccan background.*

#### Prejudice

The theme 'prejudice' covered preconceived opinions, attitudes or judgements from the healthcare worker towards the participant's background that were explicitly reported in the responses. The theme of prejudice overlapped with the third theme, 'not been taken seriously'. However, we considered it as an independent theme, recognising prejudice as a potential starting point of differential treatment. Participants (14/80, 17.5%) experienced prejudice in the form of assumptions and discriminatory judgements about a person's background, religion or skin tone. According to the participants, prejudice resulted in healthcare workers dismissing the patient's concerns, assuming that a patient did not want to receive care or that a health problem was due to the patient's ethnic background.

Vitamin D deficiency because apparently, I wear a headscarf and cover myself too much! This was explained over the phone. I don't even wear a headscarf! But that assumption was made. *Female, Moroccan background.*

Because I am dark, I was psychiatrised (covertly drugging me with medication) for the fact (to them, a delusion of mine) that I reported my mother (CENSORED) as a medical antecedent. *Male, Antillean background.*

#### Not been taken seriously

The 'not been taken seriously' theme encompassed instances where participants (45/80, 56.3%) experienced

or felt that their physical concerns or need for healthcare were disregarded or not given proper attention or consideration by the healthcare worker. They noted that care was refused or information on their health complaint was not provided. Some participants believed that they were not taken seriously because they wore an Islamic veil (hijab), had a dark skin tone or had a different native language. The reported consequences of not being taken seriously by healthcare workers were not receiving diagnoses, deterioration of the disease, continued living with complaints, and not receiving appropriate healthcare.

The doctor did not take my complaints seriously, and I kept pushing for almost three-quarters of a year. Eventually, a doctor said that Turkish women exaggerate and have psychosomatic problems. In other words: I should not complain. *Female, Turkish background.*

At the dermatologist (a Dutch woman), I said that I had bumps on my skin. I had indicated that they arose suddenly after contact with a family member who suffered from water warts. She indicated that the bumps were just like Morgan Freeman's and that they would stay that way forever (I have tinted skin myself). *Male, Surinamese background.*

#### Discriminatory behaviour

The theme 'discriminatory behaviour' was related to engagement with and interaction from healthcare workers to patients and included demonstrated negative behaviour, practices or conduct. Study participants (29/80, 36.2%) reported experiencing this behaviour from healthcare providers, attributing it to their ethnic background. Such behaviour presented in various forms, including demeaning, derogatory and racist actions, as well as a lack of engagement or disregard for the participants' perspectives, healthcare needs and dignity.

I was at the dental surgeon who walked in without greeting and introducing himself. After they (healthcare workers) decided that removing my wisdom teeth was unnecessary, they left without explanation or saying goodbye. After I reported this to the assistant and told her I found this behaviour unacceptable, she said, 'This is how it works with him (the doctor) if you do not have a Dutch family name'. *Female, Turkish background.*

I was forced to eat pork as part of my rehabilitation. *Female, Turkish background.*

#### Language barriers

The theme 'language barriers' included experienced discrimination or derogatory remarks related to language. In this case, the language barrier could be experienced as not having the capacity to understand, comprehend or converse in Dutch, or that the healthcare worker assumed that a person had a language barrier based on their background. The participants (17/80, 21.2%) reported not receiving complete information and treatment options

or not been given due consideration due to language barriers. Some participants stated that providers sometimes questioned their fluency in Dutch or assumed they spoke another language because they had a non-Dutch-sounding family surname or wore a hijab.

I was at the emergency care. A tumour or cloth behind my eyes was suspected. I could not see due to the pain in my head, and I could not lie down. I was left alone for hours without any supervision. I received care only when my sister arrived (who does not wear the hijab). The nurse spoke to my sister and responded to all her questions on my behalf. One of the questions she got about me was if I speak some Dutch. *Female, Moroccan background.*

In the hospital, they asked me if I came from 'Far-away-istan' or if I just lived in the Netherlands, which was a rather strange question, and if I spoke Dutch. Again, strange question and way of speaking/addressing, etc. Also, questions like 'do you speak Dutch?' and extra enunciating, etc. *Female, other background.*

#### Pain attribution to cultural background

The theme 'pain attribution to cultural background' encompassed how the healthcare professional related the patients' pain complaints to their background. Participants stated that healthcare workers believed that complaining and having pain were inextricably tied to the patient's ethnic background or culture. These participants (21/80, 26.2%) reported being told by healthcare providers that their complaints resulted from their cultural tendencies, which contributed to the perception that their pain was exaggerated. Persons with migration backgrounds were told not to exaggerate their complaints and that their pain was made up. Eating one's ethnic food was also seen as a reason for physical complaints. Moroccan and Turkish cuisine was reported to be perceived as greasy and unhealthy, and spicy food would lead to gastrointestinal complaints of the participants.

My wife had cancer and pain, and before we knew this, several doctors asked us if the pain was not made up. Also, they refused to scan her neck because she had cancer. We were told several times that people from the Caribbean often act dramatically. *Male, Dutch background.*

My problems were due to my Asian background (according to the doctor). *Male, Pakistani background.*

## DISCUSSION

This study investigated the experiences of discrimination in healthcare of people with a migration background in the Netherlands using an online survey. Almost half of the participants reported experiencing discrimination, including racism, negative remarks about their background, not being taken seriously because of their background, negative attitudes from healthcare workers,

attribution of complaints to their culture and language barriers. The free-form answers showed that the discrimination was often intersectional, meaning multiple parts of a person's identity contributed and overlapped. For example, being a woman, wearing a hijab and having a particular ethnic background or skin colour frequently led to racist stereotyping. Some participants reported receiving poor healthcare, no healthcare at all or stated that their health problems deteriorated due to discrimination. The results from the survey were consistent with earlier published findings from focus groups and one-on-one, in-depth interviews in the Netherlands with patients with migration backgrounds<sup>26–28 32–34</sup> facing discrimination on the same grounds as identified in this study. This consistency strengthens the findings of our study.

Language is often reported as a communication barrier in healthcare provision for the Dutch population with a migration background.<sup>26–29 34</sup> However, our data revealed that even when patients spoke Dutch, some healthcare workers perceived language as an issue rather than the patients themselves. In some cases, healthcare workers assumed language deficiencies due to a person's last name or attire (eg, wearing a hijab), which led to an altered communication style that was sometimes perceived as condescending and disrespectful. Earlier research found that general practitioners would adapt their communication style, creating a barrier based on the patient's ethnic background, even without language barriers.<sup>33</sup> The reasons for this adaptation still need to be clarified. As reported in secondary data, language barriers were associated with inadequate healthcare for those who did not speak Dutch proficiently. This aligns with previous studies where healthcare workers described their communication or interactions with ethnic minorities as challenging, resulting in less frequent follow-ups and visits for these patients.<sup>23 35</sup>

Xenophobia, racism and prejudice towards individuals with a migration background can explain the unjust care of patients who do not belong to the majority or native group of a country.<sup>8 35–38</sup> Some of the survey participants reported that they received different healthcare than patients without a migration background. Several survey participants reported that their complaints should have been taken more seriously but due to their backgrounds they were not, resulting in missed opportunities care. This finding is supported by earlier studies reporting on ethnic Dutch patients receiving better care than Dutch patients with a migration background.<sup>32 33 39</sup> Some papers report that healthcare workers confessed to ignoring patients with a migration background when they complained about pain because they believed it was part of their culture.<sup>35 36 39</sup> This phenomenon is also known as 'the Mediterranean Syndrome'.<sup>40 41</sup> It represents the myth that patients with a migration background complain because it is part of their culture.<sup>38 41</sup> An earlier Dutch study provided examples of the Mediterranean Syndrome.<sup>36</sup> A female Afro-Caribbean patient missed her cancer diagnosis due to the physician assigning the physical



complaints to the patients background. A Moroccan male patient with kidney disease was removed from the transplantation list because his behaviour was mistaken for dementia without diagnosis.<sup>36</sup> Existing stereotyping and prejudice about persons with a migration background may be an underlying mechanism for this issue. Such attitudes and beliefs expressed by healthcare workers may result in inadequate care for patients of diverse backgrounds and highlight the importance of addressing cultural competence and sensitivity in healthcare settings.

An increase in Islamophobia in Western countries has extended to healthcare and affects patients from the Islamic faith seeking proper healthcare.<sup>42–48</sup> Expressions of the Islamic faith, such as wearing the hijab, being a convert and having a husband with a long beard, were reported multiple times in the survey as factors for experiencing discrimination. Negative comments about a woman's hijab or prejudice about her being of Islamic faith led to negative care experiences for these women. Similar experiences have been found in two focus group studies with Turkish women in the Netherlands who felt doctors did not take them seriously because of their Islamic faith.<sup>26 33</sup> Not unique to the Netherlands, comparable results of discrimination against patients of the Islamic faith by healthcare workers have been reported in the USA, the UK, Canada and France and associated with poor healthcare.<sup>44 45</sup>

The differential treatment of Dutch patients with a migration background can be due to racism, discrimination, prejudice, implicit bias, lack of awareness of their behaviour or blind spots.<sup>12 35 39 49</sup> Many healthcare workers are unaware of their discriminatory behaviour and prejudices, which are often unintentional. Here lie opportunities to educate healthcare workers on their unconscious beliefs and to improve their understanding of their behaviour.<sup>50</sup> However, it is unknown how much discrimination from a healthcare worker or healthcare setting contributes to health disparities and the deterioration of health outcomes. The challenge lies in measuring discrimination objectively and differentiating between implicit and explicit discrimination, but also in acknowledging the presence of discrimination.<sup>12 51</sup> Discrimination or the blame for discriminatory acts are sensitive topics contrary to healthcare workers' medical ethics.<sup>12</sup> Addressing it may lead to tensions between the person who feels discriminated against and the person identified as the discriminator at the time. Therefore, more research is needed to explore and quantify the magnitude of healthcare and public health discrimination and tackle healthcare inequities.<sup>51</sup> In addition, there is a need to safely address and combat discrimination in a way that is acceptable and received positively by all, including healthcare managers, educational institutes, and clinical practices.

### Limitations

The current study has several limitations. The findings indicate that most of the participants are female and of Moroccan or Turkish background, which may limit our findings' generalisability. Although adequate measures, such as double-checking coding and discussing findings

and their interpretation, were taken to minimise subjectivity, the possibility of researcher biases cannot be completely ruled out. Since self-reported experiences are the primary data of interest, sampling bias may have occurred because only literate individuals who could complete an online survey participated. Language bias may have occurred because the survey was only in Dutch. The participants needed to answer in full sentences, which may have led to the exclusion of responses from participants with lower literacy rates or the capacity to express themselves fully. Another limitation occurred during the development of the themes, as some of the answers reflected intersectionality and were eligible to be categorised in more than one theme.

### CONCLUSION

This study shows an extensive perspective of patients with a migrant background who have experienced discrimination in the Dutch healthcare setting. Qualitative data were collected through a survey with an open-ended question, allowing for in-depth insights into participants' lived experiences of discrimination. The findings can be summarised as followed. When Dutch patients with a migration background experienced discrimination in healthcare, it manifested in various forms, including overt forms of discrimination and racism, prejudice and not being taken seriously because of their ethnic background. The results showed that discrimination often occurred on the basis of multiple intersecting social identities, rather than one single social identity. People who experienced discrimination reported receiving lower-quality healthcare or being denied it altogether, which may have caused deterioration of their health. In closing, we emphasise that discriminating against individuals, whether implicit or explicit, in healthcare directly violates the human right to quality healthcare. Such discrimination sustains health inequities and poses a significant public health burden. Better health for all, strengthens society by making the population, social capital and economy more resilient.

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**Contributors** CZ is the acting guarantor of this study. CZ and GÇ designed the study. GÇ set up the survey and collected and extracted the data. CZ conducted the data analysis, which AK and ANK checked. AK and ANK were responsible for the sensitivity reading, the correct use of definitions and checked translations. All authors participated in data interpretation and implication. CZ wrote the first draft in cooperation. AK, ANK, WAdO and GÇ critically reviewed and revised the manuscript. All authors approved the manuscript for submission.

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**Competing interests** None declared.

**Patient and public involvement** Patients and/or the public were not involved in the design, or conduct, or reporting or dissemination plans of this research.

**Patient consent for publication** Not applicable.

**Ethics approval** This study involves human participants. This study considers an anonymous online survey. Before the research, we performed a self-check from the Ethics Review Committee of the Faculty of Science (BETCHIE) from Vrije Universiteit Amsterdam, which indicates that it is not subject to the Dutch Medical Research

Act. The output has been updated as a separate file to this submission. Participants gave informed consent to participate in the study before taking part.

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**Data availability statement** All data relevant to the study are included in the article or uploaded as supplementary information.

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AUTHOR PROOF



## Supplementary file 1: Included open-ended survey answers.

Participant characteristic	How did you experience discrimination, could you please elaborate?
Gender: Female Ethnic background: Moroccan	<p>Bij de huisarts op consult voor een dierbare. Na afloop van consult werd ik gewezen op de website en de vraag of ik wel kan lezen. Waarom zou ik niet kunnen lezen? Mijn abaya en khimaar zorgen er niet voor dat ik niet meer kan lezen. Helaas was ik daar voor een spoedgeval en niet alert genoeg om te reageren.</p> <p>At the doctor's consultation for a loved one. After the consultation, I was referred to the website and asked if I could read. Why couldn't I read? My abaya and khimaar do not prevent me from reading. Unfortunately, I was there for an emergency and not alert enough to respond.</p>
Gender: Female Ethnic background: Other	<p>Mijn huisarts koppelde mijn maagklachten aan mijn etniciteit na dit consult heb ik dit met een andere arts besproken en online gezocht naar een verband tussen ras en prikkelbare darm syndroom. Echter, hier was niets over bekend. Ik voelde me gestereotypeerd. Hoewel bepaalde kruiden in sommige keukens maagklachten kunnen veroorzaken, kook ik eigenlijk zelden Perzisch of sterk gekruid. Helaas bezit ik deze kookvaardigheden nog niet. Maar het feit dat mijn huidskleur of ras als oorzaak van mijn maagklachten werd aangenomen en een onderzoek op basis hiervan werd uitgesloten, vond ik uiterst onprofessioneel.</p> <p>My general practitioner related my stomach problems to my ethnicity, after this consult, I have discussed this with another doctor and looked on the internet to see if there is a relationship between race and irritable bowel syndrome. This was not known anywhere. I felt that I was stereotyped. Certain spices in some cuisines can indeed cause an upset stomach. But I never actually cook Persian or anything spicy. Unfortunately I don't have these skills yet. But assuming that my skin color or my race is the cause of my upset stomach, and diagnosis was refused, I also found it very unprofessional.</p>
Gender: Female Ethnic background: Turkish	<p>Kort gezegd, er werd niet naar mijn verhaal geluisterd. Er werden vreemde opmerkingen gemaakt over buitenlanders en taalbarrières, enzovoort.</p> <p>Kept short, they didn't even listen to my story. They made weird comments about foreigners and language barriers etc.</p>
Gender: Female Ethnic background: Moroccan	<p>Weigeren regulier bloedonderzoek te doen.</p> <p>Refused to do regular blood exam.</p>
Gender: Male Ethnic background: Antillean	<p>Vanwege het feit dat ik donker ben, ging men mij psychiatriseren (heimelijk drogeren met medicatie) om het feit (voor hen een waanidee van mij) dat ik mijn moeder (CENSORED) opgaf als medische antecedente. Achteraf discrimineren (menen dat ik het recht heb om anders te denken) door mijn patiëntenrechten af te pakken en een mening voor mij te verzinnen van dat ik hun behandeling (het drogeren) als bevorderlijk had ervaren.</p> <p>Due to the fact that I am dark, I was psychiatrized (covertly drugging me with medication) for the fact (to them, a delusion of mine) that I reported my mother (CENSORED) as a medical antecedent. I got discriminated against afterwards (believing that I have a right to think otherwise) by taking away my patients' rights and making up an opinion for me that I had experienced their treatment (drugging) as beneficial.</p>

<p>Gender: Female Ethnic background: Turkish</p>	<p>Als het gaat over "pijn", hoor ik medici vaak zeggen dat mensen met een migratieachtergrond hun pijn "dramatiseren", wat betekent dat onze pijnklachten niet serieus worden genomen. Er wordt gezegd dat we overgevoelig zijn, enzovoort. Dit vind ik erg irritant!</p> <p>When it's about "pain", I often hear doctors say that people with a migration background "dramatises" their pain, i.e. we are not taken seriously about our pain complaints. They say that we are hypersensitive etc. I find this very annoying!</p>
<p>Gender: Male Ethnic background: Moroccan</p>	<p>Gewoon vanwege mijn achternaam geweigerd bij een huisarts. En één keer werd ik door een GGD-ambulance medewerkster erg brutaal benaderd, maar mijn klacht werd niet serieus genomen. Dit is zeer verontrustend en provocerend. Mijn moeder ging vroeger vaak naar een ziekenhuis en omdat haar bloed goed was, namen ze ongevraagd liters bloed af voor donaties, zonder haar toestemming. Totdat ze duizelig werd en nu waarschijnlijk daardoor ook diabetes heeft ontwikkeld, en nu moet zij de kosten dragen.</p> <p>Just because of my last name I was refused at a general practitioner. And 1 time approached very brutally by the municipality health service ambulance employee and the complaint was not taken seriously. This is a very bad thing and provocative. Mother used to often go to a hospital and because her blood was good, they took unsolicited liters of blood for donations without her consent. Until she became dizzy and now probably has also developed diabetes as a result and she now has to pay for the costs.</p>
<p>Gender: Male Ethnic background: Turkish</p>	<p>Niet serieus nemen, niet doorverwezen worden naar de specialist, geen/onjuiste of zeer summiere informatie verstrekken, niet de benodigde hulp verstrekken, discriminerende opmerkingen maken, intimiderend agressieve vijandige bejegening, telefoon opgooien, afblaffen en afsnauwen, bewust verminken en schade aan gezondheid brengen, geen verantwoordelijkheid nemen, enz. Te veel om op te noemen.</p> <p>Not taking seriously, not being referred to the specialist, providing no/incorrect or very brief information, not providing the necessary help, making discriminatory remarks, intimidating aggressive hostile treatment, hanging up the telephone, barking and snarling, deliberately mutilating and damaging one's health, not taking responsibility etc. Too much to name.</p>
<p>Gender: Female Ethnic background: Turkish</p>	<p>Ik werd verplicht om varkensvlees te eten als onderdeel van mijn revalidatie.</p> <p>I was forced to eat pork as part of my rehabilitation.</p>
<p>Gender: Male Ethnic background: Turkish</p>	<p>De nodige medicijnen werden niet voorgeschreven door de huisarts, en wel meerdere malen omdat hij dacht dat dit niet nodig was. Flauwekul natuurlijk!</p> <p>The necessary medicines were not prescribed by the general practitioner, and on several occasions because he thought that this was not needed. Fluff of course!</p>
<p>Gender: Female Ethnic background: Turkish</p>	<p>Mijn vaders wens om palliatieve zorg werd niet geheel serieus genomen. Het ziekenhuis gedroeg zich alsof wij (de familie) vanwege onze cultuur (we zijn Turks en moslim) mijn vader opdrongen om in leven te blijven en alsof mijn vader liever had gehad dat "de stekker eruit werd getrokken". De werkelijkheid was anders: mijn vader wilde dolgraag leven. Daarnaast werden we behandeld alsof we dom waren (ik ben drs., maar dat doet er verder niet toe), omdat we niet voor euthanasie kozen.</p> <p>Een ander voorbeeld betreft de huisartsenpost. Mijn vader zag er uitgedroogd uit, omdat hij zware vochtafdrijvende pillen kreeg, waarna ik de huisartsenpost had gebeld en een arts van de huisartsenpost kwam. Deze arts negeerde mijn vader volledig en begon in zijn aanwezigheid te</p>

	<p>roepen “Waarom is hij aan de zuurstof? Maar zo gaat hij niet dood!” en nog meer van dit soort gedrag wat ik achterwege zal laten. Ik had destijds toch een klacht ingediend over deze arts. Ook dit had volgens die arts met onze cultuur te maken.</p> <p>Een ander voorbeeld betreft mijn moeder met wie ik een keer naar een fysiotherapeut was die gespecialiseerd zou zijn in hoofdpijn. De diagnose van die fysiotherapeute was onmiddellijk dat het aan mijn moeders cultuur lag dat ze hoofdpijn had, omdat ze zich als vrouw altijd nederig heeft moeten gedragen en onderdrukt is. Toen ik daarop protesteerde, was haar reactie “Maar ik ken jullie cultuur niet” (tja, waarom maak je dan aannames?) Bij die fysiotherapeute is mijn moeder uiteraard nooit meer geweest. Ze kon er ook niks van. Ik kan veel meer voorbeelden geven.</p> <p>Er is echter ook een andere kant: in ca. 97% van de gevallen heb ik geen discriminatie ervaren wanneer ik met mijn vader of moeder bij de dokter/specialist was. Oftewel: het gaat vrijwel altijd goed. Als het zich echter afspeelt wanneer je vader terminaal wordt verklaard en er niet wordt gedaan alsof wij gekkie henkie zijn, dan voel je je enorm machteloos.</p> <p>My father's wish for palliative care was not taken fully seriously. The hospital behaved as if we (the family) because of our culture (we are Turkish and Muslim) forced my father to stay alive and as if my father would have preferred that “the plug was pulled”. The reality was different: my father really wanted to live. In addition, we were treated as if we were stupid (I have a Masters degree but that doesn't matter) because we didn't choose euthanasia.</p> <p>Another example concerns the out-of-hours GP service. My father looked dehydrated because he was given heavy diuretic pills, after which I called the GP and a doctor from the GP practice came. This doctor completely ignored my father and started yelling in front of him “Why is he on oxygen? But he won't die that way!” and more of this kind of behavior which I will omit. I had filed a complaint about this doctor at the time. According to the doctor, this also had to do with our culture.</p> <p>Another example concerns my mother with whom I once went to a physiotherapist who would specialize in headaches. The physiotherapist's diagnosis was immediately that it was my mother's culture that caused her to have headaches, because as a woman she has always had to behave humbly and has been oppressed. When I protested, her response was “But I don't know your culture” (well, why are you making assumptions then?) Of course, my mother never visited that physiotherapist again. She couldn't do anything about it either. I can give many more examples.</p> <p>However, there is also another side: in about 97% of the cases I did not experience any discrimination when I visited the doctor/specialist with my father or mother. In other words: it almost always goes well. However, if it takes place when your father is declared terminal and we are pretended to be crazy, you feel extremely powerless.</p>
<p>Gender: Male Ethnic background: Moroccan</p>	<p>Ze behandelen je alsof je een tweederangsburger bent. Geen duidelijkheid, elke keer een ander verhaal, weigeren naar binnen te gaan wanneer je op bezoek bent bij de zieke.</p> <p>They treat you as if you're a second-class citizen. No clarity, a different story every time, refusing you entrance when you're visiting the sick</p>

	person.
Gender: Female Ethnic background: Moroccan	Vershil in zorg tussen mij en de patiënt naast mij die wel een autochtone achtergrond had.  Difference in care between me and the patient next to me who did have a native Dutch background.
Gender: Female Ethnic background: Surinamese	Geopereerd aan mijn knie, lig op dagbehandeling. Zuster van de late dienst was 2x in de middag bij me geweest, moest plassen. Opmerking zoals "u plast veel hoor" op 4-persoonskamer. Ja, ik heb aangegeven bij de opname dat ik 4x moet voor ik slaap, om half 10 is het de derde keer en ze zegt als ze de steek komt brengen: "Weet u dat u een grandioze verzakking heeft?" Zo luid dat iedereen het hoort. Ik zeg: waarom zo luid en het is mijn lichaam, zuster, zou ik niet weten dat ik dat heb en waarom moet de hele zaal het weten? Ik lig hier voor mijn knie, daar moet u het over hebben. "Ja, ik zeg dat niet om u te beledigen hoor?" "Nee, u bent geïrriteerd dat ik zoveel moet plassen en je wil mij gewoon in verlegenheid brengen, het is je gelukt hoor." "Morgen ben ik weg, maar jij moet nog heel veel leren, jongedame." "U praat met de andere dames op de zaal op fluisterton en als u bij mij bent gaat u ineens harder praten, ik ben oud maar niet doof hoor." Aan de chirurg heb ik alles doorgegeven. Hij was zeer ontdaan, want dit is 1 voorbeeld van velen en ik heb slechts 48 uur gelegen.  Operated on my knee, lying in day care. The late shift nurse came twice in the afternoon, had to urinate. Commented like "you're urinating a lot" in a 4-bed room. Yes, I indicated upon admission that I have to go 4 times before I sleep, it's the third time by half past nine, and she says when she brings the syringe: "Do you know that you have a significant prolapse?" So loud that everyone hears it. I say: why so loud and it's my body, nurse, I wouldn't know that I have that and why does the whole room need to know? I'm here for my knee, that's what you should focus on. "Yes, I'm not saying that to offend you, okay?" "No, you're irritated that I have to urinate so much and you just want to embarrass me, well done." "I'll be gone tomorrow, but you still have a lot to learn, young lady." "You talk to the other ladies in the room in a whisper, and when you're with me, you suddenly start talking louder, I may be old but I'm not deaf, you know." I reported everything to the surgeon. He was very upset, because this is one example of many and I've only been here for 48 hours.
Gender: Male Ethnic background: Surinamese	Als ik de huisarts bezocht toen ik klein was met mijn ouders. Zei de huisarts na goede morgen altijd dikkertje (motoe) in het hindoestaans. Vervolgens, wat heb je (zwarte toon). Je eet zeker nog steeds geen Bhata (aubergine). Daardoor ben je ziek. Te weinig ijzer. Meer bhata eten.  When I visited the doctor with my parents when I was little. The doctor always said fatty (motoe) in Hindi after saying good morning. Then, "What's wrong with you" (in a stern tone). You probably still don't eat Bhata (eggplant). That's why you're sick. Not enough iron. Eat more bhata.
Gender: Female Ethnic background: Surinamese	Ik kwam vorig jaar terecht bij een huisartspraktijkondersteuner ivm erfelijke aandoening. Deze dame begon meteen met mij te praten alsof ik een domme buitenlander was. Een voorbeeld: Hoeveel rijst eet je bij je avondmaaltijd (ze ging er al vanuit dat wij thuis alleen maar rijst eten). Ik zei meteen dat als je koolhydraten bedoelt, we thuis ook aardappelen eten op verschillende manieren klaargemaakt, pastagerechten, dus niet alleen rijst mevrouw. Ze was meteen stil en begon toen over groenten, hoeveel ik at, of ik een pakje verse groenten kocht. Ze liet mij niet praten en begon meteen te zeggen dat ik toch meer groenten op mijn bord moest hebben dan aardappelen, anders zou ik niet genoeg vitamines binnenkrijgen. Ik zei tegen haar, maar ik eet ook fruit op het werk, maar daar heeft u het niet over. Ziet u alleen vitamine in groenten? Ook nu was ze weer stil, dus deze dame had niet verwacht dat ik meer op de hoogte ben van wat ik wel of niet moet eten dan ze had verwacht. Ze was al bevooroordeeld dat "buitenlandse" patiënten "dom" zijn. Bij mij had ze het mis :). Een verloskundige zei tijdens de echo tegen mijn zwangere

	<p>vriendin: oh jeetje, de baby heeft een groot hoofd. Maar alle Turken hebben toch een groot hoofd. Een ander voorbeeld is dat mijn schoonmoeder niet serieus is genomen met haar klachten en aan de hand van meerdere factoren is komen te overlijden.</p> <p>Last year, I ended up with a general practice nurse due to a hereditary condition. This lady immediately started talking to me as if I was a stupid foreigner. An example: How much rice do you eat with your dinner (she assumed that we only eat rice at home). I immediately said that if you mean carbohydrates, we also eat potatoes at home in various ways, pasta dishes, not just rice, madam. She was immediately silent and then started talking about vegetables, how much I ate, if I bought a pack of fresh vegetables. She didn't let me speak and immediately started saying that I should have more vegetables on my plate than potatoes, otherwise I wouldn't get enough vitamins. I said to her, but I also eat fruit at work, but you don't mention that. Do you only see vitamins in vegetables? Even now, she was silent again, so this lady had not expected that I am more aware of what I should or should not eat than she had expected. She was already prejudiced that "foreign" patients are "stupid". She had the wrong impression of me. A midwife said during the ultrasound to my pregnant friend: oh my goodness, the baby has a big head. But don't all Turks have big heads? Another example is that my mother-in-law was not taken seriously with her complaints and died as a result of several factors.</p>
<p>Gender: Female Ethnic background: Dutch</p>	<p>Ik was zwanger van mijn tweede kind. Ik had kraamzorg geregeld, maar voelde me niet prettig bij dat bureau omdat ze me meer uren probeerden aan te smeren. Uiteindelijk besloot ik helemaal van kraamzorg af te zien. Toen ik bij de verloskundige was, vroeg ze of ik kraamzorg had geregeld. Ik gaf aan ervan af te zien. De verloskundige werd boos en zei dat ik niet het beste voor mijn kind wilde. Daarna vroeg ze of mijn man mij hiertoe had gedwongen. (Ik ben een bekeerling met een hoofddoek en mijn man is Marokkaans met een baard). Ik zei dat dit geheel mijn eigen keuze was. Ze zei dat ze een melding moest maken bij het consultatiebureau, zodat zij bij mij thuis zouden controleren of alles wel normaal was. Ze zei daartoe verplicht te zijn. Het consultatiebureau kwam inderdaad na de geboorte langs aan huis en toen mijn man de kamer uitliep, werd mij gevraagd naar blauwe plekken die ik had; dit waren blauwe plekken door het infuus. Achteraf hoorde ik dat de verloskundige helemaal geen melding had mogen maken.</p> <p>Het tweede geval: ik was bij de bedrijfsarts omdat ik in de ziektewet kwam tijdens mijn zwangerschap vanwege heupklachten. Ik werd op dat moment medisch onderzocht. Omdat de klachten na de bevalling bleven, ben ik overeengekomen met het bedrijf dat ik zou stoppen met werken en naar het UWV zou overgaan. Ik vertelde dit aan de bedrijfsarts, waarna ze plotseling kenbaar maakte mij niet te geloven omdat ik niet heel verdrietig overkwam omdat ik ziek was. Ze zei toen dat het feit dat ik weinig buiten kwam (vanwege de heupklachten) waarschijnlijk te maken zou hebben met 'mijn cultuur' (ze bedoelde mijn geloof, want ik ben Nederlandse bekeerling).</p> <p>Achteraf bleek ik een verdraaide bekken te hebben en nog een aantal andere problemen waardoor de pijnklachten werden veroorzaakt. Een vriendin kwam op de eerste hulp terecht omdat ze pijn in haar arm had. Ze is Marokkaans met een hoofddoek, haar man met een qamies en een baard. Diezelfde avond stond er plotseling politie op de stoep omdat de arts melding had gemaakt van huiselijk geweld. Terwijl daarvan absoluut geen sprake was. Uiteindelijk ging de politie lachend weg, want na één gesprek was wel duidelijk dat zij in huis de broek aan had, niet hij.</p> <p>I was pregnant with my second child. I had arranged maternity care, but I didn't feel comfortable with that agency because they tried to push more hours onto me. Eventually, I decided to completely forego maternity care. When I was at the midwife's, she asked if I had arranged</p>

	<p>maternity care. I indicated that I had decided against it. The midwife became angry and said that I didn't want the best for my child. Then she asked if my husband had forced me to do this. (I am a convert with a headscarf and my husband is Moroccan with a beard). I said that this was entirely my own choice. She said that she had to make a report to the childcare agency so that they would check at my home to see if everything was normal. She said she was obliged to do so. Indeed, the childcare agency came to my home after the birth and when my husband left the room, I was asked about bruises that I had; these were bruises from the IV. Afterwards, I heard that the midwife should not have made a report at all.</p> <p>Second case: I was at the company doctor's because I went on sick leave during my pregnancy due to hip pain. I was being medically examined at that time. Because the complaints continued after the birth, I agreed with the company that I would stop working and go to the UWV. I told this to the company doctor, after which she suddenly said that she didn't believe me because I didn't seem very sad about being sick, and then she said that the fact that I didn't go outside much (because of the hip pain) probably had to do with 'my culture' (she meant religion because I am a Dutch convert).</p> <p>Afterwards, it turned out that I had a twisted pelvis and several other problems causing the pain. A friend ended up in the emergency room because she had pain in her arm. She is Moroccan with a headscarf, her husband with a qamis and a beard. That same evening, the police suddenly showed up because the doctor had reported domestic violence. Although there was absolutely no such thing. Eventually, the police left laughing, because after one conversation, it was clear that she was the one in charge at home, not him.</p>
<p>Gender: male Ethnic background: Surinamese</p>	<p>Bij de dermatoloog (Nederlandse vrouw) zei ik dat ik bultjes op mijn huid had. Ik had aangegeven dat die plotseling zijn ontstaan, na contact met een familielid die last had van waterwratjes. Zij gaf aan dat de bultjes net zoals Morgan Freeman had waren en het voor altijd zo zou blijven (ik heb zelf een getinte huidskleur). Ben zelf op alternatieve wijze de waterwratjes gaan behandelen en het is weggegaan.</p> <p>At the dermatologist (Dutch woman), I mentioned that I had bumps on my skin. I indicated that they had appeared suddenly after contact with a family member who had water warts. She said that the bumps were like those of Morgan Freeman and would remain that way forever (I have a tinted skin color myself). I treated the water warts myself in an alternative way and they disappeared.</p>
<p>Gender: Male Ethnic background: Moroccan</p>	<p>Mijn moeder en zus zijn begin jaren '90 door de huisarts naar huis gestuurd met pijnstillers, terwijl ze allebei kapotgingen van de pijn. Hij heeft ze allebei niet onderzocht, maar telkens naar huis gestuurd met: "Niks aan de hand. Marokkanen overdrijven vaker." Mijn moeder is rechtstreeks naar de Eerste Hulp gegaan, omdat ze de pijn niet meer trok. Wat bleek: Ze had nierstenen, waarvan er één vastzat in haar urinewegen. Mijn zus heeft heel veel geluk gehad. Ze ging voor de 100x langs bij de huisarts, maar die was zelf ziek en werd vervangen door een andere. Hij belde meteen de ambulance toen hij mijn zus onderzocht: haar blindedarm stond op springen.</p> <p>My mother and sister were sent home by the doctor in the early '90s with painkillers, while they were both in agony. He didn't examine them at all, but kept sending them home saying: "Nothing wrong. Moroccans often exaggerate." My mother went straight to the Emergency Room because she couldn't bear the pain anymore. Turns out, she had kidney stones, one of which was stuck in her urinary tract. My sister was very lucky. She went to the doctor's office a hundred times, but he was sick himself and was replaced by another doctor. He immediately called an</p>

	ambulance when he examined my sister: her appendix was about to burst.
Gender: Female Ethnic background: Turkish	Jou neem ik serieus, heel veel Turkse vrouwen komen met de kleinste klachten.  I take you seriously; many Turkish women come with the smallest complaints.
Gender: Female Ethnic background: Moroccan	Je bent Marokkaanse, dat probleem ligt aan ons en niet aan de gezondheid.  You are Moroccan, that problem is not on us and not on health.
Gender: Female Ethnic background: Moroccan	Een patiënte die in het ziekenhuis was opgenomen, wilde niet door een mannelijke verpleger verzorgd worden. De verpleger vertelde haar dat er in België gelijkheid is tussen mannen en vrouwen, en het personeel reageerde er lacherig op. Achteraf bleek dat ze in haar thuisland (Irak) meerdere malen door verschillende mannen was verkracht en daardoor getraumatiseerd was.  A female patient who was admitted to the hospital did not want to be cared for by a male nurse. The nurse told her that in Belgium there is equality between men and women, and the staff responded to it with laughter. It later turned out that she had been raped multiple times by different men in her home country (Iraq) and was therefore traumatized.
Gender: Female Ethnic background: Moroccan	Vitamine D tekort omdat ik er blijkbaar een hoofddoek draag en er te bedekt bij loop! Telefonisch is dit toegelicht. Ik draag niet eens een hoofddoek!! Maar daar vanuit is gegaan.  Vitamin D deficiency because apparently, I wear a headscarf and cover myself too much! This was explained over the phone. I don't even wear a headscarf! But that assumption was made.
Gender: Female Ethnic background: Moroccan	Mijn zoon van toen 1 jaar had een longontsteking. De arts wilde hem niet onderzoeken, omdat zij vond dat het gewoon een kind is dat huilt terwijl hij duidelijk moeite had met ademen. Ik zag aan haar manier van praten en doen dat zij moeite had met mij als moslima. Ik vroeg om een andere arts en die vond het erg gek dat de vorige arts hem niet wilde onderzoeken.  My son, who was 1 year old at the time, had pneumonia. The doctor refused to examine him, stating that he was just a crying child, even though he was clearly struggling to breathe. I could tell from her tone and demeanor that she had issues with me as a Muslim woman. I requested another doctor, and the new doctor found it very strange that the previous doctor had refused to examine him.
Gender: Female Ethnic background: Moroccan	Mijn zoontje was ziek. Ik ben een aantal keren naar de huisarts geweest waar ik vervolgens weg werd gestuurd. Hij werd zieker en zieker tot ik uiteindelijk bij de eerste hulp terecht kwam en hij bleek diabetes type 1 te hebben.  My son was sick. I went to the doctor several times, only to be turned away. He kept getting sicker and sicker until I finally ended up at the emergency room, where he was diagnosed with type 1 diabetes.

<p>Gender: Female Ethnic background: Dutch</p>	<p>Ik lag in het ziekenhuis met een galblaasontsteking. Tegenover mij lag een dame uit India (Tamil). Ze sprak gebrekkig Engels. Ze had vreselijk last van haar buik, was opgezet en had veel pijn. Ze werd niet serieus genomen. Uiteindelijk kreeg ze een laxeermiddel dat ze zelf in haar anus moest toedienen. Maar ze wist niet hoe het werkte, dus ging ze snel, te vroeg, naar het toilet omdat ze aandrang voelde. Daarna kreeg ze op haar kop omdat ze te vroeg was gegaan. Ze kreeg nogmaals een zetpil, maar weer werd de uitleg alleen in het Nederlands gegeven. Ik heb haar uitgelegd hoe het werkte en dat ze echt moest wachten totdat ze zeker wist dat de ontlasting vrij zou komen. Maar ze werd zo onbeschoft, zo ongeïnteresseerd behandeld, terwijl ik met alle egards werd behandeld. Het was diepriet.</p> <p>I was hospitalized with a gallbladder infection. Across from me was a lady from India (Tamil). She spoke broken English. She was in terrible pain in her abdomen, was bloated, and in a lot of discomfort. She wasn't taken seriously. Eventually, she was given a laxative that she had to administer herself anally. But she didn't know how it worked, so she quickly, too early, went to the toilet because she felt the urge. Then she was scolded for going too soon. She was given another suppository, but again the explanation was given only in Dutch. I explained to her how it worked and that she really needed to wait until she was sure the stool would come out. But she was treated so rudely, so uninterested, while I was treated with all due respect. It was very sad.</p>
<p>Gender: Female Ethnic background: Moroccan</p>	<p>Ik ben dokter (Marokkaans afkomst) en heb als student veel op een grote SEH in Rotterdam gewerkt. De manier waarop erover niet-witte patiënten gepraat wordt is verschrikkelijk. Momenteel werk ik op een kleinere SEH in een erg witte en christelijke omgeving. Omdat daar vooral veel witte patiënten komen, lijkt het qua racisme mee te vallen, maar zodra er een niet-witte patiënt binnenkomt merk je het gelijk. Patiënten worden direct neergezet als aanstellers, "heisa en bombarie" en hun (ernstige) klachten worden minder serieus genomen dan de minder ernstige klachten van witte patiënten. Daarnaast ook zeer opvallend (en frustrerend) dat wanneer ik over een zwarte patiënt zeg dat hij/zij bleek is, dit direct wordt weggewuifd want "mensen met donkere huid kunnen niet bleek zijn". In de medische wereld wordt "de taalbarrière" maar al te graag als een excuus gebruikt om bv minder uitleg te geven. Ook worden patiënten met taalbarrière automatisch als niet-intelligent gezien.</p> <p>As a doctor of Moroccan descent, I have worked extensively as a student in a large Emergency Department in Rotterdam. The way non-white patients are talked about there is terrible. Currently, I work in a smaller Emergency Department in a very white and Christian environment. Because mostly white patients come there, racism seems less apparent, but as soon as a non-white patient arrives, you notice it immediately. Patients are immediately labeled as complainers, "making a fuss," and their (serious) complaints are taken less seriously than the less serious complaints of white patients. Additionally, it's very frustrating that when I mention a black patient is pale, it's dismissed immediately because "people with dark skin can't be pale." In the medical world, "the language barrier" is often used as an excuse to provide less explanation, for example. Patients with language barriers are also automatically seen as unintelligent.</p>
<p>Gender: Male Ethnic background: Pakistani</p>	<p>Mijn 'problemen' hebben te maken vanwege mijn Aziatische etnische achtergrond. My 'issues' stem from my Asian ethnic background.</p>
<p>Gender: Female Ethnic background: Other</p>	<p>Ik vertelde mijn huisarts dat ik recentelijk getrouwd was, en ze zei: "Een Marokkaanse bruiloft neem ik aan?" Mijn etnische achtergrond is afkomstig uit een ander islamitisch land. Het was verder ook niet relevant voor waar ik een afspraak voor had.</p>



	<p>Ik heb ook ADHD, en met elke fysieke klacht die ik daarna had en een afspraak voor maakte, begon ze over dat het psychologisch zou kunnen zijn, dat ik weer bij de GGZ zou moeten beginnen, etc. Ik had bijvoorbeeld last van duizeligheid; ze zei dat het door mijn medicijnen kwam en ze niets kon doen. Bij mijn nieuwe huisarts blijkt dat ik gewoon ijzertekort heb. Ik vermoed dat het om validistische discriminatie ging.</p> <p>I told my GP that I recently got married, and she said, "A Moroccan wedding, I assume?" My ethnic background comes from another Islamic country. It was also not relevant to the reason for my appointment.</p> <p>I also have ADHD, and with every physical complaint I had thereafter and made an appointment for, she would suggest it could be psychological, that I should start again with the mental health services, etc. For example, I experienced dizziness; she said it was due to my medication and she couldn't do anything. With my new GP, it turns out I simply have an iron deficiency. I suspect it was ableist discrimination.</p>
Gender: Female Ethnic background: Moroccan	<p>Jullie hebben een grotere pijngrens.</p> <p>You have a higher pain threshold.</p>
Gender: Female Ethnic background: Moroccan	<p>Nemen me minder serieus, psychische klachten ook. Als ze dan eenmaal vragen wat ik in het dagelijks leven doe en ik zeg dat ik student ben aan de universiteit, veranderen ze plots van houding (in positieve zin). Maar dat hoort gewoon niet. (Heb Marokkaanse origine). Niet serieus genomen. Klachten worden geminimaliseerd.</p> <p>Oma spreekt de taal niet en verpleegkundigen klagen dan dat ze een moeilijke patiënte is en haar moeilijk kunnen helpen. Terwijl mijn familie constant opgebeld kan worden als er vragen zijn of ze communicatieproblemen ervaren.</p> <p>They take me less seriously, including my mental health issues. Once they finally ask what I do in daily life and I say I am a university student, their attitude suddenly changes (in a positive way). But that just shouldn't happen. (I am of Moroccan origin). Not taken seriously. Complaints are minimized.</p> <p>My grandmother doesn't speak the language, and nurses complain that she is a difficult patient, and they have difficulty helping her. Meanwhile, my family can be called constantly if there are questions, or they experience communication problems.</p>
Gender: Female Ethnic background: Turkish	<p>Omdat mijn klachten niet serieus werden genomen en ik aandrang op verder onderzoek - dit duurde bijna driekwart jaar - zei een arts op een bepaald moment dat Turkse vrouwen vaak overdreven en psychosomatische problemen hadden, met andere woorden dat ik niet zo moest zeuren. Ik ben daarop van huisarts veranderd. Uiteindelijk bleek ik last van een tumor te hebben en heb ik een ingrijpende operatie van 8 uur ondergaan. Dit is inmiddels een aantal jaar geleden en gelukkig gaat het nu goed.</p>

	<p>Because my complaints weren't taken seriously and I insisted on further investigation - this took almost three quarters of a year - at one point, a doctor said that Turkish women often exaggerated and had psychosomatic problems, in other words, that I shouldn't complain so much. I then changed my GP. Eventually, it turned out I had a tumour and underwent a major 8-hour surgery. This was a few years ago, and fortunately, I'm doing well now.</p>
<p>Gender: Female Ethnic background: Moroccan</p>	<p>Mijn grootmoeder was terminaal en was op hoge leeftijd. De arts kwam met het voorstel om euthanasie te plegen. Ik heb de arts verteld dat euthanasie geen optie was, omdat het indruist tegen ons geloof. De arts negeerde mijn uitleg en bleef ons overtuigen dat euthanasie de enige optie voor mijn grootmoeder zou zijn geweest. Ik liep boos en tegelijkertijd verdrietig de kamer uit.</p> <p>My grandmother was terminally ill and of advanced age. The doctor proposed euthanasia. I told the doctor that euthanasia wasn't an option because it goes against our beliefs. The doctor ignored my explanation and continued to persuade us that euthanasia would have been the only option for my grandmother. I left the room angry and saddened at the same time.</p>
<p>Gender: Female Ethnic background: Turkish</p>	<p>Ik heb psoriasis. Ik heb van alles voorgeschreven gekregen, maar niets heeft geholpen. Ik vroeg om lichttherapie. Als antwoord kreeg ik: "Misschien moet je eerst stoppen met Turks eten en overschakelen naar Hollandse kost. Dat is veel gezonder. Jullie vrouwen hebben allemaal klachten door de Turkse keuken." Ik stond versteld en ben meteen overgestapt naar een andere dermatoloog.</p> <p>Mijn moeder had last van haar buik en longen. De huisarts zei dat het stress was en schreef diclofenac en paracetamol voor. Ze werd niet serieus genomen. Ik woon in Amsterdam, dus heb ik haar vanuit Nijmegen naar Amsterdam gebracht. Ik belde de huisartsenpost en kreeg met veel moeite een afspraak. En wat bleek? Ze had een longembolie! Een week later kwam naar voren dat de longembolie was ontstaan door een tumor in haar buik!</p> <p>I have psoriasis. I've been prescribed all sorts of treatments, but nothing has helped. I asked for light therapy. The response I got was: "Maybe you should stop eating Turkish food and switch to Dutch cuisine. That's much healthier. You Turkish women all have complaints because of Turkish cuisine." I was astonished and immediately switched to another dermatologist.</p> <p>My mother had abdominal and lung issues. The doctor said it was stress and prescribed diclofenac and paracetamol. She wasn't taken seriously. I live in Amsterdam, so I brought her from Nijmegen to Amsterdam. I called the GP out-of-hours service and managed to get an appointment with difficulty. And what turned out? She had a pulmonary embolism! A week later, it was revealed that the pulmonary embolism was caused by a tumor in her abdomen!</p>
<p>Gender: Female</p>	<ul style="list-style-type: none"> <li>• Andere behandelingen door artsen en verpleegkundigen.</li> </ul>

Ethnic background: Moroccan	<ul style="list-style-type: none"> <li>• Minder ruimte om vragen te stellen en te ontwikkelen.</li> <li>• Een andere kijk op de persoon die ik ben, wat voor ongemakkelijkheid zorgt.</li> <li>• Different treatments by doctors and nurses.</li> <li>• Less space to ask questions and develop.</li> <li>• A different view of the person I am, which causes discomfort.</li> </ul>
Gender: Female Ethnic background: Other	<p>Klacht werd niet serieus genomen: nierpatiënt met hoge bloeddruk. Doordat de huisarts mijn klacht niet serieus nam, werd ik uiteindelijk afgevoerd met de ambulance en bleek mijn nierfunctie nog maar 14%.</p> <p>Complaint not taken seriously: kidney patient with high blood pressure. Because the GP did not take my complaint seriously, I was eventually taken away by ambulance and it turned out my kidney function was only 14%.</p>
Gender: Female Ethnic background: Moroccan	<p>Je niet gehoord voelen, niet serieus worden genomen, de afkeurende blik. Helaas kom ik vaak tegen dat er voor groepen mensen met een bepaalde achtergrond, bijvoorbeeld geen beleid wordt opgesteld. Ik heb het over mensen die bijvoorbeeld minimaal een half jaar in beeld zijn bij de medisch specialist.</p> <p>Feeling unheard, not being taken seriously, the disapproving looks. Unfortunately, I often encounter situations where no policies are established for groups of people with certain backgrounds. I'm talking about people who, for example, have been under the care of a medical specialist for at least six months.</p>
Gender: Female Ethnic background: Moroccan	<p>Arts die mij niet serieus neemt, en ik denk ook gediscrimineerd wordt omdat ik vrouw ben en overgewicht heb. Dan denken artsen dat je jezelf niet verzorgt en niet beweegt, dus het eerste wat ze zeggen is altijd sporten, terwijl er andere onderliggende problemen kunnen zijn.</p> <p>A doctor who doesn't take me seriously, and I also believe I'm discriminated against because I am a woman and overweight. Doctors often assume that you don't take care of yourself and don't exercise if you are overweight, so the first thing they always say is to exercise, while there may be other underlying issues.</p>
Gender: Female Ethnic background: Moroccan	<p>Diverse malen bij de huisarts geweest i.v.m. diverse gewichtsklachten en werd steeds naar de fysio gestuurd. De tweede fysiotherapeut zag dat het niet goed was en heeft een e-mail naar de huisarts gestuurd. Achteraf, na een DAT-scan, bleek ik Parkinson te hebben. Voor mijn zoon van 10 ook meerdere keren geweest i.v.m. buikklachten, maar ook steeds niet serieus genomen worden.</p> <p>I visited the doctor several times due to various weight-related issues and was repeatedly referred to a physiotherapist. The second physiotherapist noticed that something was wrong and sent an email to the doctor. In hindsight, after a DAT scan, it turned out I had Parkinson's disease. I also took my 10-year-old son to the doctor multiple times for stomach complaints, but he was also not taken seriously.</p>

<p>Gender: Female Ethnic background: Antillean</p>	<p>Negeren van klachten of op bepaalde manier benarder worden op basis van mijn uiterlijk, en pas doorverwezen worden nadat je zelf met een alternatief bent gekomen.</p> <p>Ignoring complaints or being treated differently based on my appearance, and only being referred after suggesting an alternative myself.</p>
<p>Gender: Female Ethnic background: Turkish</p>	<p>Niet worden begrepen, klachten worden niet serieus genomen.</p> <p>Not being understood, complaints are not taken seriously.</p>
<p>Gender: Female Ethnic background: Moroccan</p>	<p>Mijn moeder had al heel lange tijd last van krampen in haar buik. Werd niet serieus genomen door de huisarts. Ze moest volgens haar minder gekruid eten en niet zo vet zoals we in onze cultuur gewend zijn. Een paar weken later, in Marokko, waren de krampen zo heftig dat ze met spoed naar het ziekenhuis moest. Bleken het galstenen te zijn en de arts daar gaf aan dat ze per direct geopereerd moest worden.</p> <p>My mother had been experiencing abdominal cramps for a very long time. She wasn't taken seriously by the GP. According to the GP, she should eat less spicy and fatty foods, unlike what we are accustomed to in our culture. A few weeks later, while in Morocco, the cramps became so severe that she had to be rushed to the hospital. It turned out to be gallstones, and the doctor there said she needed immediate surgery.</p>
<p>Gender: Female Ethnic background: Moroccan</p>	<p>Bij spoedeisende hulp opgenomen. Er zou mogelijk sprake zijn van een tumor, een bloedprop of vocht achter mijn ogen. Ik kon niet meer zien en door de pijn ook niet liggen. Vervolgens word ik urenlang in mijn eentje ergens achterin zonder toezicht in een kamertje gestopt. Op het moment dat mijn zus (zonder hoofddoek) er (eindelijk) is, word ik binnen 15 minuten naar een kamer gebracht. Mijn zus staat de verpleegkundige te woord en beantwoordt al haar vragen. De vraag die ze o.a. kreeg is: Spreekt ze een beetje Nederlands? Niet serieus genomen. Een cultuur ding dat Marokkanen pijn anders (heftiger) beleven dan Hollanders.</p> <p>Mijn moeder had een knobbeltje in haar borst. In een jaar tijd is ze 2 à 3 keer naar de huisarts geweest. Daar werd ze weggestuurd met: het is een kleine ontsteking. Toen ze haar arm niet meer kon optillen, is ze nogmaals geweest. Ze moest toen met spoed foto's maken. Bleek dat ze borstkanker had. Twee weken na het maken van de foto's is haar borst geamputeerd. Borstkanker, gelukkig geen uitzaaiingen.</p> <p>I was admitted to the emergency room. There was a possibility of a tumor, a blood clot, or fluid behind my eyes. I couldn't see anymore and couldn't lie down due to the pain. Then I was left alone for hours in a room without supervision. When my sister (without a headscarf) finally arrived, I was moved to a room within 15 minutes. My sister spoke to the nurse and answered all her questions. One of the questions she received was: Does she speak Dutch a little? Not taken seriously. It's seen as a cultural thing that Moroccans experience pain differently (more intensely) than Dutch people.</p>

	<p>My mother had a lump in her breast. She went to the doctor 2 to 3 times in a year. She was sent away each time, being told it was a minor infection. When she couldn't lift her arm anymore, she went again. She was then urgently sent for X-rays. It turned out she had breast cancer. Two weeks after the X-rays, her breast was amputated. Breast cancer, luckily no metastases.</p>
<p>Gender: Male Ethnic background: Moroccan</p>	<p>Het systematisch moeten zeuren voor behandeling, terwijl de verhalen van witte vrienden en collega's bewijzen dat het bij hen veel makkelijker gaat.</p> <p>Having to systematically nag for treatment, while the stories of white friends and colleagues prove that it's much easier for them.</p>
<p>Gender: Female Ethnic background: Dutch</p>	<p>De manier hoe mijn moeder werd omschreven in de anamnese van de arts.</p> <p>The way my mother was described in the doctor's medical history.</p>
<p>Gender: Female Ethnic background: Moroccan</p>	<p>Door mensen in de wachtkamer denigrerende opmerkingen maakten. Ja, ervan uitgaan omdat een oudere man Mohamed heet, geen Nederlands kan, dus keihard praten en schreeuwen, probeerden hem wat uit te leggen, terwijl dit ook op een rustige toon kan.</p> <p>Making derogatory remarks about people in the waiting room. Yes, assuming that just because an older man is named Mohamed, he can't speak Dutch, so shouting and yelling at him, trying to explain something, when it could also be done in a calm tone.</p>
<p>Gender: Female Ethnic background: Chinese</p>	<p>We worden niet serieus genomen en vaak weggestuurd met een paracetamol, terwijl ze ernstige klachten hebben.</p> <p>We are not taken seriously and often sent away with just a paracetamol, even though we have serious symptoms.</p>
<p>Gender: Female Ethnic background: Bosnian</p>	<p>Huisarts nam de klachten van mijn moeder niet serieus. De fysio gaf aan dat zij een specifieke aandoening had bij haar armen, en de huisarts heeft een jaar lang volgehouden dat dit niet zo was.</p> <p>The GP didn't take my mother's complaints seriously. The physiotherapist indicated that she had a specific condition with her arms, and the GP persisted for a year that this was not the case.</p>
<p>Gender: Female Ethnic background: Egyptian</p>	<p>Ik heb meerdere voorbeelden. Het is altijd subtiel: mijn zoontje had last van extreme eczeem. Omdat ik niet helemaal overtuigd was van wat de kinderarts me vertelde, haalde hij er een Algerijnse arts bij die het nog eens in het Arabisch moest uitleggen (ik versta geen Algerijns!).</p> <p>Een familielid is overleden aan kanker omdat ze steeds werd weggestuurd en er niet naar haar werd geluisterd. De opmerkingen die werden gemaakt, maakten duidelijk dat ze werd gezien als een huisvrouw die aandacht wilde van haar man.</p>

	<p>I have several examples. It's always subtle: my son suffered from severe eczema. Because I wasn't entirely convinced by what the paediatrician told me, he brought in an Algerian doctor to explain it again in Arabic (I don't understand Algerian!).</p> <p>A family member passed away from cancer because she was repeatedly sent away and not listened to. The comments that were made made it clear that she was seen as a housewife seeking attention from her husband.</p>
<p>Gender: Female Ethnic background: Other</p>	<p>Denigrerende opmerkingen, cliënten niet wijzen op hun plichten en niet op hun rechten, bewust informatie achterhouden bij verwanten die de taal niet machtig zijn.</p> <p>Derogatory remarks, not informing clients about their duties and rights, deliberately withholding information from relatives who do not speak the language.</p>
<p>Gender: Male Ethnic background: Turkish</p>	<p>Mijn vader is tot 3 keer toe vanuit de EHBO naar huis gestuurd. Uiteindelijk, na 5 dagen, met de ambulance opgehaald en op het nippertje overleefd. Volgens de EHBO 'overdreef hij zijn klachten'.</p> <p>My father was sent home from the emergency room three times. Eventually, after five days, he was picked up by an ambulance and narrowly survived. According to the emergency room, 'he exaggerated his symptoms'.</p>
<p>Gender: Female Ethnic background: Moroccan</p>	<p>De chirurg sprak non-stop gedurende de uitleg alleen tegen mijn witte vriend, terwijl het om mij ging en ik in Nederland geboren en getogen ben. Hij verwees naar mij met 'zij', te vaak om op te noemen. Een voorbeeld: Mijn dochter ging naar de huisarts voor een roosprobleem. De huisarts zei: "Als je straks een hoofddoekje gaat dragen, heb je dat niet meer."</p> <p>The surgeon spoke exclusively to my white friend throughout the entire explanation, even though it concerned me and I was born and raised in the Netherlands. He referred to me as 'she', too many times to count. An example: My daughter went to the doctor for a dandruff problem. The doctor said, "If you start wearing a headscarf later on, you won't have that problem anymore."</p>
<p>Gender: Male Ethnic background: Dutch</p>	<p>Ik lag in het ziekenhuis en moest geopereerd worden. Mijn vrouw werd verzocht om te vertrekken omdat de bezoektijd was afgelopen. Dat was vreemd, want men was vrij los met de handhaving hiervan, maar ook omdat de echtgenote van een andere patiënt nog aanwezig was; zij was daar min of meer de hele dag. Ik heb toen gevraagd of de regels alleen voor gekleurde mensen gelden - van alle aanwezigen was alleen mijn vrouw gekleurd. Na mijn thuiskomst kreeg ik een brief van het ziekenhuis met de vaststelling dat ik agressie in het ziekenhuis had gepleegd; dat is absurd, want 1) ik was door een vergevorderde infectie nauwelijks in staat om te praten en 2) ik stelde eenvoudigweg een feit vast. Op een nette manier.</p> <p>Mijn vrouw had kanker, en pijn, en voordat we dat wisten werd er regelmatig, door verschillende artsen, gevraagd of ze zich niet aanstelde en of het niet "tussen de oren" zat. Daarnaast weigerden zij allen om een nek echo te maken; zij had kanker in haar nek. Verschillende malen werd</p>

	<p>ons verteld dat mensen uit het Caraïbisch gebied vaak "dramatisch" doen. Een dokter vroeg: "Wat komt u hier doen?"</p> <p>I was in the hospital and needed surgery. My wife was asked to leave because visiting hours were over. This was strange because the enforcement of this rule was quite lax, and also because another patient's spouse was still present; she had been there more or less the whole day. I then asked if the rules only applied to people of color - of all those present, only my wife was colored. After returning home, I received a letter from the hospital stating that I had acted aggressively in the hospital; this is absurd because 1) I was barely able to speak due to an advanced infection, and 2) I simply stated a fact. In a polite manner.</p> <p>My wife had cancer, and pain, and before we knew it, various doctors regularly asked if she was exaggerating and if it wasn't "all in her head." Additionally, they all refused to perform a neck ultrasound; she had cancer in her neck. Several times we were told that people from the Caribbean often "make a scene." A doctor asked, "What are you doing here?"</p>
<p>Gender: Female Ethnic background: Moroccan</p>	<p>Ik word minder serieus genomen; alles minimaliseren ze als ik de verslagen lees. Oma kent de taal niet. Twee weken ziekenhuis in coronatijd, mocht geen bezoek krijgen. Belt de verpleging dat ze eigenlijk de taal machtig moet zijn en dat ze haar zo moeilijk kunnen helpen. Minimaliseren ook alles bij haar en namen haar niet serieus. In een ander ziekenhuis hadden ze haar binnen twee dagen kunnen helpen (Divers ziekenhuispersoneel).</p> <p>I am taken less seriously; they minimize everything when I read the reports. Grandma doesn't speak the language. Two weeks in the hospital during the pandemic, no visitors were allowed. The nursing staff called to say that she should really be fluent in the language and that they found it difficult to help her. They also minimized everything with her and didn't take her seriously. In another hospital, they could have helped her within two days (Various hospital staff).</p>
<p>Gender: Male Ethnic background: Moroccan</p>	<p>Denigrerende opmerkingen.</p> <p>Derogatory remarks.</p>
<p>Gender: Female Ethnic background: Moroccan</p>	<p>Culturele discriminatie en onjuiste informatieverstrekking. Onjuiste informatieverstrekking, van het kastje naar de muur gestuurd worden, en in een revalidatiecentrum door zowel verzorging als patiënten racistisch benaderd worden.</p> <p>Cultural discrimination and misinformation. Being given incorrect information, being passed from pillar to post, and being racially approached by both staff and patients in a rehabilitation center.</p>
<p>Gender: Female Ethnic background: Afghani</p>	<p>Niet serieus nemen, wijten aan achtergrond; niet serieus nemen, schuld geven aan cultuurverschil met betrekking tot voeding, informatie, gedrag; zaken wegwuiven.</p>

	Not taking seriously, attributing to background; not taking seriously, blaming cultural differences regarding food, information, behavior; dismissing matters.
Gender: Female Ethnic background: Afghani	Nicht vroeg om Emla-crème bij de huisarts om te laseren. Hij zei: "Jullie zijn behaard en dat moet je accepteren." Tante had last van hyperventilatie. De huisarts gaf aan dat ze misschien door haar man is geslagen. Later bleek het kanker te zijn en was het te laat.  Cousin asked for Emla cream from the GP for laser treatment. He said, "You're hairy and you should accept that." Aunt suffered from hyperventilation. The GP suggested that she might have been beaten by her husband. Later it turned out to be cancer and it was too late.
Gender: Male Ethnic background: Turkish	Na de geboorte van mijn kind zag ik in de stukken plotseling staan dat ik een Marokkaanse achtergrond zou hebben en dat mijn vrouw de Nederlandse taal goed sprak. Ik heb een Turkse achtergrond en vind het niet kunnen dat mensen zoals mij kennelijk eerst door bepaalde hoepels moeten springen.  After the birth of my child, I suddenly saw in the documents that it stated I had a Moroccan background and that my wife spoke Dutch well. I have a Turkish background and I find it unacceptable that people like me apparently have to jump through certain hoops first.
Gender: Female Ethnic background: Indonesian	De tandarts zei dat alleen Indonesische mensen een onderbeet hebben.  The dentist said that only Indonesian people have an underbite.
Gender: Female Ethnic background: Moroccan	In de jeugdgezondheidszorg worden "kwetsbare gezinnen" nog meer benadeeld door alle vooroordelen. Dit heeft soms nare gevolgen. Verder heb ik in de zorg naar asielzoekers ook discriminatie gezien door gezondheidspersoneel, bewust en onbewust.  In youth health care, "vulnerable families" are further disadvantaged by all the prejudices. This sometimes has unpleasant consequences. Furthermore, I have also witnessed discrimination in healthcare towards asylum seekers by healthcare personnel, both consciously and unconsciously.
Gender: Female Ethnic background: Moroccan	Niet de klachten serieus nemen, of deels behandelen en een ander deel niet nodig vinden.  Not taking the complaints seriously or treating only a part of them and deeming another part unnecessary.
Gender: Female Ethnic background: Moroccan	In vooroordelen zoals 'wat spreekt u goed Nederlands' of 'in jullie land werken de vrouwen toch niet, mag u wel werken van uw man?'. In prejudices such as 'you speak Dutch so well' or 'women don't work in your country, does your husband allow you to work?'
Gender: Male	Een Marokkaanse collega heeft bij bouwwerkzaamheden in zijn hand gesneden. Een bezoek aan de eerstehulp post van een plaatselijke



Ethnic background: Other	<p>huisartsenpraktijk heeft niet mogen baten. Hij is zonder eerstehulpverlening weggestuurd.</p> <p>A Moroccan colleague cut his hand during construction work. A visit to the local doctor's practice's emergency room was of no help. He was sent away without any first aid assistance.</p>
Gender: Female Ethnic background: Moroccan	<p>Ik heb zenuwpijn in hoofd en gezicht. Neuroloog zei dat hij ook met hoofdpijn naar werk ging en dus niks voor mij kon doen.</p> <p>I have nerve pain in my head and face. The neurologist said he also went to work with a headache, so there was nothing he could do for me.</p>
Gender: Female Ethnic background: Moroccan	<p>Niet serieus genomen door de huisarts en twee maanden met gebroken voet daardoor gelopen.</p> <p>Not taken seriously by the GP and walked with a broken foot for two months as a result.</p>
Gender: Female Ethnic background: Turkish	<p>Ik werd steeds weggestuurd. Je krijgt te horen dat er maar één kapitein op het schip kan zijn als je vertelt dat je geneigd was om in het buitenland naar de dokter te gaan omdat je steeds wordt weggestuurd. En weer bij een gynaecoloog heb ik meegemaakt dat er niet werd geluisterd naar mijn verhaal. Mijn zusje belde de huisarts om een afspraak te maken en de receptioniste zei dat ze al wist wat er aan de hand was. Ze gaf advies. Vervolgens, toen ik belde met bezwaar dat we uitsluitend een arts wilden zien, zei ze dat mijn zusje niet had aangegeven een arts te willen zien.</p> <p>I kept getting turned away. When I mentioned considering going to a doctor abroad because I kept getting turned away, I was told there can only be one captain on the ship. Again, with a gynaecologist, I experienced not being listened to. My sister called the GP to make an appointment, and the receptionist said she already knew what was wrong. She gave advice. Then, when I called objecting that we only wanted to see a doctor, she said my sister hadn't indicated wanting to see a doctor.</p>
Gender: Female Ethnic background: Moroccan	<p>Ik mocht met moeite met mijn man naar de behandelkamer i.v.m. Corona maatregelen. Meerdere keren aangegeven dat hij geen Nederlands spreekt en dat hij moeilijk zou kunnen communiceren, en dat ik telefonisch had aangegeven dat ik mee naar binnen wilde en dat dit geen probleem was. Wij werden tijdens de behandeling niet fijn behandeld; de behandelaar was zo onvriendelijk, maakte geen oogcontact en stelde geen vragen. Ze ging door de vragenlijst heen van de ene naar de andere vraag zonder dat ik mijn verhaal had kunnen doen. Vervolgens riep de behandelaar op de gang een andere patiënt (oude vrouw) en die ging samen met haar dochter naar binnen. De behandelaar was opeens heel vriendelijk, maakte oogcontact en had een gezellig praatje. Ik had na afloop een klacht ingediend, maar er kwam helaas niets uit.</p> <p>I was barely allowed into the treatment room with my husband due to COVID measures. I had mentioned multiple times that he doesn't speak Dutch and would have difficulty communicating, and that I had indicated over the phone that I wanted to accompany him inside and this wasn't a problem. During the treatment, we were not treated nicely; the practitioner was so unfriendly, didn't make eye</p>

	<p>contact, and didn't ask any questions. She went through the questionnaire from one question to another without giving me a chance to tell my story. Then, the practitioner called another patient (an elderly woman) in the hallway, and she went inside with her daughter. Suddenly, the practitioner was very friendly, made eye contact, and had a pleasant chat. I filed a complaint afterwards, but unfortunately, nothing came of it.</p>
<p>Gender: Female Ethnic background: Moroccan</p>	<p>Er werd een opmerking gemaakt over 'Marokkaans eten', dat vaak vet/ongezond zou zijn, in plaats van voedingswaren te benoemen die vet/ongezond zijn.</p> <p>A comment was made about 'Moroccan food,' implying that it is often fatty/unhealthy, instead of specifying which foods are fatty/unhealthy.</p>
<p>Gender: Female Ethnic background: Other</p>	<p>In het ziekenhuis vroegen ze mij of ik uit 'Verwegistan' kwam of gewoon in Nederland woonde, wat een vrij vreemde vraag was, en of ik wel Nederlands sprak. Wederom vreemde vraag en manier van praten/aanspreken, enzovoort. Ook vragen als 'spreekt u wel Nederlands?' en extra goed articuleren, enzovoort.</p> <p>In the hospital, they asked me if I came from 'Far-away-istan' or if I just lived in the Netherlands, which was a rather strange question, and if I spoke Dutch. Again, strange question and way of speaking/addressing, etc. Also questions like 'do you speak Dutch?' and extra enunciating, etc.</p>
<p>Gender: Male Ethnic background: Turkish</p>	<p>Hoe ze je aanspreken: daar zijn de Turken weer!</p> <p>How they address you: "There are the Turks again!".</p>
<p>Gender: Male Ethnic background: Moroccan</p>	<p>De fysiotherapeut had geen plaats voor mij en voor andere blanke familie wel.</p> <p>The physiotherapist didn't have room for me but did for other white families.</p>
<p>Gender: Male Ethnic background: Turkish</p>	<p>Omdat mijn moeder niet de Nederlandse taal goed genoeg beheerste, is zij in het ziekenhuis met haar klachten niet serieus genomen. Bijvoorbeeld, zij was terminaal en wilde 's nachts naar het toilet, maar hiermee werd zij niet geholpen. Ook toen haar infuus 's nachts begon te ontsteken, werd hier niet naar gekeken.</p> <p>Because my mother didn't master the Dutch language well enough, her complaints were not taken seriously in the hospital. For example, she was terminally ill and wanted to go to the toilet at night, but she was not helped with this. Also, when her IV started to become infected at night, no one checked on it.</p>
<p>Gender: Male</p>	<p>Slechte behandeling en wordt niet serieus genomen.</p>

Ethnic background: Turkish	Poor treatment and not taken seriously.
Gender: Male Ethnic background: Turkish	Ze helpen mij niet in 1 keer maar de ander wel.  They did not help me at once, but they did with other.
Gender: Female Ethnic background: Surinamese	Het ziekenhuis waar ik als hoofdverzorger mijn moeder binnenbracht, schoof mij zonder overleg opzij en tijdens corona werd een ander familielid naar voren geschoven zonder kennisgeving. Dit zouden zij mijns inziens bij een autochtoon niet doen! Er zijn meer voorbeelden.  The hospital where I brought my mother as her primary caregiver pushed me aside without consultation, and during the pandemic, another family member was prioritized without notice. In my opinion, they wouldn't do this to an Indigenous person! There are more examples.
Gender: Female Ethnic background: Turkish	Bij de kaakchirurg die zonder te groeten binnenkwam lopen, geen hand gaf ter kennismaking of zijn naam en functie benoemde, nadat bleek dat men het niet nodig achtte om de verstandskiezen te trekken, liep men weg zonder duidelijke verantwoording voor zijn keuze of gedag te zeggen. Nadat ik de assistente erop aansprak dat ik dit soort gedrag onacceptabel vind, reageerde ze met: 'Zo gaat het bij hem wanneer je geen 'Nederlandse' achternaam hebt'. Ter verduidelijking: toen dit gebeurde was ik een tweedejaarsstudent in opleiding tot mondhygiënist. Erg teleurstellend om zo iemand een collega te moeten noemen.  Met mijn oma bij de spoedeisende hulp geweest omdat ze pijn op de borst heeft, wat zorgwekkend is met haar complexe gezondheidsproblemen. De behandelend arts die de anamnese afnam, wilde al amper het gehele verhaal aanhoren, terwijl mijn ervaring leert dat ze achteraf erg blij zijn om mijn oma's volledige gezondheid aan te horen met alle verschillende aandoeningen en 15 soorten medicatie die ze dagelijks slikt. Zijn reactie op het feit dat mijn oma lijdt aan diabetes was: 'Ja, zoals de meeste van jullie, dat is niet erg verrassend'. Ik heb niet verder gevraagd op dat moment omdat ik mijn oma niet ongemakkelijk wilde maken en haar acute zorg voor moest gaan.  At the maxillofacial surgeon, who walked in without greeting, offering a handshake for introduction, or stating his name and position, after it was deemed unnecessary to extract the wisdom teeth, he walked away without providing a clear explanation for his choice or saying goodbye. When I confronted the assistant about finding this behavior unacceptable, she responded with: 'That's how it goes with him when you don't have a 'Dutch' last name'. To clarify: when this happened, I was a second-year student in training to become a dental hygienist. It's very disappointing to have to call someone like that a colleague.

	<p>I accompanied my grandmother to the emergency room because she was experiencing chest pain, which is concerning given her complex health problems. The attending physician who took the medical history barely wanted to listen to the whole story, whereas my experience teaches me that they are very happy afterwards to hear my grandmother's complete health history with all her different conditions and 15 types of medication she takes daily. His response to the fact that my grandmother is diabetic was: 'Yes, like most of you, that's not very surprising'. I didn't inquire further at the time because I didn't want to make my grandmother uncomfortable and had to focus on her acute care.</p>
<p>Gender: Female Ethnic background: Moroccan</p>	<p>Ervan uitgaan dat ik een bepaalde behandeling niet wilde omdat ik allochtoon ben, pijnklachten niet serieus nemen, psychiatrische klachten niet serieus nemen, mensen gelijk wegsturen omdat ze minder goed Nederlands spreken.</p> <p>Assuming that I wouldn't want a certain treatment because I'm an immigrant, not taking pain complaints seriously, not taking psychiatric complaints seriously, and immediately dismissing people because they don't speak Dutch well.</p>
<p>Gender: Male Ethnic background: Moroccan</p>	<p>Blanken krijgen voorrang.</p> <p>Whites are given priority.</p>
<p>Gender: Male Ethnic background: Turkish</p>	<p>Onjuist bejegend vanwege achtergrond.</p> <p>Incorrectly treated due to background.</p>