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# SKIN TONE BIAS

Nyssa Cole discusses skin tone bias in medicine

Healthcare professionals are expected to uphold the code of conduct that prevents them from being unfair or unjust in their clinical practice. Therefore, if asked, most would declare that they maintain an unbiased approach in their clinical roles. Nevertheless, it is crucial to recognise that biases can affect the clinical decision-making and care provided to patients, as all human beings are prone to having biases.

Unconscious bias refers to attitudes and stereotypes that are unconsciously held, which affect our perceptions, actions, and our decisions.<sup>1</sup> These biases can be based on factors such as race, ethnicity, gender, age, religion, sexual orientation, or socioeconomic status. These can manifest as assumptions about a patient and can impact the way the healthcare professional communicates and treats their patients.

## Inequalities in healthcare

Inequalities in healthcare have always been a problem and are only recently being addressed. Consciously or unconsciously, bias and prejudice towards skin colour are unfortunately prevalent in the aesthetics industry. A survey that explored this issue of diversity in aesthetics by the Black Aesthetics Advisory Board (BAAB) highlighted this problem.<sup>2</sup>

It is important for healthcare professionals to be aware of these

biases, actively work to recognise and address them, and strive to provide equitable care to all patients regardless of their skin colour.

## What is skin tone bias?

Skin tone bias refers to preference or discrimination towards individuals based on their skin colour. This article looks at how skin tone bias can affect patients, professionals, assessments, and treatments within the aesthetics industry.

There is an incredible lack of diversity in medical education and training, and it often does not include sufficient instruction on diagnosing and treating skin in patients with dark skin tones.

According to the UK Census 2021<sup>3</sup>, one-fifth of the population in the UK is Black, Asian, mixed or other ethnic groups. Therefore everyone in the aesthetics industry should feel confident treating Black or dark skin tones. Regardless of patient demographics, clinicians must have the knowledge and awareness to provide optimal care for all.

A study on undergraduate nurse education at five higher education institutions in the UK confirmed that learning was predominantly through a white lens.<sup>4</sup> For example, as a nurse, you've most likely been trained to assess capillary refill by testing the skin's

response to light finger pressure. This is often used to check for vasoconstriction when performing invasive injectable procedures. You apply light pressure to the skin, which temporarily squeezes blood out of the underlying area, reducing blood volume and causing an area of blanching or whitening. However, in dark-skinned patients this test may have limited value. The greater amounts of melanin in dark skin may mask the blanch response, making the colour change invisible despite the local change in blood volume.

Healthcare providers must understand that different skin tones require different approaches and that patients from diverse backgrounds may have different skincare needs. Malone Mukwende et al. (2020)<sup>5</sup> published a book for medical students called "Mind the Gap" with the aim to educate students and allied health professionals on the importance of recognising that certain clinical signs do not present the same on dark skin. The booklet addresses many issues exacerbated by the Covid 19 pandemic, when family members were asked if potential Covid patients looked "pale" or if their lips had "turned blue", not useful descriptors for a patient with Black skin, therefore compromising care.

## The significance of language

In skincare, it is also important to remember that skin tone is separate from race, e.g. not all people classified as Black have dark skin tones. Using terms like "brown" or "black" is more appropriate. It is preferable to use terms that do not centre around lighter or darker, which raises the question of "darker than what", implying that white skin is the norm. As a clinician, ask the patient how they would describe their skin, and use simple language that is respectful and professional<sup>6</sup>

In the aesthetics industry, skin tone bias can significantly impact the assessment and treatment of clients, including misdiagnosis, limited treatment options, cultural stereotyping and lack of representation.

## Misdiagnosis

Skin tone bias can often lead to misdiagnosis. Skin tone bias refers to the tendency to perceive individuals with dark skin tones as having less serious or less visible skin conditions and to attribute skin conditions to other causes. This bias can lead to misdiagnosis and delayed treatment of skin conditions such as psoriasis, eczema, and skin cancer.

Research has shown that healthcare professionals may be less likely to diagnose skin cancer in patients with dark skin tones, which can lead to a delay in treatment and poorer outcomes. If a practitioner is not knowledgeable about different skin types and how they react to certain treatments, they may mistreat the condition.

## Limited treatment options

Limited treatment options can be attributed to several factors. One major factor is the lack of representation and diversity in clinical trials for skincare products and treatments. Many clinical trials have historically excluded individuals with dark skin tones, leading to a lack of research on the efficacy and safety of such products and treatments. Therefore, many treatments are designed for patients with light skin tones, as they may not be familiar with the different requirements of dark skin tones. This limits the effectiveness of treatments and prevents clients with different skin tones from achieving their desired results.

Additionally, the structure and function of dark skin can differ from that of light skin tones, and these differences can impact the effectiveness of skincare and treatments. For example, individuals with dark skin are more prone to hyperpigmentation, scarring and keloid scar formation, which can make certain treatments, such as laser therapy or chemical peels, more challenging to perform safely and effectively.



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## CLINICAL

In the survey by the BAAB, seven out of 10 respondents who identified as black reported difficulties in finding practitioners confident in treating black skin. This again highlights the problem that practitioners are not receiving sufficient education in skin treatments. It shows the lack of confidence in practitioners, who would rather not offer those treatments for fear of causing harm or being branded a racist. When considering skin tone, it is important not to think of dark skin tones as "difficult" or "challenging". It is the responsibility of clinicians to be inclusive.

### Cultural stereotyping

Cultural stereotyping can have a significant impact on aesthetic treatments. Stereotypes and cultural biases can influence the way the professional perceives and treats patients from different cultural backgrounds. For example, certain aesthetic treatments, such as injectable fillers, may be marketed towards certain groups based on certain standards of beauty. This can lead to the assumption that patients from certain cultural backgrounds have specific aesthetic desires or concerns that can result in the professional not tailoring treatments to the patient's individual needs or the lack of discussion or consideration of some treatment options.

The BAAB found that people who identify as black reported that they feel more comfortable and feel that practitioners with the same ethnicity tend to understand their needs better and may have had similar experiences when it comes to skin. They may also recognise any problems with their skin tone easier. However, they then have difficulties finding practitioners of different ethnicities because they are so underrepresented.

### Lack of representation

The lack of representation of skin of colour in aesthetics is another

concern. The marketing and advertising of aesthetic products often feature models with light skin tones, reinforcing the idea that lighter skin is "the ideal".

The BAAB reports that:

- 81% of professionals did not feel well represented in conferences
- Less than 3% of 94 brand sales representatives were of black origin
- 10% of brands questioned in the survey had black case studies within their current marketing material
- 86% of people surveyed felt that brands could be more culturally aware.

This lack of representation also leads to a lack of understanding and expertise among healthcare professionals on the unique skincare needs of individuals with skin of colour. This lack of diversity and inclusion also then affects career opportunities in the aesthetics industry.

Although the fundamental lack of representation in 2023 looks very negative, there is progress and hope in the conversation itself. It is only by accurately calling out these problems that we can solve them.

The goal in reducing skin tone bias should be to drive awareness, enhance education, and provide more exposure to different skin tones and training for all healthcare professionals. A collaborative effort is needed across all industries and sectors of influence to increase awareness. There is a need for greater representation and diversity in the aesthetics industry, including in product development, clinical research, and marketing. This can be achieved through greater inclusivity in clinical trials and research studies, as well as efforts to increase diversity in the workplace and leadership positions in the aesthetics industry.

### References

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