



Race-Based Medicine: An Unscientific Proxy That Persists Racial Bias

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PUBLISHED ABSTRACT



ABSTRACT

Systems of racial classification have inherent incoherencies which have caused a misconstrued concept of race that requires amelioration in present-day society and medicine. Races like White and Black incorrectly generalize people based on arbitrary criteria that inevitably result in racial bias. Biological differences between people of different races do exist, however these differences do not constitute race per se, but localized interbreeding over time between people of a geographic location leading to traits becoming predominant in those respective populations. That is, biological differences arise due to evolutionary genetics, not inherent categories of mankind. Characteristics like skin color and hair texture are no more meaningful than other features that vary among human appearance, such as hair color, eye color, and height, since genetic difference is found in most biological aspects of the body with no regard to the arbitrary physiognomic and other visual differences that human culture perceives. The societal construction of race becomes further evident when evaluated for the mixing of races in which racial categories effectively dissolve. All humans correspond to the same species and share all the physiology and genetics that make us human. Fine-scale genetic variation of about 0.1% exists between populations and individuals, but society picks and chooses the phenotypes that it wishes to portray as distinctive groups of people.

Medicine should include the genetics of difference when making clinical decisions without mistakenly reinforcing race due to its stigmatizing, prejudicing connotations and persistence of harmful racial bias. Many claimed racial biological differences, such as hypertension in African-Americans, are attributed more so to environmental conditions than to genetic factors. Medical differences can arise from inherited deleterious mutations of ancestral origin that were retained in certain areas and populations due to persistent, relatively isolated breeding. But to simply attribute observed differences in health to mere racial categories despite the biological inconsistency of race is to deny patients of their individuality and right to beneficence and justice. Instead, race-based medicine must be salvaged for more scientific practices that do not presuppose unethical racial difference but examine genetic difference in patients as individuals to alleviate racial health disparities.

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