



The Royal College of Pathologists
Pathology: the science behind the cure

Health Inequality Conference explores unequal health outcomes in Wales

Meena Upadhyaya and Anu Gunavardhan report on the Health Inequality Conference.

Published: 22 January 2026

Author: Meena Upadhyaya and Anu Gunavardhan

Read time: 4 Mins

The event brought together clinicians, policy influencers, researchers and community advocates to examine how structural, clinical and cultural inequities shape health outcomes, access to care, and the lived experiences of diverse populations in Wales.

Inequalities in assisted dying

A keynote presentation on end-of-life care was delivered by Baroness Illora Finlay, who offered a detailed overview of developments relating to the Assisted Dying Bill and its progression through the House of Lords. She highlighted unresolved areas requiring further clarification, including the potential for coercion, inconsistent reporting standards, variable professional comfort levels and the ethical responsibilities of clinicians.

Questions were raised about whether current health systems, particularly palliative and hospice care services, are sufficiently resourced to respond to legislative change. Concerns were expressed that individuals with lower income, disabilities or limited support networks may be disproportionately affected by forthcoming policy developments. The discussion also emphasised that inequities already shape access to end-of-life choices, with some individuals able to travel abroad to seek assisted dying services while others cannot.

Data presented showed that the average time between self-administration and death was 53 minutes, with a range from 3 to 137 minutes. Proposals for doctors to remain present throughout this period raised questions about the significant time burden such responsibilities would place on medical teams. Robust training, oversight structures and careful legislative design were identified as essential safeguards should future legal changes occur.

Heart failure

Professor Zaheer Yousef shared his experience with heart failure patients. He noted that – although many are discharged following acute episodes – frequent readmissions, limited community-based support and variable access to palliative services contribute to distressing experiences for patients and families. Participants emphasised the importance of anticipatory care, earlier palliative involvement and coordinated multidisciplinary approaches to improve end-of-life journeys.

Awareness and engagement in men's health

Men's health was another key theme, with Professor Hrish Joshi highlighting gaps in screening, awareness and engagement. Conditions such as prostate enlargement, prostate cancer, erectile dysfunction and fertility challenges are often under-discussed due to stigma and cultural norms surrounding masculinity.

The lack of communication among men about their health was noted as a barrier to timely care. Strategies such as meaningful engagement, clear communication, improved medication counselling and public health initiatives like the Every Contact Matters framework were identified as promising approaches to improve outcomes.

Weight management and associated risks

Obesity was explored as a chronic, relapsing, multifactorial disease shaped by biological, behavioural, social and environmental determinants. Drs Akhila Mallipedhi and Sharmistha Roy Chowdhury shared their experience of running a weight management/diabetes clinic in Wales, highlighting disparities affecting specific communities.

Evidence shows that South Asian populations face higher cardiometabolic risk at lower body mass index thresholds due to visceral adiposity and insulin resistance. In recognition of this, the World Health Organization recommends a lower BMI cut-off of ≥ 23 kg/m² for overweight in this population to support earlier intervention.

While lifestyle modification remains foundational, physiological adaptations often undermine long-term weight loss. Recent pharmacological advances, including GLP-1 receptor agonists and dual GIP/GLP-1 agents, offer new opportunities for improved metabolic outcomes and weight reduction, with major trials demonstrating cardiovascular benefit. However, these treatments raise considerations around long-term prescribing, side effects and the need to protect muscle and metabolic health. A holistic biopsychosocial care model – integrating behavioural support, medical management, cultural sensitivity and equitable access – was identified as essential.

Concluding remarks

The conference concluded with reflections from Rt Hon Mark Drakeford MS, Welsh Government Cabinet Secretary for Finance and Welsh Language, and former First Minister of Wales, who emphasised the central role of the NHS in mitigating health inequality. Across all discussions, a consistent theme emerged: health outcomes are shaped not only by clinical care but also by structural conditions, social context, accessibility, culture and resource investment.

Whether addressing assisted dying, chronic disease management, men's health or obesity, the conference underscored the urgent need for equity-focused policy, sustained investment in prevention, a culturally informed healthcare workforce and patient-centred models of care. Health equity must remain central to future policy development, clinical practice and system design, with meaningful progress requiring coordinated action across sectors.

Meet the authors



MEENA UPADHYAYA OBE

PROFESSOR EMERITA, CANCER AND GENETICS, CARDIFF UNIVERSITY



ANU GUNAVARDHAN

CONSULTANT HISTOPATHOLOGIST, GLAN CLWYD HOSPITAL, NORTH WALES