Abstract

The benefits and harms of ethnic group classification in multicultural societies: epidemiological, public health and social perspectives.

By

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The analysis of differences in the health status and health outcomes of populations is a vital strategy in many sciences, including epidemiology. These differences are analysed using demographic and other variables e.g. age group, sex, socioeconomic status, and cigarette smoking. An understanding of how and why diseases, and the results of treatments, vary in different groups is invaluable to both public health and clinical medicine.

Arguably, the most controversial of a multiplicity of such variables are the ones that relate to ancestry, physical features such as skin and hair type, national origins, and culture, especially spiritual beliefs. Such variables have traditionally been labelled as race, ethnicity and religion. The concepts underlying these words are deeply embedded in societies across the world even although the words used to describe them might differ, for example, one country might use nationality or country of origin (as in many of the countries in Western Europe) to probe what another country might call racial (USA) or ethnic (UK) origins.

Such variables are potentially extremely harmful in social contexts by pointing to the deficiencies and deficits of particular populations. It would be no exaggeration to say that historically such concepts have brought human misery on a large scale. However, especially in modern, multicultural societies proclaiming themselves to be anti-discriminatory and promoting equality, the very same variables have been essential to developing and implementing policies to create fairer, more harmonious and healthier societies.

Using examples from a number of countries, including the UK and Germany, Raj Bhopal will analyse the potential harms and benefits of the variables race and ethnicity in collecting data on individuals in large populations for both scientific and public health analysis and individual clinical care. In doing so, he will use examples of diseases such as cardiovascular disease, type 2 diabetes mellitus, and cancers. He will

also show how there can be adverse public and media attention when inequalities are demonstrated and services are adapted to meet the needs of populations that might be seen as minorities. In concluding, he will show the way forward, including the close involvement of the people to be categorised and the sensitivity required to publish and utilise data.