Policy Insights 6 | 2026

EINSTEIN CENTER
Population Diversity

Preventing racial bias for equal access to health care

Survey research identifies strategic interventions to reduce racial discrimination in emergency care

Preventing racial bias for equal access to health care

Survey research identifies strategic interventions to reduce racial discrimination in emergency care

Dana Abdelfattah & Ulrike Kluge

You can find an in-depth account of the survey study in this report by the Berlin Institute for Integration and Migration Research (BIM) from Juli 2025 (in German): https://edoc.hu-berlin.de/server/api/core/bitstreams/dcca905f-e3e5-4a18-bf7f-c8ac2c9624f2/content

Equal access to health care requires combating racial bias. A large-scale survey of emergency care physicians in Germany identifies main challenges in this endeavour. While doctors show high awareness of structural discrimination, the study reveals persisting contributing factors to racially biased thinking: stress due to cost-cutting, culturally coded prejudice, and a legal and bureaucratic environment that impedes providing needed care.

Why this matters

The new EU Anti-Racism Strategy highlights healthcare disparities as a key challenge: "People affected by racism often report poorer health outcomes and a lack of access to quality care." In the Strategy, the Commission encourages Member States to tackle racial discrimination in health. In Germany, the Federal Ministry of Health highlights the need for "measures to combat racism and discrimination against people with migration histories in health care".

This Insights presents policy strategies for such endeavours. It is largely based on a quantitative survey study with physicians in emergency care. The survey asked more than 1,200 doctors in Germany, aged between 33 and 72. It was conducted by the Berlin Center for Empirical Migration and Integration Studies in cooperation with Charité – Universitätsmedizin Berlin in 2023, funded by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.

Any initiative or policy that aims to combat racism in the health system will face challenges shaped by rigid economisation trends of recent years. Cost efficiency measures have put time constraints on physicians and have increased occupational stress. While stress itself does not cause racism, it is likely to exacerbate stigmatisation and discrimination. Research has shown that medical staff under high stress are more likely to rely on stereotypes (Stepanikova 2012, Burgess 2014). Psychology recognises that acute stress simplifies cognitive processes, thus making stereotypical and racially biased thinking more likely (Tajfel and Turner, 1979).

These structural conditions also point to the limitations of approaches that place the responsibility for combating racism primarily on individual competencies. Since the early 2000s, continuing education programmes aimed at promoting intercultural competence have been consistently offered to healthcare workers.

These programmes are certainly helpful – but the intercultural competence approach has limitations. When based on a static understanding of culture, it can risk reframing racialised sterotypes as "cultural knowledge" while obscuring structural inequalities and power relations. Our study highlights the importance of a structural perspective when combating racism. Placing the main responsibility on individual health workers risks adding pressure.

Our findings therefore suggest that efforts to combat racism in healthcare need to go beyond individual attitudes and competencies. Addressing racism requires attention to the organisational conditions in which medical decisions are made, including time constraints, workload, and the broader pressures associated with the economisation of healthcare.

Key Insights

The study identifies factors that may contribute to unequal treatment in healthcare. The factors range from individual physicians' perceptions to broader organisational and structural conditions that influence the quality of care and physicians' decision making:

1. There is high awareness among doctors about structural discrimination: A majority of respondents (51.1%) believed that undocumented individuals are at particular risk of being denied health treatment for financial reasons. Regarding asylum seekers, 31.8% of respondents believed that this group faces a high risk of being denied care. This is highlighted in spite of the fact that people have a right to emergency treatment regardless of legal status. However, the coverage of costs of such treatment is often hindered by bureaucratic bottlenecks. This problem adds to the already pervasive structural inequality in healthcare access – where legal status, administrative procedures, and institutional arrangements limit the availability and scope of medical care for different population groups.

2. Scarcity of resources puts doctors under pressure: Many respondents stated that at least once per month they were unable to obtain necessary services for a patient. This was particularly striking in psychiatric care (33% of respondents) and intensive care (45% of respondents).

3. There is a strong belief among doctors in culturally coded stereotypes: The study participants were presented with statements and asked to evaluate the truthfulness of the statements. A significant proportion of respondents believed that "certain ethnic groups exaggerate their pain", with over 50% rating this as "likely" or "very likely." In addition, there is a perception that "certain ethnic groups are more likely to manipulate doctors". More than 30% of respondents agreed with this statement. Such beliefs could potentially damage trust in patient-doctor relationships.

Insights for Policy

There is a high awareness of injustice among medical professionals in this German sample. Nearly half of the doctors surveyed believed that there is a lack of health equity and that resources in the health care sector are distributed unequally. Doctors are also acutely aware of the scarcity of resources that is increasingly affecting their field.

Where there is seemingly less awareness is surrounding stereotypes and racist beliefs which many of the doctors surveyed purport in the guise of "cultural" discourse.

Dismantling racism in the health care system requires multidimensional interventions. These are the leverage points indicated by our research:

- Medical education and continuing education programmes remain necessary, but should be revised for so-called "cultural knowledge" that promotes stereotypical views.
- The focus should instead be on raising awareness of racist knowledge structures.
- Remove legal barriers to healthcare: Reform regulations that restrict access to healthcare, particularly for undocumented people and asylum seekers, and ensure access regardless of residence status.
- Improvements to working conditions are needed, as well as targeted investments in resources in health care, to prevent an even more dramatic shrinkage of resources in demographic change.

References

Ahlberg, B. M., Hamed, S., Thapar-Björkert, S., and Bradby, H. (2019): "Invisibility of racism in the global neoliberal era: Implications for researching racism in healthcare". Frontiers in Sociology, 4. https://doi.org/10.3389/fsoc.2019.00061

Burgess, D. J., Phelan, S., Workman, M., Hagel, E., Nelson, D. B., Fu, S. S., Widome, R., and van Ryn, M. (2014): "The effect of cognitive load and patient race on physicians' decisions to prescribe opioids for chronic low back pain: A randomized trial". Pain Medicine, 15(6), 965–974. https://doi.org/10.1111/pme.12378

European Commission (2026): "Union of Equality: Anti-Racism Strategy 2026-2030". Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. https://commission.europa.eu/document/download/f4acc4d4-689e-4db8-8c89-c7243b76ab88_en

Federal Ministry of Health: "Strengthening Diversity – Promoting Health". Accessed August 24, 2026. https://www.bundesgesundheitsministerium.de/en/topics/healthcare-system/strengthening-diversity
Stepanikova, I. (2012): "Racial-ethnic biases, time pressure, and medical decisions". Journal of Health and Social Behavior, 53, 329– 343. https://doi.org/10.1177/0022146512445807

Stepanikova, I. (2012): "Racial-ethnic biases, time pressure, and medical decisions". Journal of Health and Social Behavior, 53, 329– 343. https://doi.org/10.1177/0022146512445807

Tajfel, H., and Turner, J. C. (1979): "An Integrative Theory of Intergroup Conflict". In S. Worchel & W. G. Austin (Eds.), *The Social Psychology of Intergroup Relations* (pp. 33–47). Brooks/Cole.

Dana Abdelfattah is a researcher at Charité Universitätsmedizin and the Einstein Center Population Diversity (ECPD). She can be reached at dana.abdel-fatah@charite.de.

Ulrike Kluge is a professor at Charité Universitätsmedizin and the Einstein Center Population Diversity (ECPD). She can be reached at ulrike.kluge@charite.de.

Fakhriyya Shiraliyeva is a student assistant at the Einstein Center Population Diversity (ECPD) and a student at Heinrich-Heine-Universität Düsseldorf. She does the graphic design for these series and can be reached at fakhriyya.shiraliyeva@charite.de.

Impressum

Publisher: Einstein Center Population Diversity
Editor: Prof. Dr. Paul Gellert
Technical coordination: Kate Dearden and Peter Weissenburger
Cover image: © Illustrated by Doro Spiro.
Contact: Einstein Center Population Diversity | c/o Charité – Universitätsmedizin Berlin; Prof. Dr. Paul Gellert; Institut für Medizinische Soziologie und Rehabilitationswissenschaft; Charité – Universitätsmedizin Berlin; Charitéplatz 1; D-10117 Berlin, Germany
Email: ecpd@charite.de
Web: einstein-diversity.com