

Refugees & Migrants and Ethical Responsibility for their Health Care



CCNLE 

اللجنة الاستشارية الوطنية اللبنانية لأخلاقيات علوم الحياة والصحة

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I declare No Conflict of Interest

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Migration and Refugees

- “Migration is a **movement of people**, either within a country or across international borders. It includes all kinds of movements, irrespective of the drivers, duration and voluntary/involuntary nature. It encompasses economic migrants, distress migrants, **internally displaced persons (IDPs)**, **refugees and asylum seekers**, returnees and people moving for other purposes, including for education and family reunification”



UN Food and Agriculture Organization (FAO, 2016b)

Refugees and Migrants: the Size of the Problem

- War, conflict and persecution have forced millions of people to flee their homes and seek refuge and safety elsewhere.
- As of 2015, there were **250 million international migrants**, of which 150 million are migrant workers.
- Also affected are particularly vulnerable groups of refugees (21.3 million) and internally displaced persons (40.8 million). Of these, **9.1 million refugees and 21 million internally displaced persons (IDPs) originate from the Eastern Mediterranean Region**, which carries the largest burden of refugees and IDPs globally.



International Organization for Migration: 25 September 2016
Source: WHO/EMRO Website

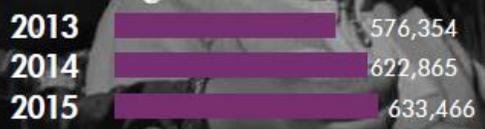
SYRIAN REFUGEES IN NEIGHBORING HOSTING COUNTRIES PER COUNTRY



LEBANON



JORDAN



TURKEY



IRAQ



EGYPT



"There are no winners in this war; everyone is losing. But the highest price is paid by the refugees and the other innocent victims inside the country."

António Guterres, High Commissioner for Refugees

SYRIAN REFUGEES GROWTH WITH IN 5 YEARS



What is pushing people out of the source countries?

- They **move to escape war**, persecution, unemployment, poverty, and environmental degradation.
- These migrants include **refugees, asylum seekers, immigrants**, undocumented workers, or, in French, as "*sans papiers*".
- The people include **men, women, children**, agricultural workers, domestic workers, computer programmers, health care professionals, and many others. ..

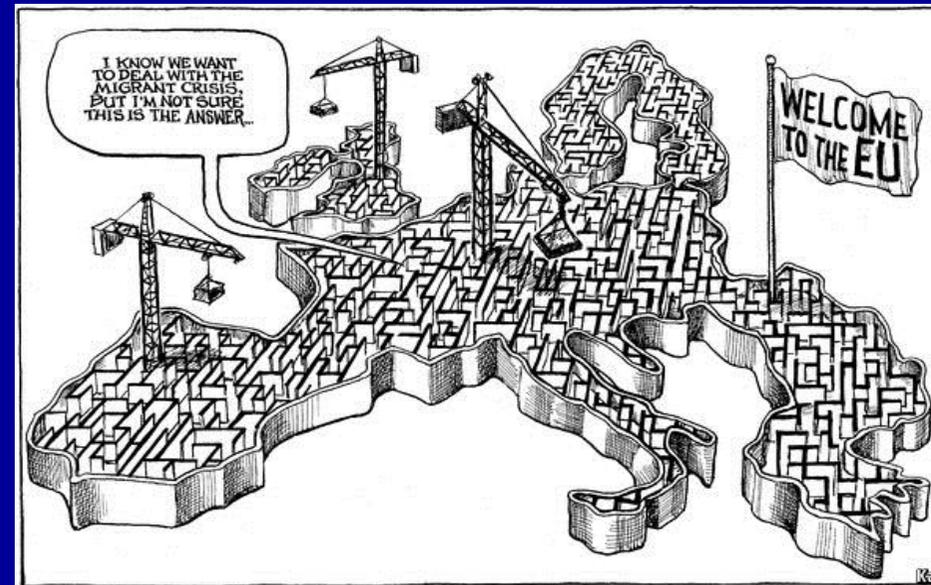
What is pulling them into the destination countries?

- They move to **find better opportunities**, provide more support for their families, and build better lives.
- The United Nations High Commissioner for Refugees (UNHCR) recently reported around 40 million displaced people, including refugees, internally displaced people, and migrants seeking asylum worldwide.



Migration and Refugees: Dangers Associated

- Discriminatory language in electoral candidates debate
- Health problems and Lack of Care
- Discrimination and intolerance
- Social and economic exclusion
- Abuse by administrative and political authorities
- Violence by criminal groups, human and organ trafficking



This situation represents challenges for the governments of nations involved, such as expanding **access to health care** for uninsured immigrants **and ensuring protection for the rights of migrants**

What is the result on their health situation?

- Major problem concerning acute malnutrition, epidemic infectious diseases, non-communication diseases which needed urgent health interventions.
- Although these interventions are important in emergency and post emergency settings, refugee situations in the 21st century are increasingly diverse and occur in refugee camp and non-camp settings.



What are the questions to answer?

- Do societies have an **ethical responsibility to provide health care** for undocumented migrants, documented migrants, refugees, and citizens on an equal basis?
- Does migration lead to **unjustified disparities** in health care?
- Do rich countries also have extensive moral duties to **provide healthcare for noncitizens outside their territory**?

Refugees, Migrants, and Health Care (1)

“the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

The Constitution of the WHO (1946)

- health is a universal right,
- the standard of health should be of the ‘highest attainable’.

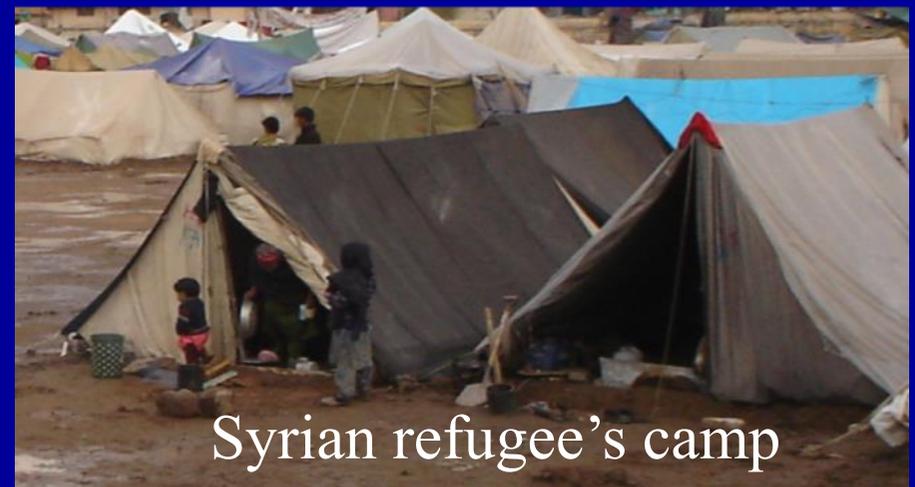
*“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including ...medical care
...”*

The Universal Declaration of Human Rights (1948)

Refugees, Migrants, and Health Care (2)

- *For refugees lawfully staying in the host country, States should accord to them **the same treatment** with respect to public relief and assistance as enjoyed by nationals.*

UN 1951 Convention Relating to the Status of Refugees: Art 1, 23.



Refugees, Migrants, and Health Care(3)

- Therefore the right to health care must be considered as **an inherent human right**.
- The **rights to life, personal integrity and health care** are linked because the implementation of the right to health care directly affects life and personal integrity.



Ethical traditions of medicine and health care (1)

- Focus on a patient in need and do not qualify who that patient is. *“The health of my patient will be my first consideration; may I never see in the patient anything but a fellow human in need. I will treat all patients with compassion, no matter how much they differ from me. I will respect the secrets patients confide in me.”**
- There is nothing in the oath about excluding illegal immigrants, refugees, or people without insurance.

***Hippocratic Oath taken by physicians, nurses, and health care professionals everywhere**

ETHICAL CHALLENGES, Equity, justice, equality

*“the fundamental **equality** of all human beings in dignity and rights is to be respected so that they are treated justly and equitably”.*

Universal Declaration of Bioethics and Human Rights (Unesco 2005, Art 14)

*“individuals and groups of special vulnerability should be protected and **personal integrity** of such individuals respected”*

Universal Declaration of Bioethics and Human Rights (Unesco 2005, Art 10)

- Justice is a general principle that guides our individual and collective ethical behaviour. *The **equitable implementation of the principle of justice** requires us to address the challenges of poverty and exclusion from social opportunities and **access to food, water and health care** in a non-discriminatory manner.*

ETHICAL CHALLENGES, Decision-making

- The principle of **respect for autonomy** is pre-supposed in the bioethical literature on medical decision-making: *persons who have decision-making capacity are moral agents who have the right to **decide about their medical treatment**.*
- **Understanding the information** provided is crucial and may become a challenge when the patient and the healthcare providers speak **different languages** and have different cultural values.
- In this context, it becomes essential to benefit from the services of a **professional interpreter** who should be a member of the health care team.

ETHICAL CHALLENGES, Resource allocation (1)

- Decisions on allocated scarce resources are usually located at the macro level of *governments and parliamentary bodies*. These bodies also respond to refugee situations..
- However, even with clear decisions at the macro level, there will also be a need to make decisions about resource allocation at the micro level (*triage*) to a certain extent.
- Triage is used in *disaster situations and even in emergency rooms* where injured *patients are sorted for medical attention according to their medical needs* and prospects with those requiring more immediate care receiving it first.
- *Due to restricted budgets these procedures may be very strict* and do not include long-term and costly treatments such as cancer therapies

ETHICAL CHALLENGES, Resource allocation (2)

- *Not all host countries can address their healthcare needs* due to lack of manpower and medical supplies.
- Accommodating refugees in these struggling societies could put a lot of **pressure on the local healthcare system**, unless the global community is willing to provide support.

ETHICAL CHALLENGES, Challenges to public health

- **Population density** in refugee camps favours the spread of transmissible diseases and poses challenges of hygiene and sanitation.
- **Inadequate security** in a refugee zone affects health indirectly by compromising the access of humanitarian organizations to populations.
- **Problems of malnutrition** and of access to drinking water
- Refugees can be victims of many forms **of acts of violence**, physical, sexual, moral and psychological.
- **Vulnerability to non-transmissible diseases** (psychosocial disturbances, problems of reproductive health, higher neo-natal mortality, drug use, nutritional disturbances, alcoholism and exposure to violence).. .
- Refugee health is often relegated to second place after other arrangements like shelter and food.

ETHICAL CHALLENGES, Discrimination, Stigmatization, Vulnerability

- The Universal Declaration on Bioethics and Human Rights (Art. 11) stipulates that *'no individual or group should be discriminated against or stigmatized on any grounds, in violation of human dignity, human rights and fundamental freedoms'*.
- **Stigma and human dignity** are intrinsically associated
- Health systems should also have the capacity to recognise and **accept the identities of refugees** and eliminate structures that could contribute to discrimination and stigma.
- The Universal Declaration on Bioethics and Human Rights: Article 8 states that *'vulnerability need to be protected and the individual integrity of each person needs to be respected'*.
- The most **vulnerable groups**, might be exploited in a circle of **organ trafficking** and become organ providers against their own autonomous choices.

ETHICAL CHALLENGES, Research (1)

- *All the usual requirements must be respected in research in refugee populations.* These requirements include the **informed consent** of the participant/subject; a guarantee of the relevance of the research study to the health needs of this or similar future populations; **risk-benefit** assessment; and the equitable sharing of benefits with the participant/subjects.
- Weaker groups within a refugee population, such as children, orphans, the elderly and handicapped, should be **recognised as particularly vulnerable and treated with special consideration in research.**
- **Confidentiality and informed consent** can be challenging especially among refugees living in refugee camps. They could be considered a “captive” population and a particularly vulnerable group, who may not fully believe that they are free to decline participation, and may be susceptible to coercion

ETHICAL CHALLENGES, Research (2)

- The “fear factor” among those displaced due to wars or socio-political disturbances may preclude the provision of accurate information leading to methodological deficiencies.
- Research should *not be disguised as treatment* (therapeutic misconception) *or humanitarian aid*.
- A member of the refugees’ community should be involved in the **evaluation of the proposal**. This person could assess the suitability of the study methodology bearing in mind the characteristics (in terms of cultural values, tradition etc.) of the participant community, the information to be provided to future participants etc.

ETHICAL CHALLENGES, Challenges in permanent refugee camps

- **The condition of refugee should be temporary**, lasting only as long as the situation that gave rise to the condition persists. Nobody should be a refugee during his/her whole life. And yet, there are cases when this is not so and several generations are born, live and die as refugees.
- **Permanent refugee camps** would tend to have a separate education system, usually in the language of the country or region whence refugees came from, but covering only primary and secondary school.
- **The countries of origin of refugees** should make the greatest efforts to ensure their right of return, which is consecrated in the international legislation.
- **The international community has a duty** to help countries in their efforts to bring back refugees, particularly in the cases of war-torn countries. This may be a costly endeavour and funds should be specially allocated to this task

Conclusion

- Discussions about immigrants and health care should be framed in terms of professional ethics, social justice and responsibility, or even human rights.
- It is reasonable to think that there are some responsibilities of global justice which follows the principle of the basic equality of human beings.

Recommendations

- 1/ Refugees have a *right to health care services* that must be respected by all States and by the international community.
- 2/ *Vulnerable groups* (within a vulnerable group) such as women and children should be entitled to special health care services.
- 3/ Refugees retain the *right to make their own medical decisions* or to have an informed surrogate decide in accordance with their known or likely values and preferences.
- 4/ Needed health care services must be *provided in a non-discriminatory manner*.
- 5/ There should be *no mandatory testing for diseases* among refugees or migrants unless there are clear epidemiological reasons to suspect a high incidence of a certain disease among the refugees.
- 6/ Protective measures should be taken to *prevent exploitation of refugees as organ providers* in receiving countries.

Dissemination & Implementation

- Implementation at country level is needed
- **"Ethical preparedness"**: Countries should include ethical considerations in their national emergency / epidemic planning.
- **Collaboration** with WHO technical departments and MoH, CDCs and national focal points for International Health Regulations in countries
- **National Ethics Committees** can play an important role (issue statements & opinions)

Refugees & Migrants and Ethical Responsibility for their Health Care

- It is more than simple generosity, simple charity.
- It aims to build spaces of normalcy in the midst of what is abnormal.
- More than offering material assistance, we aim to enable individuals to regain their rights and dignity as human beings.



Hopeful sign from a refugee camp

Jim Holliman,
Center for Disaster and Humanitarian Assistance Medicine
(CDHAM)

Thank You!

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