



RACISM IN OBSTETRICS

Registering ethnicity for covid-19 research: is the law an obstacle?

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A race equality taskforce has been launched in the UK to explore racial disparities in women's healthcare and racism in the obstetric and gynaecology workforce.¹

The risk of covid-19 related death among some ethnic groups is significantly higher than in those of white ethnicity.² Without collecting, registering, and using data about patients' ethnicity we would not be informed about these important (and undesirable) ethnic differences. In the Netherlands, it has proven useful to collect ethnicity by registering people's country of birth and that of their parents.³

Unfortunately, some healthcare providers, directors, policy makers, and researchers still seem to think that registration of ethnicity is not allowed. It was recently argued in a Dutch medical journal that, owing to stringent privacy laws, registration of ethnicity is out of the question.⁴

This view is a crucial and persisting misunderstanding about the implications of current data protection principles, since May 2018 secured by the European General Data Protection Regulation (GDPR).⁵ Although the GDPR's main rule is that processing of personal data about race or ethnic background is forbidden (see Article 9.1), processing of such data for research is not unlawful under certain conditions, such as informed consent or taking measures and providing safeguards in accordance with Article 89 of the GDPR. These safeguards should provide a reasonable balance between privacy and data protection and the possibilities for doing important research.^{6,7}

Although, rightfully, the law is not an obstacle for registering ethnicity for research, we are fully aware that information about people's ethnic background is a category of sensitive data that could easily be misused. It should, therefore, be handled carefully and under no circumstances lead to discrimination or stigmatisation. Both the scientific community and policy makers should ensure that such research serves rather than harms the interests of minorities, by combating inequalities in health and access to care, for example, rather than through discrimination on the basis of research results.

Competing interests: None declared.

Full response at: <https://www.bmj.com/content/370/bmj.m2868/rr>.

- 1 Rimmer A. Royal college aims to tackle racism in obstetrics and gynaecology with new taskforce. *BMJ* 2020;370:m2868. doi: 10.1136/bmj.m2868 pmid: 32675300
- 2 Office for National Statistics. Coronavirus (covid-19) related deaths by ethnic group, England and Wales: 2 March 2020 to 10 April 2020. 7 May 2020. <https://www.ons.gov.uk/peoplepopulationandcommunity/births-deathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnic-groupenglandandwales/2march2020to10april2020>

- 3 Stronks K, Kulu-Glasgow I, Agyemang C. The utility of "country of birth" for the classification of ethnic groups in health research: the Dutch experience. *Ethn Health* 2009;14:255-69. doi: 10.1080/13557850802509206 pmid: 19052941
- 4 Levi M. Niet alleen de jas van de dokter is wit in Nederland. Black doctors matter. <https://www.medischcontact.nl/ opinie/blogs-columns/column/niet-alleen-de-jas-van-de-dokter-is-wit-in-nederland.htm>
- 5 Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation).
- 6 Ploem MC, Essink-Bot ML, Stronks K. Proposed EU data protection regulation is a threat to medical research. *BMJ* 2013;346:f3534. doi: 10.1136/bmj.f3534 pmid: 23729429
- 7 Metnitz PGH, Zajic P, Rhodes A. The General Data Protection Regulation and its effect on epidemiological and observational research. *Lancet Resp Med* 2020;8:23-4. doi: 10.1016/S2213-2600(19)30411-4

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