

Editorial

Alien reflections on a small and eccentric planet

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In January this year a Canadian astronaut orbiting the earth received a response to his tweets from Captain James T. Kirk (aka William Shatner) of the *USS Enterprise*: ‘Are you tweeting from space?’ ‘Yes, Standard Orbit, Captain. And we’re detecting signs of life on the surface’ (Marks, 2013). Our research has so far not found signs of intelligent life on other planets, but maybe that is not the right question. What if they were to detect our feeble tweets and chirrup? So far aliens show no sign of wanting to visit us, but if their equivalent of the *Enterprise* ever does arrive, what will they make of our world and, more importantly, of Earthlings?

Seen from the outside, some aspects of Earthling behaviour must seem particularly weird. To take one example, humans currently produce about 4 billion metric tonnes of food each year, which should be enough to feed all 7 billion of us (Institute of Mechanical Engineers, 2013; Population Reference Bureau, 2012). However, it is estimated that 30–50% of this food is never eaten, and nearly 1 billion people are hungry (World Food Programme, 2013). Most but not all of them live in Asia and sub-Saharan Africa, and over 60% are women (World Food Programme, 2013). Hunger leads in turn to malnutrition, increased susceptibility to disease and infection, and stunting of physical and intellectual development (McGee and Johnson, 2012). There are more deaths from hunger every year than the combined total of deaths from malaria, tuberculosis and AIDS (World Food Programme, 2013).

If food production is indeed sufficient to meet the needs of the current population, then something is clearly wrong. The Institute of Mechanical Engineers (2013) offers one simple explanation, namely waste. Quite simply, much of what we produce is never eaten because it is wasted. Waste occurs at every stage of production, supply and purchase in every country;

eliminating waste will have a significant impact on both food insecurity and our changing environment. Moreover, with a projected rise in world human population to 9.5 billion by 2017, it is imperative that we do something to improve food supplies, because the alternative will be hunger for more and more of us.

Reducing and preventing waste requires multiple strategies, finance and, above all, political willpower to prevent us from squandering resources. In under-developed and developing countries, waste occurs in production and supply as a result of poor agricultural practice, lack of adequate storage and poor transport infrastructure; in such circumstances food rots before it can be eaten.

In developed countries with better infrastructure and means of food production, waste is more likely to occur at points of, and after, purchase (Institute of Mechanical Engineers, 2013). Food retailers have seduced populations into thinking that there is a standard size or shape for every vegetable and fruit. As a result, farmers can find that an entire crop is unsaleable because it does not meet the food retailers’ demands. Crops that cannot be sold go to waste. Whole populations have been separated from a realistic understanding of the nature of food and food production, and thus know little about how food is produced or what it looks like in its natural state. This situation is slowly changing as a result of bad harvests and, in some often more privileged groups, the growth of ‘organic’ preferences, but re-educating populations will take a long time. Anyone who has grown their own vegetables and fruit will know that the idea that there is a standard size or shape for potatoes, apples or anything else is nonsense. Each item in a crop will look different but still be perfectly edible.

Promotions that encourage extra purchases, such as ‘buy-one-get-one-free’ offers, encourage people to

buy more than they need and more than they can eat (Thring, 2013). Once again the result is waste.

Dietary trends present additional challenges, particularly for our environmental resources. The continued rise in urban populations and decline in rural populations serves not only to separate people from food production but also to precipitate changes in lifestyle that include food preferences and consumption. One of the major changes in diet appears to be in the consumption of meat. Animals provide useful sources of protein such as milk, eggs and meat, but their increasing numbers are placing a strain on both water supplies and land usage. The year 2013 is the International Year of Water Cooperation, which is intended to make everyone aware of increased demands for water and to promote effective water management within and between nations (United Nations, 2010). It is therefore appropriate to note that the production of 1 kg of beef requires 15 415 litres of water, whereas the production of a similar amount of potatoes and cabbage requires 287 and 237 litres, respectively. Thus increasing meat production places a greater demand on water supplies and means that more agricultural land is given over to animals, either for grazing or for feed crops (Global Agriculture, 2013). The land that is used to produce meat from one animal will only feed a small number of people; a vegetable or cereal crop grown in the same area of land will feed far more. Thus, while we are wasting food everywhere, we are reducing the land available to feed all of us and increasing the likelihood of hunger.

Finally, there is the issue of the cost of food, which at a global level is just another commodity in an economic system based on gambling. Even in wealthy countries hunger is growing as the recession, welfare cuts, job losses and rising unemployment increase the number of people living in poverty: 'progress to end hunger has been stymied in most regions' (www.un.org/millenniumgoals/poverty). People who have lost good jobs that seemed secure, and who never expected to end up on any breadline, are suddenly finding themselves unable to afford food. In the UK, food banks have become a part of daily life. These banks are charitable organisations, such as FareShare and the Trussell Trust, which collect non-perishable food items such as tins, tea, coffee and cereal; donors include churches, businesses and individuals. To be eligible to access help from a food bank, people must obtain a voucher from a care professional (e.g. social worker, health visitor) or other official source (e.g. job centre); a voucher entitles an individual to receive food for three days. Last year, food banks provided food for 128 687 people; this figure is expected to increase to at least 230 000 in 2013 (Trussell Trust; www.trusselltrust.org). Around 35 500 people eat a meal from FareShare every day (www.fareshare.org.uk). The alternative is thieving or begging to get something to eat.

Those who have never had to go without essentials such as food cannot imagine what it is like to have to live without, and, even worse, to be unable to afford food for one's children. The comfortably well off see the poor on their own doorsteps as feckless loafers who should get off their backsides and find a job; in their view, giving money to beggars and their ilk only encourages them to beg and discourages them from working (Moen, 2012). Even a US presidential candidate can think it acceptable to state that he is not concerned about the very poor or the 47% of the US population who depend on benefits. Such attitudes deflect attention away from hunger, blaming the hungry for their predicament rather than doing anything to help. Those who know and understand what hunger is, and what it does to people, campaign and do their best to alleviate suffering. Food has become a worldwide human rights and social justice issue as exemplified in Oxfam's Food for All campaign (www.oxfam.org.uk/get-involved/food-for-all). For once even alien Mr Spock might think it logical to ignore the Prime Directive and interfere, if only to save Earthlings from themselves.

In this issue

We are pleased to begin this first issue of Volume 10 with a paper on human dignity and how this is related to equality and diversity. Milika Matiti and Lesley Baillie are well known for their work in this field. Here they remind us about the centrality of dignity in healthcare and the ways in which it may be violated through discriminatory behaviour (Baillie and Matiti, 2013). Although much of this behaviour may not be intentional, professionals have a responsibility to address their own unconscious incompetence and practice in a non-discriminatory manner, because care without dignity is not care at all.

Attitudes and beliefs form a thread throughout this issue. Channele Myrie and Kenneth Gannon provide a fresh appraisal of a well-known subject (Myrie and Gannon, 2013). Black men are over-represented in the UK's mental health system, and there is no doubt that their experiences of that system reflect deep-seated prejudice and stereotypical thinking on the part of service providers. Such thinking tends to be reinforced by black men's attempts to oppose this, causing them and service providers to become locked in a vicious cycle of resistance and oppression from which neither can break free. Both sides need to change their behaviour. A mental healthcare programme that emphasises the importance of early intervention and ways of expressing psychological distress might help black men with mental health problems, but only if service

providers also take steps to distance themselves from oppressive and discriminatory attitudes.

Black men are also the subject of our next paper. Prognoses for African American men with cancer are significantly worse than those for their white counterparts. With regard to prostate cancer, a number of stereotypical beliefs and attitudes are thought to account for this, including embarrassment, threats to sexuality, lack of knowledge, and mistrust of a healthcare system that is perceived to discriminate against black people. Jean Gash and Gregory McIntosh challenge these ideas, emphasising the role of women in influencing men's willingness to undergo screening for prostate cancer (Gash and McIntosh, 2013). Providing men and women with education about prostate cancer, which includes information about how to access screening and the importance of early diagnosis, may well remove barriers to healthcare and improve life expectancy for black men.

We turn next to attitudes and beliefs about smoking. Smoking is a major public health issue. Many young people begin smoking in their teenage years without really understanding the addictive nature of tobacco or its harmful effects. Giving up smoking can be very difficult; at least 6 million people die each year from diseases associated with tobacco use (World Health Organization, 2012). It is therefore important to keep abreast of young people's attitudes to smoking. Denis Anthony and colleagues report on one part of a multinational study of the views of young people of school age, which reveals both gender differences and differences between ethnic groups. It also demonstrates that knowledge is not enough; young people are aware of the dangers of smoking but remain undeterred, presumably because, like all teenagers, they live in the moment and cannot imagine how their actions now may affect their future (Anthony *et al*, 2013).

In our last paper we continue to focus on young people's attitudes and beliefs, this time in relation to visible facial differences. Such differences have long been associated with stigma and discrimination. Research in robotics suggests that looking at machines which resemble people produces some uncomfortable feelings, which have been dubbed a *Valley of Eeriness* (Kloc, 2013). It may be that looking at people who do not look 'as people should' might lead us to the same response; we find it difficult to know how they are feeling and we are unsure how to behave towards them. Consequently, our normal empathy level tends to be suppressed. Nicola Stock and colleagues report on their survey of young people's responses to visible differences (Stock *et al*, 2013). Their findings show that young people respond in the same way as everyone else; no one means to be unkind, but they lack confidence in navigating their particular *Valley of Eeriness*.

Our Continuing Professional Development feature also focuses on visible difference, this time in relation to skin (Jones, 2013). In a diverse society, health and care professionals have to be prepared to step outside the ethnocentricity inculcated by their training and learn how to accommodate differences in skin tone, colour and texture in their standard assessments. Allied to this is the subject of our Practitioner's Blog, in which Mary Dawood and Wendy Martin discuss an encounter with a patient who could not read or write (Dawood and Martin, 2013). So much of what we do in health and in care depends on literacy, whether it be instructions about taking medicines, giving consent for surgery, or attending hospital appointments, and practitioners need to find alternative means of communication. For our Did You See? feature we are pleased to review President Obama's programme of action to combat what, at least in Europe, has seemed to be the most obvious loophole in American public health, namely the widespread availability of firearms (White House, 2013). That this is a public health issue is abundantly clear. It is also relevant to those concerned with ease of access to mental healthcare, and with inequality. Gun homicide is the leading cause of death among black teenagers in the USA (www.blackyouthproject.com). Finally, Knowledgeshare continues to further broaden our horizons.

In Volume 10 we are particularly seeking to strengthen the evidence base in:

- age and age-related inequalities throughout the life-span
- all aspects of inequality related to physical, communication and/or learning disabilities
- child health.

Papers may report on qualitative or quantitative research, describe and evaluate good practice, put forward arguments for debate or discuss educational matters. We particularly encourage multi-professional perspectives and attention to the views of service users and carers, and papers exploring the international dimensions of diversity and equality across and within cultures. *Diversity and Equality in Health and Care* welcomes:

- research papers that address health and care issues related to any aspect of diversity and equality, including evaluative studies and methodological or theoretical debates
- practice papers that provide examples of good or new practice, or which address the practicalities, policy, economic or managerial aspects of reducing inequalities through the delivery of services to members of diverse groups
- education papers concerned with improving or evaluating the education and training of health

and care professionals, service users and/or carers to address diversity and equality issues

- debate papers that critically examine current diversity and/or equality issues or theories, or which discuss under-researched topics
- feature items such as Did You See?, the Practitioner's Blog and Knowledgeshare reports. Items for these features should be emailed directly to the features editors.

Detailed advice about presentation can be found in the guidelines for authors (www.radcliffehealth.com/journal-submissions-diversity-and-equality-health-and-care). After peer review, authors of selected papers may be invited to contribute to our Continuing Professional Development feature.

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