Patient Identity, Social Disparities and Harm Reduction: Towards an Intersectional Approach to Ethical Health Service Delivery

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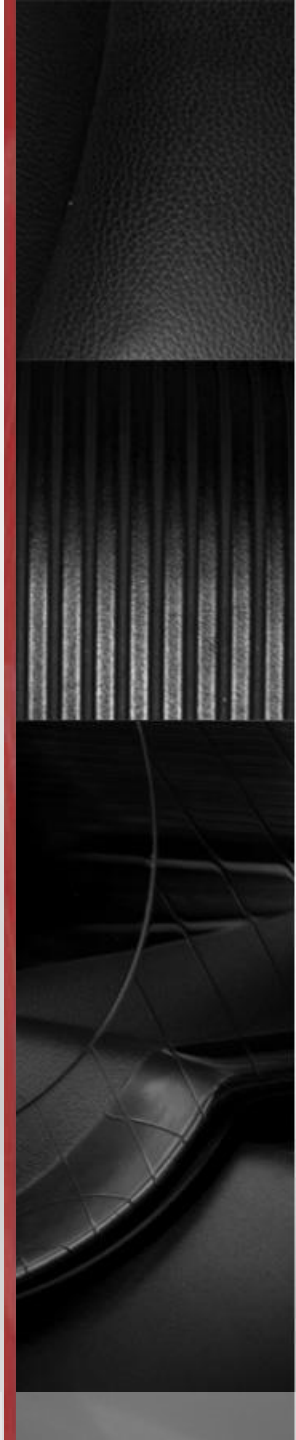
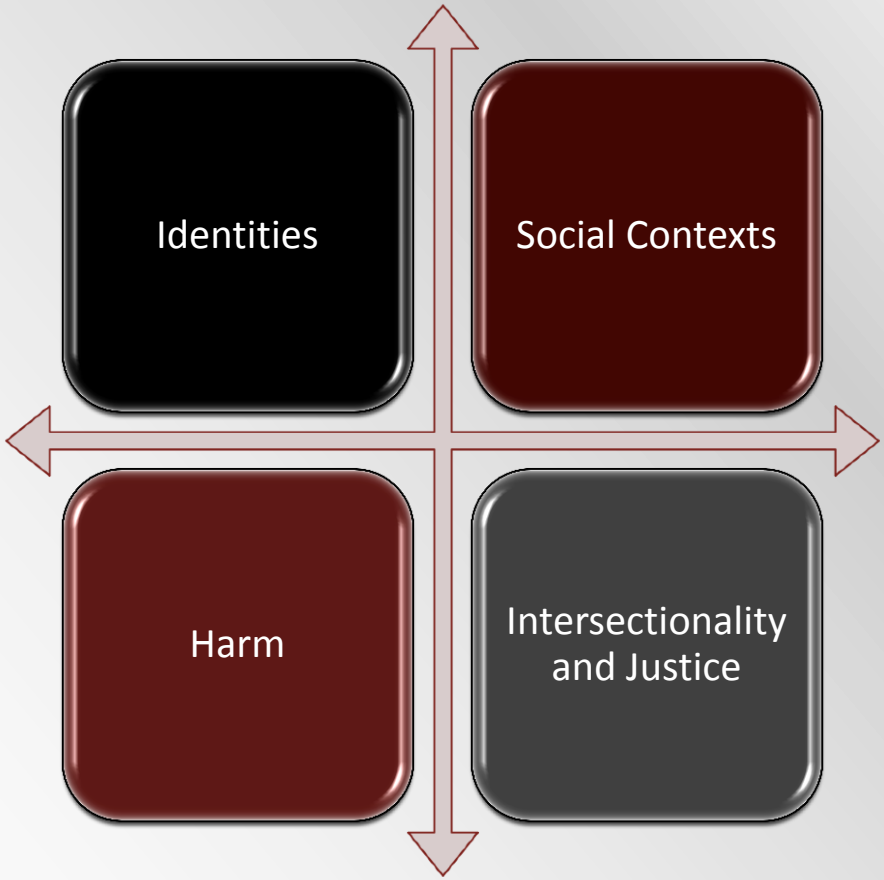


Overview


Identities
Social Contexts
Harm
Intersectionality and Justice

Introduction

- Discrimination:
  - Many forms –
  - Conscious and Unconscious interactions between patient and staff.
  - Institutional practices that disparately affecting particular individuals.

  - "Any practice, judgment, and action that creates and reinforces oppressive relations or conditions that marginalize, exclude, and/or restrain the lives of those encountering discrimination."

    • Pollock et al (2012): "Discrimination in the Doctor's office: Immigrants and Refugee Experiences".

Introduction…

- Documented accounts of perceived discrimination (Subtle, systemic or overt):
  - Insensitive and unfriendly treatment by health providers.
  - Racial slurs.
  - Stereotyping.
  - Inferior care.

- Pollock et al (2012).

The Data…
Immigrants

- "Evidence of racial inequities in Canada is substantial."
  - Nestel (2012): "Colour Coded Health Care".

The Data
Immigrants…

- Race based health inequities/poor health outcomes linked to several factors:
  - **Social contexts:**
    - Language barriers
    - Cultural barriers
  - **Health provider-bias/Bias in the clinical context:**
    - Health and service provider and staff.
    - Unconscious Racial Barriers

- Nestel (2012)
- Pollock et al (2012)

The Data
Immigrants…

- Language and Cultural Barriers:
  - "They became friendlier when they knew of my educational qualifications…"
  - "Mannerism and communication was rushed."
  - "It was as if they had no time to listen."
  - "I felt like I was a burden."
  - "Doctor seemed scared because of FGM. Caesarean operation was unnecessary".
  - "Failure to develop a relationship through understanding of the context of the patient".
    - Pollock et al (2012).

The Data
Immigrants…

- Policy-based/Systemic Barriers:
  - IFHP (Interim Federal Health Program) for Refugees:
    - Difficulties with payment.
    - Bureaucracy, delays and pre-approvals processes.
    - Rejection of patients.
  - Systemic: Inaccessible/Culturally Inappropriate Services.

- Long Wait-times:
  - Inadequate communication about procedures.
  - Patient isolation.
  - Patient perceptions: Disrespectful and discriminatory.

- Pollock et al (2012).

The Data
Immigrants…

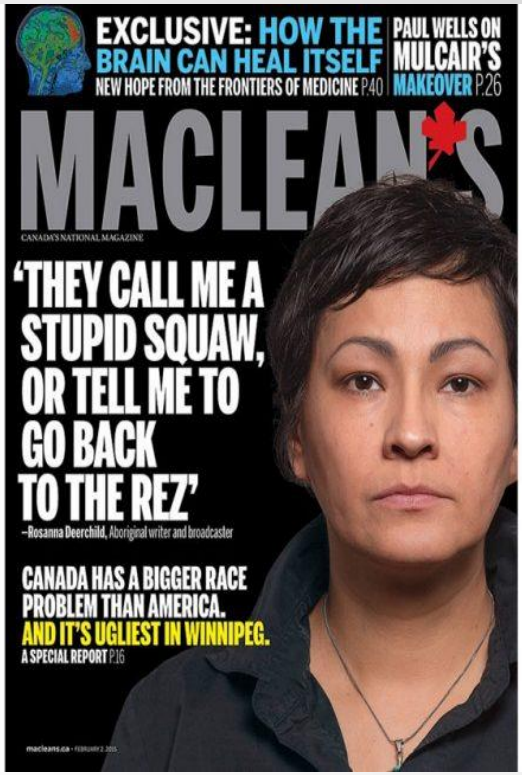
- Patient Responses to Incidences of Discrimination:
  - Patients felt incidents were serious enough to file a complaint.
  - One third of participants reported to “higher authority”, inclusive of formal complaint.

- Some respondents were confused about whether to label it as discrimination or systemic flaws.
  - Training?
  - Education?
  - Time constraints.

The Data Immigrants...

- Outcomes?
  - Impact on health seeking behaviour:
    - Intimidation: Avoiding healthcare/healthcare settings.
    - Eventual Impact on individual health.
  - Preference for emergency care.
  - Poor use of preventive services.

The Data
Aboriginals



- "Evidence of racial inequities in Canada is substantial."
  - Nestel (2012): "Colour Coded Health Care".

The Data
Aboriginals

- Michelle Labrecque, Aboriginal, dependent on a wheelchair.
  - Suffered increasing pain. Made 3 trips to Victoria's Royal Jubilee Hospital:
  - Eventual Diagnosis: Fractured pelvis.
  - Left in the ER room, unable to move.

The Data
Aboriginals

- 2008: Sought medication for severe stomach pain.
  - Discussed pain with doctor, struggles with alcohol & homelessness.
  - Doctor wrote her a prescription.
  - Prescription: Crude drawing of beer bottle circled with a slash across.
    - Duncan McCue (2015).

The Data
Aboriginals…

- Carol McFadden: 53-year old, Aboriginal in Victoria.
- Wary of hospitals because of brother's experiences in the system.
- Noticed lump in breast, once diagnosed as plugged milk duct.
- Doctor's statement: She need not have come to him – She could check out mammography on her own.
- 2015: McFadden learns she has stage 4 breast cancer.
- Cancer spread to her liver.

- Duncan McCue, CBC (2015).

The Data
Aboriginals…

- Carol McFadden:

  - "When you're sick, you're at your most vulnerable. You need somebody there to help you stave off those horrible comments, those horrible looks."

    - McCue, CBC (2015).

Aboriginal Women…

- Psychosocial barriers to accessing health services:
  - Institutional discrimination, etc.

- 2015 Study/CBC:
  - "Aboriginal people experience racism from health-care workers so frequently that they often strategize on how to deal with it before visiting emergency departments, or avoid care altogether."
    - Dr. Janet Smylie, First Peoples, Second Class Treatment (2015)/CBC Report (2015).

Legal and Policy Context

- Unacceptable health outcomes:
  - Conflict with Canada Health Act & Canada's obligation under several international covenants and treaties.
  - UN Covenant on Economic, Social and Cultural Rights – ICESCR (Highest attainable standard of physical & mental health).

- Canada's human rights commitment:
  - Human rights norm leader;
  - Local and international instruments (including the ICESCR).

- Differences in outcomes as between racialized groups and non-racialized groups based on contexts.

Legal and Policy Contexts…

- Canada Health Act:
  - Federal government "establishes criteria and conditions" for provincial health services that must be met before funding is provided.
  - Primary objective of the Act:

    To "***protect, promote and restore the physical and mental wellbeing*** *of* ***residents of Canada*** and to ***facilitate reasonable access to health services without financial or other barriers***": CHA

Legal and Policy Contexts…

- Underlying purpose of CHA is to:
  - "Create a system of equitable access to healthcare".
    - Sethna and Doull (2013).

- The CHA:
  - "Reflects Canada's commitment to high-quality health care accessible to all.
  - "Access to healthcare based on need, not the ability to pay, is regarded by many to be a defining characteristic" of Canada's health system.
    - Sujith Choudhry.
- Equal access to healthcare:
  - "Equality before the health-care system is as important to Canadians as is equality before the law."
    - Robert Evans

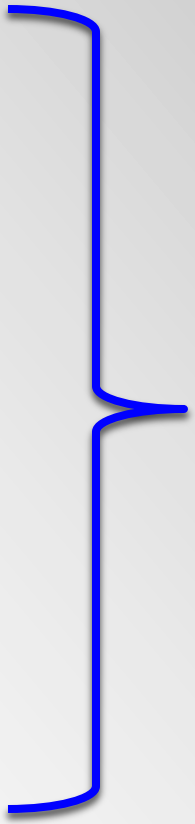
Legal and Policy Contexts…

- Interim Federal Health Program for Refugees:
  - Complex
  - Problematic
  - Can reinforce stereotypes
  - Access denials

- Questions raised by the data:
  - Are legislative/policy/institutional obligations to Canadians - Aboriginals and Immigrants – and other residents of Canada being met?

Identities, Contexts and Intersectional Disadvantages

- What factors account for differences in outcomes?
  - Identities?
    - Gender
    - Race/Ethnicity?
  - Social context:
    - Class/Economic status
    - Language?
    - Geography?



- What specific burdens do these place on subgroups?
- How do they interact to produce the disadvantages experienced by the subgroups?
- In what ways can the identification of this interaction or intersection change outcomes?

INTERSECTIONALITY

Coined in 1989 by American critical race scholar, Kimberlé Williams Crenshaw.

INTERSECTIONALITY

Human beings are shaped by interaction of different identities/factors:

- E.g., Gender, 'race'/ethnicity, Indigeneity, class, sexuality, geography, age, disability/ability, migration status, religion.

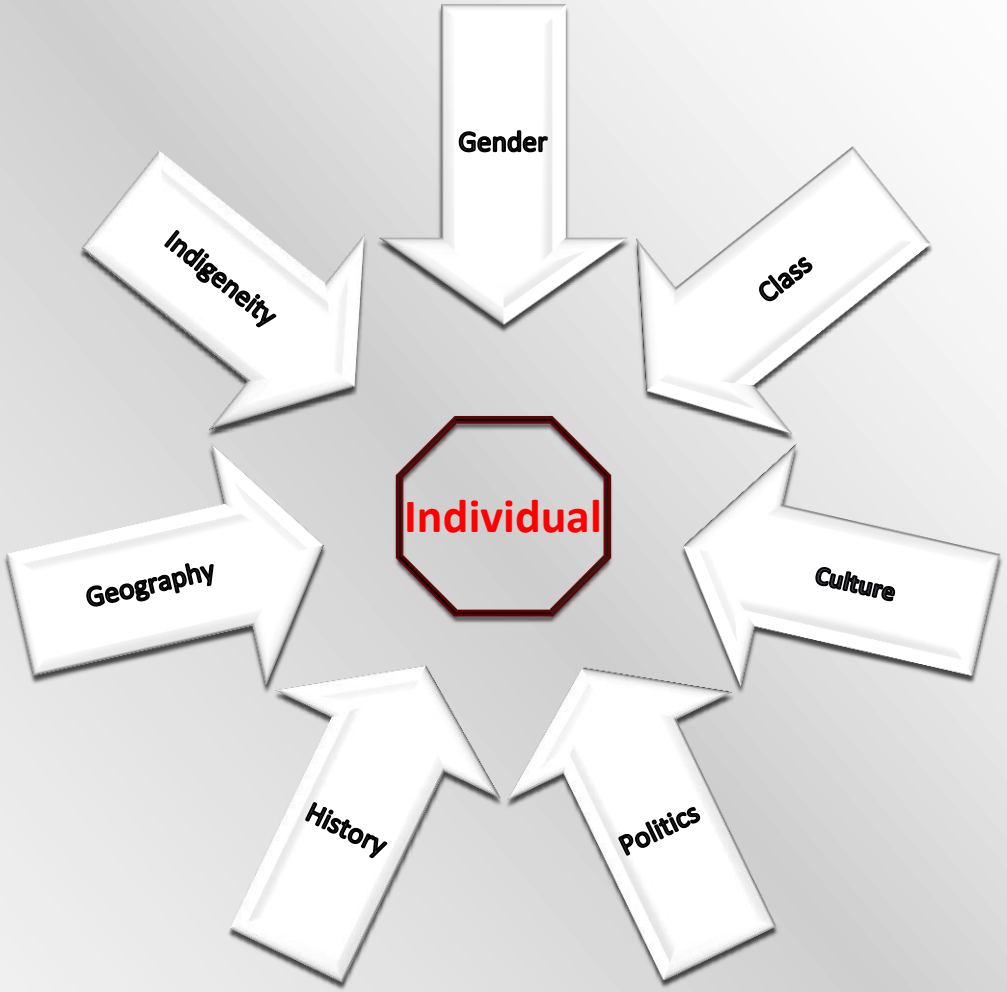
Interactions occur within a context of connected systems and structures of power:

- E.g., Laws, policies, state governments and other political and economic unions, religious institutions, media.

These processes create interdependent forms of privilege and oppression shaped by:

- Colonialism, imperialism, racism, homophobia, ableism and patriarchy.

- O. Hanvisky (2014).



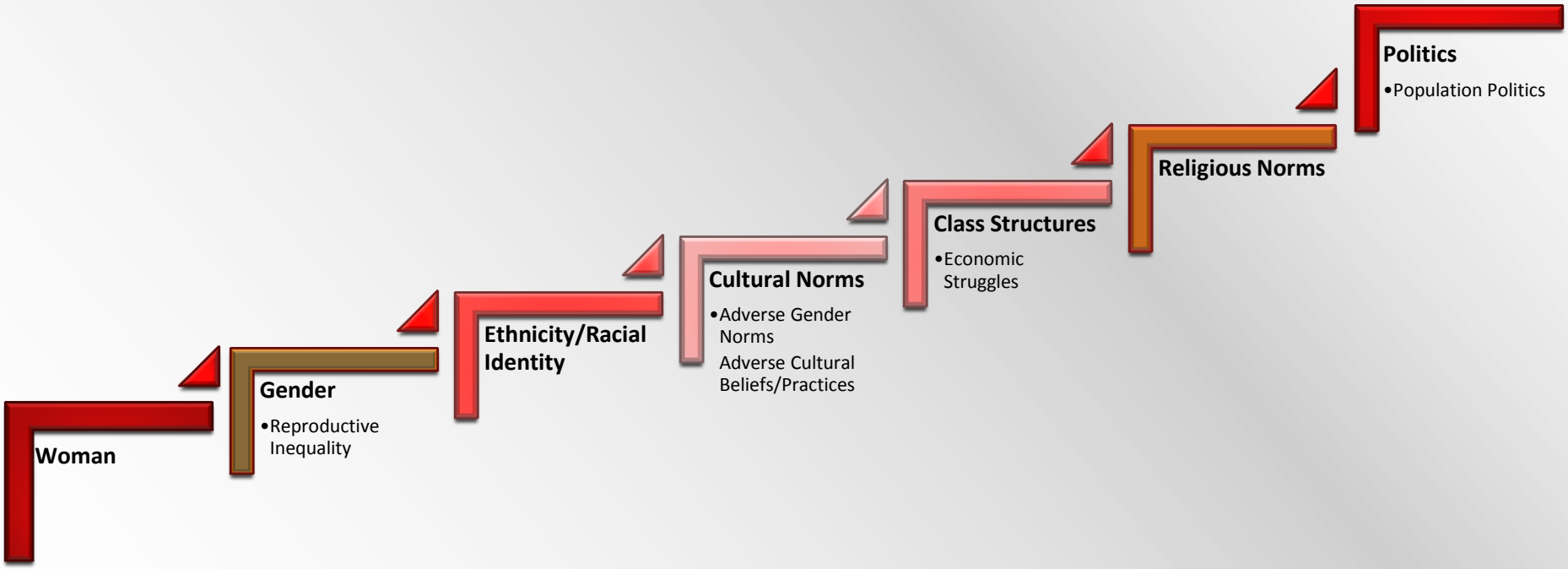
Intersectionality…

- Inequities result from “intersections of different social locations, power relations and experiences”.

  - O. Hanvisky (2014).

- Concept addresses:
  - “How socio-culturally constructed categories” (gender, ethnicity, class, etc…) “interact with and affect one another to produce differentially lived social inequalities among people”.
    - Leeuw and Greenwood, 2011.

Intersectionality…



Intersectionality… Identities, Categorizations and Realities

- Links between “identity constructions” and “lived realities”.
  - Leeuw and Greenwood (2011).
  - Racialization: Attribution of racial/ethnic labels or identities to groups that would not have labelled themselves in said manner.
  - Identity Constructions:
    - Perceptual: Conscious or unconscious
    - Legal and Policy based: Privileges based on differentiations
  - Lived Realities:
    - Non-racialized Citizens versus “Refugees/Immigrants” with IFHP insurance coverage.
    - Non-racialized non-Aboriginal population versus Aboriginals with complicated relationships with the health system.
    - Non-racialized Immigrants versus Racialized Immigrants with language and cultural barriers.

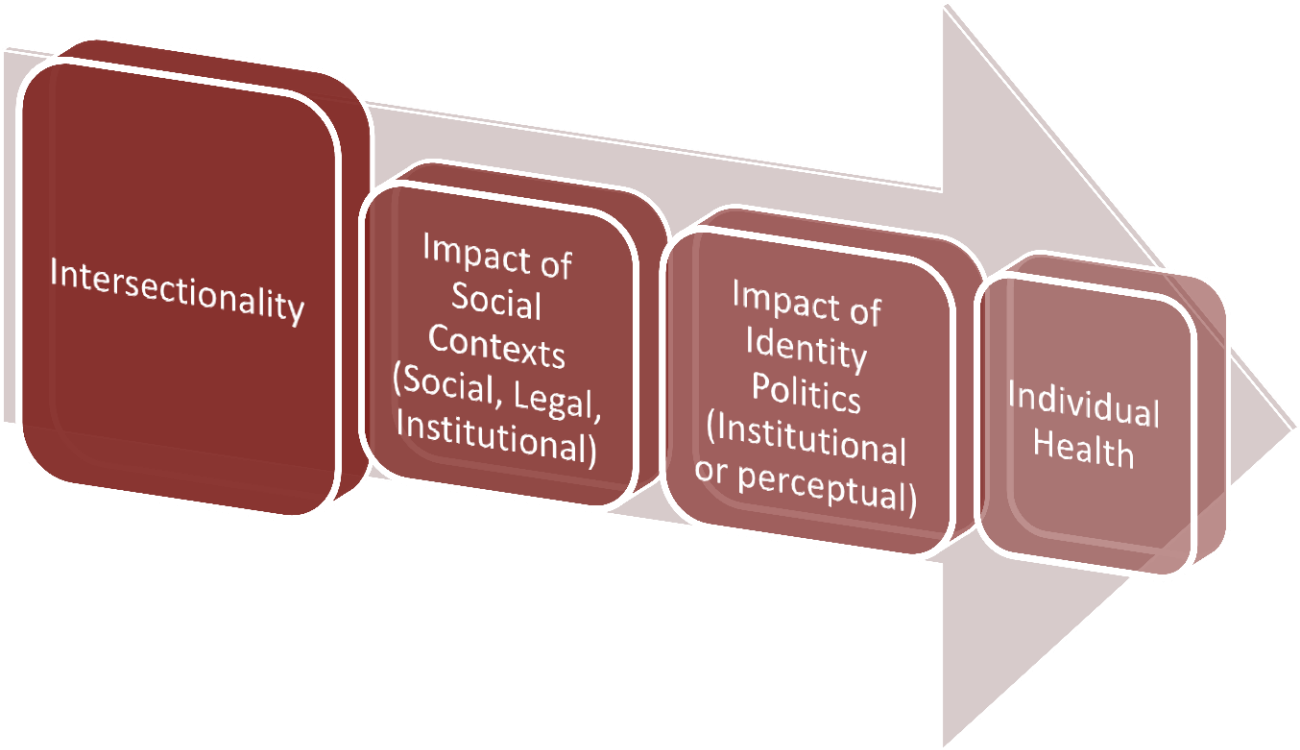
Intersectionality…
Identities, Categorizations and Realities

- Identities and how constructed affect the way services are delivered (or not) to those so categorized.

- Impact on the health of those so categorized.

- Recognizing the confluence of identities/categorizations and social context is crucial:
  - Evidence shows social contexts have “far greater influence on health and incidence of illness than conventional biomedicine and behavioural risk factors.”
    - Leeuw and Greenwood (2011).

Intersectionality…
Identities, Categorizations and Realities



Intersectionality… Identities, Categorizations, and Realities

- A policy focus on *all* may not be good for *some*.

- "… A health care system that knowingly overlooks the expressed health concerns of a particular group ... in the name of treating *all* patients "the *same*" is enacting a form of discrimination through refusing to recognize the diverse ways in which health care needs are expressed and met."

- Certain groups of people "bear disproportionately negative health impacts compared with the general population".

- Pollock et al (2012).

Intersectionality…
Identities, Categorizations, and Realities

- If we aren't intersectional, some of us, the most vulnerable, are going to fall through the cracks.
  - Kimberlé Crenshaw

Justice

DISTRIBUTIVE/ALLOCATIVE JUSTICE

- Focuses on fair (re)distribution of material resources.
  - E.g. Is a Psychiatrist available? (Varcoe et al, 2011)
- Adherence to institutional distributive policies for cost saving:
  - But, can result in:
    - Deteriorating health
    - Hospital avoidance
    - Use of emergency services
    - Higher systemic costs

SOCIAL JUSTICE

- Focuses on processes shaping distribution:
  - E.g. How are certain groups disadvantaged from accessing psychiatric care? (Varcoe et al. 2011).
- Aligns with human rights (Kelly & Rogers (2011)).
- The question of bias is central to human rights concerns."
- Bias as "[A] double violation: of the egalitarian commitments and ethics of medicine and of the democratic principles of the larger society." (Physicians for Human Rights (2003)).
- Fairness: Cost-saving.

An Intersectional Approach to Ethical Health Service Delivery

- Intersectionality:
  - Identifies links between identities and social contexts.
  - Involves “social action that promotes social justice” (Rogers & Kelly (2011)).
  - Identifies that a patient’s terms of engagement with a hospital are often fixed, non-negotiable and decontextualized from patients’ place in society.
  - Bridges relational gaps between provider and patient.
  - “Inherently oriented to fostering social change…grounded in social justice and equity” (Varcoe et al. (2011)).

An Intersectional Approach to Ethical Health Service Delivery

- Medical education:
  - Intersecting contexts of disadvantages.
  - Cultural sensitivity
- Hospital staff training.
  - Cultural sensitivity.
- Interpreter services
  - Language + Culture.
- Culturally appropriate care.
- Accountability of health providers:
  - Practices falling outside malpractice.
  - Complaints processes and bureaucracies.
- Legal and Policy reform:
  - Health insurance for refugees
  - Rigidity of hospital policies and how communicated.
    - Need for sensitivity and empathy.

Thank You