Anti-discrimination in health

Improving access and combating discrimination in healthcare with a focus on vulnerable groups

By Megan Challis

This session aimed to identify issues in relation to discrimination in access to healthcare in the EU, to discuss possible actions to improve access, to identify barriers and challenges and highlight best practice.

Summary of opening speeches

EU Commissioner for Health Tonio Borg opened the session, highlighting that examples of discrimination still exist across groups and despite recent progress we must recognise that discrimination is still rampant. In terms of health inequalities, he argued that Europe was not so ‘united’, and that there was plenty remaining for the EU to do to tackle this.

Morten Kjaerum, Director of the Fundamental Rights Agency, reported on studies carried out by the Agency. He highlighted the reduced access to quality healthcare amongst migrant groups, the variable entitlements across Member States of irregular migrants to healthcare, and other access problems such as language barriers and disabled access to medical facilities.

Michael Cashman, MEP (S&D, UK) gave an overview of what the EU is doing to tackle discrimination in healthcare. He noted that whilst a Member State has competence, pressure to act can be increased at a European level. He highlighted the importance of the Roma strategy but questioned the existence of the necessary political will to implement it, and argued that mutually reinforcing stigmas can affect access in the most acute ways - for example the instances of late testing and delayed treatment for LGBT people with HIV. Overall, he argued that the EU could play a greater role in increasing data and information sharing between Member States, and that the role of European solidarity was vital in a fiscal climate where the weakest in society were often bearing the brunt of austerity measures.

Aurel Ciobanu-Dordea, Director at the European Commission Directorate General for Justice, reported on what the EC was doing on these issues, focusing on three major pillars - legal protection, mainstreaming, and concrete steps...
on specific issues. On legal protection he argued that protection against discrimination on the grounds of religion or sexual orientation should be extended to the provision of goods or services (this currently only exists in the field of employment). On mainstreaming, he gave a number of examples of EC action including the conditionality of anti-discrimination on structural funds, to ensure that no EU money is going into projects which do not respect human rights. Examples of concrete steps on specific issues covered the Roma strategy and the development of indicators to measure the status of rights for disabled people including access to healthcare.

Migration and stigma about migrants
- Migration was argued to be a trend that is increasing and clearly here to stay, but is accompanied by increasing anti-migrant sentiment across Europe.
- It was suggested that evidence points to migrants being on the whole healthier than the average population and under-utilising healthcare services; however there is a trend towards cutting services available to migrant groups.
- A variety of examples of direct discrimination in healthcare settings were given, and the issue of mutually reinforcing stigmas creating particular barriers - e.g. for gay migrants.

Wider societal discrimination
- A number of panel members focused on the role of wider societal discrimination affecting access to healthcare and health outcomes - in addition to direct discrimination happening in healthcare.
- For example, social constructs of gender affecting women’s health as much as biological differences. There is a need to put the recognition of health differences between men and women into practice - differences in symptoms and reactions to therapies points towards gender sensitive drug development and trials.
- Discrimination on any grounds (race, ethnicity etc) can lead to extreme stress and associated mental health problems.
- As a result, it was suggested that tackling direct discrimination in healthcare is a first step - and an important one - but that wider action on discrimination and stigma in all of society and culture was perhaps even more critical.

Key issues emerging from the panel discussion
Solidarity and inclusion
- The most common theme running through the discussion was the importance of prioritising solidarity, particularly in a climate of economic uncertainty and fiscal pressures that can impact disproportionately on the most vulnerable groups in society.
- It was argued that human rights should have no borders, and that social rights were not given a high enough priority in the EU.
- There was a call to healthcare professionals to act against discrimination and to be champions of people’s rights to healthcare.
- A role for the EU was suggested to be taking action against Member States where discrimination in general, and in healthcare in particular, was not being adequately tackled.
- The case for solidarity was argued to be economic as well as social – an ageing Europe needs migrants.
EC Session

Panellists and speakers:
Tonia Borg, EU Commissioner for Health, European Commission
Morten Kjaerum, Director, Fundamental Rights Agency
Michael Cashman, Member of the European Parliament (S&D, UK)
Aurel Cioabanu-Dordea, Director, DG Justice, European Commission
Gay Mitchell, Member of the European Parliament (EPP, Ireland)
Alexandru Athanasiu, European Committee of Social Rights, Council of Europe
Frank Vanbiervliet, European Advocacy Officer, Médecins du Monde (Doctors of the World)
Monika Kosinska, Secretary General, European Public Health Alliance (EPHA)
Roumyana Petrova-Benedict, International Organisation for Migration
Cécile Gréboval, Secretary General, European Women’s Lobby
Sophie Aujean, International Lesbian, Gay, Bisexual, Trans and Intersex Association
Luis Mendao, European AIDS Treatment Group (EATG), Representative of the European Disability Forum

Moderation:
Jonathan Cohen, Open Society Foundations

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