

1 **Public views are needed for skin colour scales**

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25 committee, unrelated to skin colour scales. No other conflicts to declare.

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

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

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

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

15 The survey generated 1,296 anonymous responses. Self-ascribed ethnicity included Asian/Asian British (14%),
16 Black/African/Caribbean/Black British (12%), White (63%), Mixed (6%) and Other (4%). The majority were aged 25-54
17 (67%) and most were female (78%).

18 Responses demonstrated that neither the pictorial nor textual descriptor versions of the Fitzpatrick Scale adequately
19 represent how individuals consider their own skin. Most respondents did not align their skin tone with Fitzpatrick
20 images or descriptors: for the pictorial version more than 50% (759/1296) positioned their skin between or outside of
21 six skin tone images, 12% (150/1296) considered their skin tone lighter than the lightest shade, and only 44% of
22 Black/Black British considered their skin tone to be included in the scale. For the textual descriptors confidence in use
23 was greater, but again more than 50% (717/1296) positioned themselves between or outside of the six descriptors.

24 Correlations between image and textual descriptors were also not consistent. Only 17% (8/46) of those who selected
25 textual descriptor VI ("skin does not burn") also selected point VI on the image scale (darkest skin tone). Five of the six
26 Fitzpatrick image categories were selected by this "skin does not burn" group. For Descriptor I ("skin burns very easily")
27 89% (77/86) selected the palest skin tones on the image scale, although again responses spanned four of the six
28 image categories.

29 The top ten most frequently used 'own word' descriptors for skin colour reflect that most respondents self-identified
30 as White: pale (407 mentions), brown (333), white (294), light (198), tan (171), fair (126), olive (121), freckles (110), pink
31 (94), and yellow (93). For irritated skin variations on red and pink dominated: red (1021 mentions), pink (291), dark
32 (119), brown (88), blotchy (80), angry (62), sore (43), dry (34), purple (33), and bright (31). The breadth of language
33 non-white respondents used to describe their skin tone is shown in Figure 1. Some respondents offered comment
34 that their choice of words reflected social convention more than actual skin colour: "*red, but only because white*
35 *doctors have described it as such*" (self-ascribing as Asian/Asian British); "*it's hard to choose my 'own' words because we*
36 *live in a context where white skin is the norm*" (self-ascribing as Black/African/Caribbean/Black British). These
37 comments illustrate the persistence of structured and embedded inequalities in healthcare, where cultural language
38 conventions override lived experience.

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

42 Our findings suggest that skin colour scales need to be more sensitive to the lived experience of skin colour. They
43 should reflect greater variation in skin tone (especially for darker skin) and include descriptors that are meaningful to
44 members of the public, and which are decoupled from race. The involvement of members of the public in the

1 development of skin colour scales (irrespective of their purpose or scope) will result in tools that are more
2 comprehensive, inclusive, and widely understood by health care professionals and the patients that they serve.

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18 **Figure legends**

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

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Figure 1B
192x170 mm (x DPI)

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