

Public views are needed for skin colour scales

Dear Editor, In dermatology a concern for health inequalities casts an obvious and necessary focus on skin of colour. The misuse of the Fitzpatrick Scale (originally a guide for ultraviolet radiation therapy) as a shorthand for skin colour/ethnicity in medicine has been criticized,^{1,2} and the absence of skin of colour in medical education and medical images has been rightly recognized.^{3,4} The development of new promising skin colour scales is a positive advance,^{5,6} yet the public voice seems to have been mainly lacking from these efforts and discussions.

To address the apparent absence of a patient and public perspective on these matters, the Centre of Evidence Based Dermatology Patient Panel instigated an online, social media-delivered public survey about the language of skin colour. Respondents were asked three things: (i) to position their skin tone on a pictorial version of the Fitzpatrick Scale; (ii) to select the most appropriate text descriptor from the Fitzpatrick Scale; and (iii) to report in their own words their skin tone (and their skin tone when irritated).

The survey generated 1296 anonymous responses. Self-ascribed ethnicity included Asian/Asian British (14%), Black/African/Caribbean/Black British (12%), White (63%), Mixed (6%) and Other (4%). The majority were aged 25–54 years (67%) and most were female (78%).

Responses demonstrated that neither the pictorial nor textual descriptor versions of the Fitzpatrick Scale adequately represent how individuals consider their own skin. Most

respondents did not align their skin tone with Fitzpatrick images or descriptors: for the pictorial version more than 50% (759 of 1296; 58.6%) positioned their skin between or outside the six skin tone images, 12% (150 of 1296) considered their skin tone lighter than the lightest shade, and only 44% of Black/Black British considered their skin tone to be included in the scale. For the textual descriptors confidence in use was greater, but again more than 50% (717 of 1296; 55.3%) positioned themselves between or outside the six descriptors.

Correlations between image and textual descriptors were also not consistent. Only 17% (8 of 46) of those who selected textual descriptor VI ('skin does not burn') also selected point VI on the image scale (darkest skin tone). Five of the six Fitzpatrick image categories were selected by this 'skin does not burn' group. For Descriptor I ('skin burns very easily') 89% (77 of 86) selected the palest skin tones on the image scale, although again responses spanned four of the six image categories.

The top ten most frequently used 'own word' descriptors for skin colour reflect that most respondents self-identified as White: pale (407 mentions), brown (333), white (294), light (198), tan (171), fair (126), olive (121), freckles (110), pink (94) and yellow (93). For irritated skin variations red and pink dominated: red (1021 mentions), pink (291), dark (119), brown (88), blotchy (80), angry (62), sore (43), dry (34), purple (33) and bright (31). The breadth of language non-white respondents used to describe their skin tone is shown in Figure 1. Some respondents offered comment that their choice of words

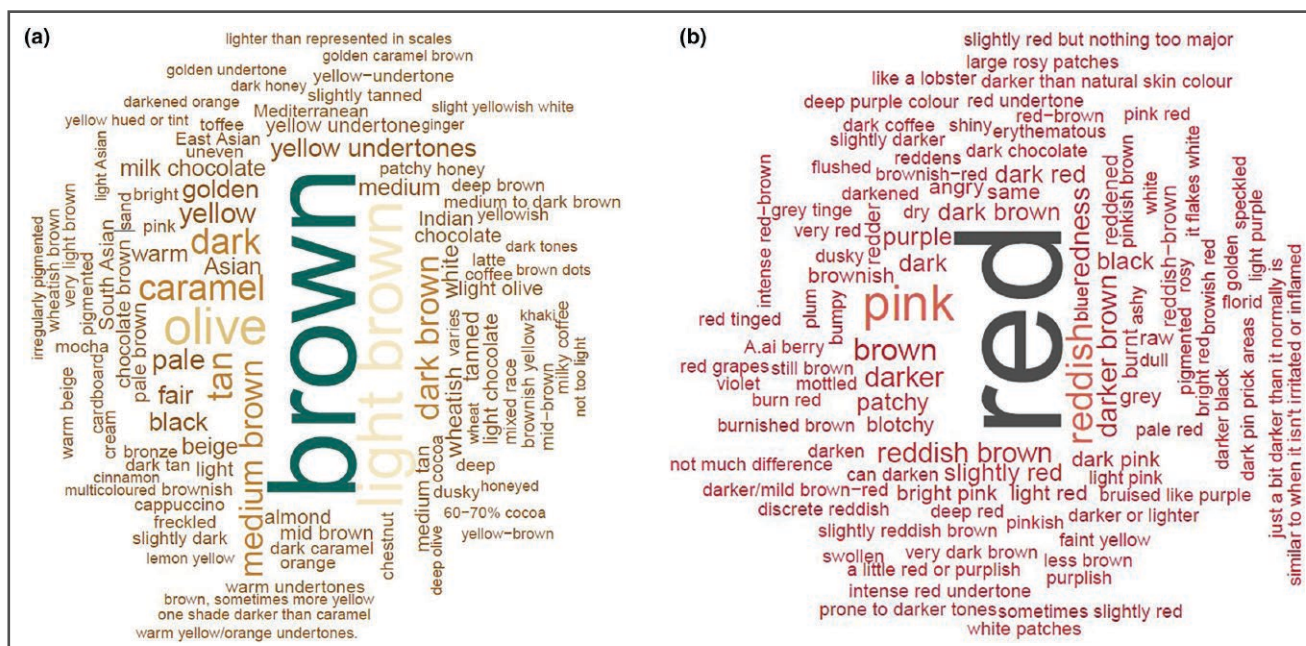


Figure 1 Words and phrases used by non-white respondents to describe their skin tone (a) under normal conditions (i.e. not inflamed) and (b) when inflamed.

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reflected social convention more than actual skin colour: 'red, but only because white doctors have described it as such' (self-ascribing as Asian/Asian British); 'it's hard to choose my "own" words because we live in a context where white skin is the norm' (self-ascribing as Black/African/Caribbean/Black British). These comments illustrate the persistence of structured and embedded inequalities in healthcare, where cultural language conventions override lived experience.

It should be acknowledged that our online survey reached a relatively small number of respondents, the sample is largely drawn from the UK (85%), and many respondents will have been reached via patient and disease-specific networks (more than 50% had experienced eczema).

Our findings suggest that skin colour scales need to be more sensitive to the lived experience of skin colour. They should reflect greater variation in skin tone (especially for darker skin) and include descriptors that are meaningful to members of the public, and which are decoupled from race. The involvement of members of the public in the development of skin colour scales (irrespective of their purpose or scope) will result in tools that are more comprehensive, inclusive and widely understood by healthcare professionals and the patients that they serve.

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Data availability: The data underlying this article will be shared on reasonable request to the corresponding author.

Ethics statement: This public engagement exercise was exempt from Institutional Review Board approval as the survey did not require any personally identifiable information, or information that might be used to link to individuals in other sources which would reveal their identity.

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References: 1. BIMZELX (bimekizumab) SmPC. Available at: <https://www.medicines.org.uk/emc/product/12834/smcp>. Accessed September 2023 2. Strober et al. [BE BRIGHT open label extension] Br J Dermatol. 2023. 188(6): 749-759.

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