Will personalized medicine challenge or reify categories of race and ethnicity?

In the last 5 years, medical geneticists have been conducting studies to examine possible links between DNA and disease on an unprecedented scale, using newly developed DNA genotyping and sequencing technologies to quickly search the genome. These techniques have also allowed researchers interested in human genetic variation to begin to catalogue the range of genetic similarities and differences that exist across individuals from around the world, through initiatives such as the International Haplotype Mapping Project [1]. These studies of human genetic variation promise to produce new kinds of information about our DNA, but they have also raised ethical questions.

Early results from genome-wide studies of possible links between DNA and various medical conditions are being used by various actors to develop what they call “personalized medicine,” the effort to tailor and individualize diagnoses and treatments for use during routine medical care. The promises of personalized medicine are built on the idea that each individual’s genome is unique. They are also built on the idea that genetic variation among individuals will help explain differential susceptibilities to disease and why some patients respond better to some treatments than others. To this end, researchers have focused on characterizing genetic differences between individuals and groups.

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