Classification, Boundary Work and the Making of Inequalities in Healthcare

Michael Gemperle[*1], Gianni D'amato[2], and Didier Ruedin[2]

[1]Zürcher Hochschule für Angewandte Wissenschaften = Zurich University of Applied Sciences – Switzerland
[2]Swiss Forum for Migration and Population Studies, University of Neuchâtel – Switzerland

Abstract

In the context of economic instability, austerity politics and increasingly mobile, reconfigured communities, healthcare has become a key arena in which the boundaries of belonging and access to society's resources are contested (cf. Bloemraad et al. 2019; Cassidy et al. 2018). Research on health inequalities often focuses on formal criteria, such as insurance or residency status, or broader social determinants that significantly impact medical service access (e.g., Marmot et al. 2014). However, less attention has been paid to the work of classification through which professionals and organisations determine who is a legitimate patient or client, what constitutes treatable suffering, and when care is considered appropriate, necessary or "deserved" (cf. Fassin 2008; Mol 2008).

This workshop examines classification and boundary work within healthcare provision (Bourdieu 2015; Lamont & Molnar 2002) and seeks to contribute to emerging research on the making of inequalities in healthcare (e.g., Baute & Bellani 2025; Foster et al. 2023). It focuses on how classifications are enacted at institutional and professional practice levels, the social conditions that favor them, how they express struggles over resources and legitimacy, and how they sustain, intensify or reduce social inequalities in health (e.g., Belorgey 2021). Healthcare is approached as an arena in which broader social relations and group dynamics become visible, for example in trajectories of care and forms of belonging and exclusion.

We invite theoretical and empirical contributions that analyse topics such as:

- Institutional and organisational arrangements (e.g. insurance regimes, administrative rules, triage and referral protocols) that stratify access to care

- Classification practices (e.g. "vulnerability", "compliance", "deservingness") as boundary work shaping patient positions and resource allocation
- Processes through which inequalities in healthcare are made (in)visible or naturalised in policy and professional practice

The workshop brings together research on these issues and provides a space for reflection on their empirical, theoretical and methodological implications.

Keywords: Health care, social inequalities, classification, boundary work

[*]Speaker