



European Medical Students' Association

Association Européenne des Étudiants en Médecine

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Persons with Disabilities Access to Healthcare

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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.

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Problem statement

The term disability describes the impairments, the activity limitations and participation restrictions individuals with physical, mental, intellectual or sensory impairments experience in any given society (UN, 2006)(Invisible Disabilities® Association, 2021). The expression “persons with disabilities” refers to all individuals experiencing one or more disabilities (Invisible Disabilities® Association, 2021). Over 1 billion people are estimated to experience disability, corresponding to about 15% of the world's population. Besides this, the number of people with disabilities are dramatically increasing due to demographic trends and increases in chronic health conditions, among other causes (WHO, 2021).

The member states of the European Union reported in 2015 a disability prevalence rate of 14% among citizens aged 15-64 years. It is important to note that not every person with disabilities requires extensive health care. Nevertheless, patients with disabilities may require adapted health care.

Persons with disabilities are generally three times more likely to be denied healthcare, four times more likely to be treated badly in the health care system, and 50% more likely to suffer catastrophic health expenditure (WHO, 2021). They are subjected to multiple violations of their human rights, including acts of violence, abuse, prejudice and disrespect because of their disability, which intersects with other forms of discrimination based on age and gender, among other factors.

As stated, persons with disabilities still face several barriers when trying to access health services that they need, contributing to poor health outcomes, deepening disadvantage and, therefore, exclusion. These barriers include:

Attitudinal barriers: People with disability commonly report experiences of prejudice, stigma and discrimination by health care workers. Besides that, many service providers have limited knowledge and understanding of the rights and health needs of people with disability, having inadequate training about the topic. Many health services do not have regulations in place to accommodate the needs of people with disability. Women with disabilities face particular barriers to sexual and reproductive health services and information as some health workers often make the inaccurate assumption that women with disability are asexual or are unfit to be mothers (WHO, 2021).

Physical barriers: Health services might be hard or even impossible to access by people with disabilities as they can be located far away or in an area not accessible by transport options, lacking elevator access, having inaccessible toilets, passages, doorways and rooms that do not accommodate people with mobility impairments. (WHO, 2021)

Communication barriers: A key barrier to health services for people who have a hearing impairment is the limited availability of written material or sign language interpreters at health services. Furthermore, health information is usually not provided in accessible formats, presenting a barrier for people with vision impairment.

Financial barriers: Many people with disability report being unable to afford the costs associated with travelling to a health service and paying for medicine (WHO, 2021)

In 2008 the UN adopted the Convention on the Rights of Persons with Disabilities, which has since been taken up by the European Union's union of equality strategies which "guides and supports Member States to increase awareness of disability issues". One of the seven focus points has been equal health access for persons with disabilities. However, major design issues have been reported in the end evaluation of the 2010-2020 programme, including the lack of monitoring framework, limited scope in relation to the UNCRPD, as well as a limited focus on non-visible disabilities, and children's rights.

This is supported by the public consultation carried out during the evaluation, assessing how the situation for persons with disabilities improved in the Member States over the last ten years, with respondents from most European countries only reported slight improvement (15), with a considerable amount reporting no changes (8), and few reports of worsening (2). Adding to the little improvements made in the last 10 years in Europe, the COVID-19 pandemic has affected persons with disabilities significantly more than the general population. (Shakespeare, 2021) This is due to several problems, including the increased risk of poor outcomes from the disease itself. In dialysis patients a mortality of 30% has been reported across different countries, significantly higher than the general mortality of around 1% in most European countries (JHU).

Furthermore, the COVID-19 pandemic has been shown to leave many patients with life changing disabilities even 6 months after infection. The first larger study from Wuhan, China reported fatigue and muscle weakness 6 months after infection in 63% of hospitalised patients. Additional studies have also started to address long-term disabilities after a mild COVID-19 infection, a first study describes 53% of non-hospitalised patients still experiencing fatigue 2 months post-infection. While the numbers remain unclear, it is safe to say that the large numbers of patients who have been disabled by the pandemic, should have been the occasion to start a large discourse on disability, and health access of the disabled.

Our view. Aim

We, as European Medical Student Association (EMSA) representing over 50.000 European medical students, are deeply committed to advocate for quality access to healthcare for everyone, as it is one of our core principles and a key focus of Sustainable Development Goal 3 "Good Health and Well-being". Being an organisation that includes and represents future doctors we realise that, as members of the health workforce, we play a crucial role in upholding inclusion and ensuring responsiveness of the health system to persons with disabilities. Educating medical practitioners on disability is an important step towards ensuring persons with disabilities quality access healthcare. Unfortunately, in many contexts, the size of the health workforce is insufficient to meet the requirements of the population, particularly in key areas for persons with disabilities (for example, rehabilitation services), and not sufficiently trained to address the health requirements of persons with disabilities. (UN, 2016)

EMSA aims to make continuous efforts on the topic, acknowledging the continuous insufficient support given to patients with disabilities in European countries as well as the lack of formal education on it within the medical curricula. Despite the progress made in recent years, there is still much work to do at a local, national and European level where this issue should receive more attention and ensure that persons with disabilities are included in policy making processes and discussions.

Recommendations

EMSA calls on the World Health Organisation and United Nations to:

- Provide technical support to governments in the form of evidence based guidelines and policies to strengthen disability inclusion within health care services;
- Coordinate international cooperation and dissemination of best practices regarding persons with disabilities access to Healthcare national action plans;
- Support Member States to increase awareness on disability issues, promoting the inclusion of disability as a component in national health education programmes;
- Promote strategies to ensure that people with disability are knowledgeable about their own health conditions, and that health care workers support and protect the rights and dignity of persons with disability.

EMSA calls on EU Member States, National Governments, Health Ministries and other relevant Ministries to:

- Ensure that legislation enables persons with pre-existing conditions to access health insurance, not allowing for discrimination regarding the coverage of health conditions and/or unaffordable premiums based on impairment in health insurance;
- Make active efforts to identify and address barriers to accessing quality health services, particularly in rural communities;
- Adopt and implement policies to ensure that the procurement, supply and distribution of medicines and health products prioritise persons with disabilities and persons with rare diseases, to reduce health gaps;
- Support and engage with cross-sectoral and multidisciplinary disability inclusion coordination and governance mechanisms;
- Allocate public funding and develop financing schemes to ensure access, by persons with disabilities, to general and specialised health services, including for the prevention of further/secondary impairments;
- Make health services, health promotion, health literacy and disease prevention, policies and campaigns accessible to, and inclusive of, persons with disabilities (e.g. facilities, equipment, information);
- Ensure persons with disabilities, including persons with psychosocial disabilities, are included across the programme cycle, namely in research, service design, implementation and monitoring and evaluation processes;
- Establish mechanisms to monitor and evaluate the quality, effectiveness and inclusiveness of health services for persons with disabilities:

- Systematically collect disability data at all levels of health services and in population surveys; produce and use disability-disaggregated data on the access to health services and on health outcomes, to inform decision-making;
- Establish a comprehensive health sector disability inclusion strategy complete with accountability measures.

EMSA calls on Human Rights Organisations, NGOs, European Disability Forum and other Civil Society Organisations to:

- Support international collaborations between patient support groups to share expertise and promote collaborations;
- Develop awareness-raising campaigns on the right to health of persons with disabilities, in healthcare facilities and services, directed to persons with disabilities, their families and healthcare workers, to promote respect for rights and quality service delivery.

EMSA calls on European medical faculties and university hospitals to:

- Develop the capacity and knowledge of health policymakers and health on disability-inclusive health services, including on how to identify and address barriers that prevent access to services by persons with disabilities;
- Establish a curriculum for undergraduate education of medical students that includes the particularities of Persons with disabilities and the barriers they face in healthcare systems;
- Promote exchanges of experience and expertise in teaching through conferences and collaborations.

EMSA Calls on Healthcare workforce and Healthcare facilities to:

- Address barriers and improve quality of services for persons with disabilities in coordination with policy makers of health systems, addressing the health requirements of persons with disabilities in the delivery of health services.

EMSA calls on EMSA members and healthcare students to:

- Engage with national and local stakeholders as representatives of youth and healthcare students and advocating for progress in this topic;
- Raise awareness about the situation regarding people with disabilities access to healthcare amongst medical students;.

Abbreviations

WHO: World Health Organisation

UN: United Nations

UNCRPD: United Nations Convention on the Rights of Persons with Disabilities

JHU: Johns Hopkins University

EMSA: European Medical Students' Association

EU: European Union

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