



European Medical Students' Association

Association Européenne des Étudiants en Médecine

emsa-europe.eu | Rue Guimard 15, 1040 Brussels | info@emsa-europe.eu

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Anti-Discrimination in Healthcare

Authors: Joanna Gromadzka, Christian Stricker, Luise Bödeker, Natasha Barbour-Murray, Zeinab

Alexandra Ahmad, Eleftheria Vlachou

The European Medical Students' Association (EMSA) represents medical students across Europe. We envision a healthy and solidary Europe in which medical students actively promote health. EMSA empowers medical students to advocate health in all policies, excellence in medical research, interprofessional healthcare education and the protection of human rights across Europe.

Problem Statement

Discrimination is defined as “the unfair or prejudicial treatment of people and groups based on characteristics, recognized as protected by the Equality and Human Rights Commission, such as race, economic or social status, biological sex, gender identity and gender expression, sexual orientation, age, ability and health status, spiritual and religious views, political and philosophical beliefs, as well as caring responsibilities, pregnancy, paternity or maternity (American Psychological Association, 2019), occurring when a person is unable to enjoy their human rights or other legal rights on an equal basis with others because of an unjustified distinction made in policy, law or treatment (Amnesty International).”

Undoubtedly, discrimination, not being constricted within one medium but often occurring in multiple social settings, is also imperatively established in the European healthcare sector, where it is present both as *institutional discrimination* and as *social stigmatisation resulting into exclusion from health services*. Institutional discrimination refers to social practices, existing policies, laws, procedures and institutions that lead to unequal treatment and cognitive bias in medical environments towards certain social groups. Nowadays, the major technological breakthroughs tend to exacerbate the problem, alienating individuals who face discrimination and racism, for multiple reasons, including digital illiteracy, legislative gaps and lack of systemic care. It becomes evident that discrimination in healthcare has multiple faces, it is bias presenting on every level - from individual patient contacts to curriculms taught in European Medical Faculties, and all of these practices result in negative consequences for public health and individuals' wellbeing.

To begin with, social groups susceptible to discrimination (moving populations, LGBTQIA+ community, people with mental illness, minorities etc) have limited access to healthcare and face decreased (treatment) quality compared to the healthcare standards. Moreover, the social determinants of health, “the conditions in which people are born, grow, work, live, and age” (WHO, 2008), are also greatly impacted by the same factors. Together leading to accumulation of indirect and direct unfavorable risks for patients with protected characteristics. The access to healthcare is influenced greatly by institutional discrimination, which creates structural barriers by defining hospital policies and organization. A “manifestation of economic and institutional discrimination against patients with a psychiatric disorder” (Gierus et al, 2017) in Poland, is an example of this. Available care and treatment for diagnosed people is low due to lack of funding.

Furthermore, discrimination is anchored deeply in the medical knowledge and education. For a chief example of institutional racism, one should look at dermatological terminology. Terms, like erythema and rosacea, are solely conform to the white skin types. And this issue continues as a vicious cycle: terminology is taught, displayed in medical textbooks, manifested in the knowledge of (future)

healthcare professionals and harms patients. Melanoma in patients with skin of color is diagnosed significantly later, which leads to an “2- to 3-fold greater risk for mortality among black patients” (Nelson, 2020). This discriminatory perspective can further be expanded to (medical) research. To consider: the general lack of research into healthcare problems of groups with protected characteristics (diverging disease progression, treatment needs, health risks and prevention) and the lack of research and numbers about discrimination in European healthcare. Discrimination causes adverse effects on public and individuals health.

Multiple studies show that racism negatively impacts mental and physical health. Discrimination is a major (psychosocial) stressor. To illustrate this problem, examples of patient discrimination are emphasized. Overall, racism increases the risk of morbidity and mortality of ethnical minorities. Krieger (2014) states the following effects of racism on health: low mental health outcomes (depression, psychological distress, anxiety disorders, addiction), hypertension, poor maternal care, adverse birth outcomes (preterm, (very) low birth weight), neglected women's health and care, chronic diseases and disproportionate pain management. Furthermore, foreign-born patients in Sweden are less likely to receive the proper cardiological care in regards to heart failure medication and beta blockers. And according to Tjaden et al (2016) patients of Asian and African descent are less likely to receive a kidney transplant in comparison to White/Caucasian patients in a study including 36 European countries. Besides pure medical aspects it is also reported that racial discrimination negatively affects patient autonomy in shared-decision making. Patients feel excluded, patronized and the trust in the healthcare system is broken.

All the above display the danger of increasing inequalities and neglect of fundamental human rights, which leads to “silencing of suffering and erosion of dignity” (of our patients) (Hamed et al, 2020) in the European healthcare sector. The exact number of people that are affected by discrimination is not known. As the data regarding this matter as a whole is limited, the scale of the problem can only be estimated. However, not conducting research also means not finding solutions and ongoing consequences for individual and public health. Thus, by looking away institutional discrimination is sustained.

Our View. Aim.

EMSA Europe takes a strong stance against discrimination in healthcare. We are committed to standing against any sort of discrimination and to embracing diversity, realising the great value of uniting people from different backgrounds; to ensure an atmosphere of mutual respect and dignity, where feedback is given professionally at all levels; and to provide fair and equal opportunities to everyone regardless of their *protected characteristics*. As medical students and future medical professionals, we share the need to raise awareness about the vicious circle of discrimination, which if unstopped, will continue to perpetuate stereotypes and prejudice about vulnerable social groups, leading to their exclusion from

healthcare and their deprivation of fair treatment. As an organisation, we have the obligation to advocate for anti-discrimination policies and demand drastic changes that will minimise the discrepancy observed in various realms of society and tackle institutional discrimination and social stigmatisation. Thus we should spread education through both the society and medical profession. All stakeholders should actively take part in this by introducing advocacy initiatives and changes to increase inclusion in healthcare. At the end of the day, it is a matter of human rights and the scientific community to fight collaboratively to develop and implement changes in legislation on the European, national and local levels. Together we can make a lasting stand against discrimination.

Recommendations

EMSA calls upon Global Organisations working on health to:

- Acknowledge OHCHR's (Office of the United Nations High Commissioner for Human Rights) efforts to highlight the discrepancies observed, in particular in the European Member States, regarding the Right to Health and the social parameters affecting it, and utilise the monitoring of the implementation of ICESCR (International Covenant on Economic, Social and Cultural Rights) towards the formation of policies to minimise health disparities
- Create research and policy frameworks that the Member States can adopt to increase inclusivity and accessibility of the health care system
- Supervise and evaluate the different spheres contributing to inequality in healthcare in the various Member States and provide tailor-made advice on reducing inequality and tackling discrimination
- Collaborate with National Health Institutes to implement policies and strategies to eliminate discrimination and increase access to quality health care

EMSA calls upon EU institutions to:

- Encourage the European Pillar of Social Rights of the European Commission to overview, create a framework and direct the Member States on their provision of Healthcare; the inclusion of people with disabilities; long-term care; housing; assistance for the homeless and essential services that affect one's well-being.
- Ensure the European Economic and Social Committee, through the temporary study groups on disability rights, the inclusion of Roma and Immigration and Integration, to include discussions on Access to Healthcare and in collaboration with social society, to come up with suggestions regarding access to healthcare, as well as monitor the process of Member States into implementing these
- Ensure the Council of Europe to hold accountable the Member States that aren't respecting the right to non-discrimination, as stated in the Charter of Fundamental Rights

- Support civil society organisations, by understanding the main challenges faced in the field and actively participate in the elimination of the problem from its root
- Promote and provide assistance to international cooperative efforts to eliminate gender-based violence and domestic violence, including support for the integration of law enforcement approaches
- Highlight the healthcare inequalities, discrimination within healthcare service and the consequences these cause to people living with disabilities, people of colour, ethnic minorities, homeless people, refugees, LGBTQIA+ and to promote solutions through their official means
- Utilise the existing data for advocacy and legislation changes when it comes to equity in access to healthcare
- Promote the conduction of more in-depth research into other fields of discrimination, such as racial discrimination (including institutional racism), disability and socio-economic factors, with a focus on the intersectionality of discrimination
- Include a health disparities elimination strategy, paying attention to all socio-economic status components and the pathways by which these influence health, so that policies are implemented for their elimination ultimately

EMSA calls upon European Member States to:

- Encourage their health facilities for enhanced inclusion and advanced training of healthcare professionals.
- Follow the advice, recommendations and research of National Human Rights Institutions to address human rights concerns, eliminate all forms of discrimination and function in line with all international human rights norms.
- Implement Policies regarding discrimination, taking into consideration the intersectional nature of each individual, so that their dignity is respected in every case
- Fulfil their obligation under the international and European human rights and refugee frameworks which includes providing access to quality mental healthcare and support regardless of status
- Develop policies and strategies to ensure equal access to inclusive, safe, discrimination-free health care services, including mental health services, and prevention and screening programmes

EMSA calls upon Medical Schools and University Hospitals to:

- Increase awareness of healthcare workers by means of trainings, campaigns and research on health inequalities due to discrimination, to understand implicit biases, prejudices and eventually the discrimination that might be projected towards their patients and the harmful effect during the therapeutic process
- Encourage non-discriminatory and sensitive behaviour from healthcare professionals.
- Equip healthcare professionals with the necessary knowledge and skills to tackle the discriminatory behaviours when recognised or observed and address their own implicit biases

- Implement interdisciplinary lessons in medical curricula to shed light on the societal factors contributing to discrimination and inequalities in access to healthcare, and competency training to provide culturally sensitive care.
- Ensure medical students are adequately equipped before graduating on the multifaceted nature of patients and that no matter the identity characteristics of a patient, they should always provide equal treatment, be respectful and show compassion
- Fund and support research with a focus on minority ethnic groups, to study the dynamic character of disease patterns and health behaviour
- Develop and implement reporting mechanisms for patients, students and healthcare personnel, who experience discrimination; develop complementary policies to address these problems then ensure necessary actions are taken when healthcare personnel have been found guilty of discrimination.
- Train healthcare personnel in inclusive provider-patient communication, both in a verbal and non-verbal way, including improving their competencies to provide culturally sensitive care
- Protect students and healthcare personnel against discrimination based on their protected characteristics and ensure inclusive learning and working environments

EMSA calls upon Youth Non-Government Organisations (NGOs) to:

- Organise and participate in advocacy initiatives to increase inclusion in healthcare and raise awareness on the social determinants implicating one's well-being, as well as the discrepancies faced by vulnerable populations
- Join initiatives of the social society, in particular of groups affected by a vulnerability characteristic into accessing healthcare, and advocate for change
- Provide support or voluntary service to support the affected by discrimination populations

EMSA calls upon FMOs and medical students to:

- Actively work on the topic of discrimination through projects.
- Raise awareness regarding discrimination and shed light on the situation in each country in particular
- Join advocacy and educational initiatives organised by EMSA
- Participate in processes that can bridge the gap regarding discrimination and social injustices in healthcare on the local and national level

EMSA pledges to

- Increase awareness on discrimination and social injustice due to protected characteristic through campaigns, online opportunities and sessions
- Encourage its members to advocate for change on their local and national level in collaboration with other NGOs for changes in the legislation.
- Engage with high-level stakeholder events on behalf of medical students

- Develop and implement strategies to create an inclusive, safe and empowering environment for members, in which they feel comfortable to express themselves

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