Debate Team Discrimination in Healtcare DOC

- Testimony of Monique Tello's patient: The doctors thought she was trying to get pain meds because she was black "They treated me like I was trying to play them, like I was just trying to get pain meds out of them. They didn't try to make any diagnosis or help me at all. They couldn't get rid of me fast enough."

There is still discrimination today between the patient and the doctors. Should there be a law imposing the doctor to do his maximum on every patient? → *Hippocratic Oath*

- Healthcare is judged to be good or bad by these criterias:
    - Quality
    - Availability
    - Efficacy of keeping people healthy
    - Cost

Top 10 best healthcare systems: Sweden, Denmark, Canada, Germany, Switzerland, Japan, the Netherlands and Singapore. America is not on this list because:

- In the Equality Act, there are examples of discrimination: refusing to provide you with a service or take you on as a patient or client
    - Stop providing you with a service
    - Giving you a service of worse quality or on worse terms than they would normally offer
    - Causing you harm or disadvantage - the Equality Act calls this a detriment
    - behaving in a way which causes you distress or offends or intimidates you → harassment
    - punishing you because you complain about discrimination, or help someone else complain - the law calls this victimisation.
- You are not insured when you are a visitor or foreign citizen. How much healthcare costs → 650,000 bankruptcies a year because of medical bills. People, not being able to pay healthcare,even with insurance, do not get help and get worse. Because of a large number of people who don't go to the hospital, many hospitals had to shut down.
- In America abortion is generally legal, but some states it isn't (e.g. Alabama, Texas is in the process of criminalizing it)

https://www.modernhealthcare.com/legal/catholic-hospitals-dealt-blow-transgender-discrimination-case

- The *Equality Act 2010* is the law that protects you from discrimination and gives you the right to challenge it. You are protected by the Equality Act if you have certain protected characteristics, like a mental health problem.
- If you've been treated differently and worse by a healthcare or care provider because of who you are, this could be *direct discrimination*.
- *Direct discrimination* is unlawful under the *Equality Act 2010*. If you've experienced unlawful discrimination, you may be able to do something about it.

https://www.mind.org.uk/information-support/legal-rights/disability-discrimination/equality-act-2010/

- Healthcare in the US is expensive:
    - 3.5 trillion spent annually (2017, a number that is on the rise)
    - Represents 1/6 of the total economy
    - More than $10,348 per person (2016)
- Key US Healthcare Facts and Statistics to know in 2019:
    - Only 17.2% of Americans were covered by Medicare in 2017.
    - Receiving care in the hospital for a heart attack will cost you an average of $20,246
    - You'll pay 10 times as much for the anti-cancer drug Avastin than in the UK.
    - Obesity-related health issues cost over $150 billion a year in the US alone.
    - 1.4 million Americans went overseas for medical care in 2017 to get a better deal.

https://medalerthelp.org/healthcare-statistics/

Should a doctor be able to provide medical care to a minor despite their parent's wishes?

https://www.hhrjournal.org/2017/08/do-children-have-the-right-to-contribute-to-medical-decisions-about-their-own-care-an-analysis-of-policy-and-practice-in-the-united-kingdom-and-united-states/

Over the years: https://www.ncbi.nlm.nih.gov/m/pubmed/17728582/#fft

- Legal frameworks adopt various approaches to determine the extent to which minors are legally capable to consent to health care and to make their own health-care decisions. These approaches are dictated by law or, when no statutory legislation exists, by common law. We identified three different approaches in the regions we studied: (i) consent by minors for health-care decisions from a fixed age onwards; (ii) competence assessment-based consent; and (iii) a mixed approach where fixed age limits are combined with competence-based approaches. (copy + pasted)

https://www.nature.com/articles/ejhg201661

- Laws in 20 states and the District of Columbia give minors the explicit authority to consent to outpatient mental health services

http://unmfm.pbworks.com/w/file/fetch/92218206/Minors%20and%20the%20Right%20to%20Consent%20to%20Health%20Care.pdf

- Minnesota has state laws that allow minors to consent to certain types of services without parent or guardian permission (Minnesota Statutes Sections 144.341 - 144.344). These laws help young people seek confidential health care for sensitive issues such as pregnancy or pregnancy prevention, sexually transmitted infections, and substance use or abuse. Minnesota Statute 253B.04subd.1 allows youth who are 16 years of age or older to consent for inpatient mental health services.
  https://www.health.state.mn.us/people/adolescent/youth/confidential.html
- In the decision-making process and the consent procedures regarding the pediatric use of NGS, the opinion of minors should be taken into consideration as an increasingly determining factor in proportion to their age and degree of maturity. As we have demonstrated, certain minors do have the legal capacity to consent to the use of NGS and to make decisions about receiving incidental NGS results. Although they are often referred to as one single homogeneous population who always require parental consent, there are different categories of ‘minors' and an amalgam of ‘capacity': some minors are legally capable to consent to health-care decisions, some are capable to be involved in the decision-making process and others are legally capable or in some countries even required to participate in discussions and the decision-making process.
  As we demonstrated, there are currently different categories of ‘minors' and an amalgam of ‘capacity', depending on the legal approach adopted by regional or local

legislations. In addition, this amalgam becomes even greater when we extend the breach to take into account the specific rules that govern the research context. As genomic sequencing of children for health-care purposes and research often become intertwined activities, 57 relevant normative frameworks, including consent to health-care and research, as well as the return of NGS results, need to be carefully and critically analyzed and, if necessary, adapted to the contemporary situation (ie, blurred line between clinical and research context). Also, the need for international research collaborations (eg, for rare diseases research or pediatric cancer) call for a harmonization of the norms.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5110060/

Discrimination in access to mental health:

(https://www.who.int/mental_health/policy/fact_sheet_mnh_hr_leg_2105.pdf https://www.who.int/mental_health/media/en/256.pdf?ua=1)

- 30% of countries don't have a specified budget for mental health. Of those that do, 20% spend less than 1% of their total health budget on mental health.
    - Therefore people with mental health issues to cannot seek the care they need
- In Europe there are 3 psychologists/100 000 inhabitants but in Africa it is 0,05/100 000.
    - The misconceptions and lack of information about the importance of mental health in a population can lead to a lack of care
- Inappropriate forced admission or treatment in mental health facilities
    - Informed consent is often not sought
    - People are often forced to remain against their will for weeks, months or years in psychiatric institutions or other mental health facilities
- Possible misdiagnosis in terms of mental health can lead to disastrous consequences
    - https://www.economist.com/middle-east-and-africa/2019/04/04/why-iran-is-a-hub-for-sex-reassignment-surgery In this case the iranian government has shown to be strongly anti-gay and forcing gay men to go through sex reassignment surgery even though they did not suffer of the disphoria felt by transgender people.

Discrimination in access to healthcare for undocumented immigrants

(https://www.nytimes.com/2019/07/03/health/undocumented-immigrants-health-care.html)

- According to the Pew Research Center, in 2017 there were about 10.5 million undocumented immigrants in the United States. According to estimates, 5.5 to 6 million still need coverage.
- People in the country illegally are generally barred from enrolling in Medicaid or Medicare.
- Prohibited from buying insurance through the marketplaces set up by the Affordable Care Act, or Obamacare.
- Undocumented children do not qualify for the Children's Health Insurance Program
- No actual data on cost, as the sums have never been made (some suggest that they contribute to economy through taxes and property owning + in London for example, 47% of nurses are migrants, and their employment allows both the meeting of staff shortages and the reduction of cost pressures in the NHS)
- Healthcare underused since Trump (even for children born in US and eligible, due to fear from parents)
- **If free health care regardless of documents, more migrants?**
    - *Yes* (make it more appealing)
    - *No* (driven by work opportunity and climate issues)
    - No actual answer because no programs proposed. Could be giving funds to community centres and hospitals that already help them

Discrimination in access to healthcare regarding language barriers

(https://journalofethics.ama-assn.org/article/language-based-inequity-health-care-who-poor-historian/2017-03)

- People who do not fluently speak the language of the country in which they live in often suffer of miss diagnostics:
    - Case: a 56 year old man who had been admitted to the ER with what has been claimed by doctors to be a renal failure → was in fact a gastric problem
    - Consequences :
        - Cost for the care that is not needed

        - The health issue of the patient isn't solved
- In the US people who have limited English proficiency represent 8.7 percent of the population five years and older in 2011
    - "They have been consistently shown to receive lower quality care than English-proficient patients on various measures: understanding of treatment plans and disease processes, satisfaction, and incidence of medical errors resulting in physical harm"
    - 40% of LEP patient do not receive the help of a translator to help communicate their needs
- Factors why the translators might not be present:
    - absence of translator in the hospital, absence of a family member to translate
    - language not spoken
    - hospitals with the access to translator's services choose not to use them
    - cost of the interpreter is not reimbursed by healthcare insurances

→ *These factors often lead to missed diagnosis and subprimal care for the patient*

https://alfonsointerpreting.com/medical-interpreting-options-pros-and-cons/

- Interpreters already exist, but the access remains limited in both availability and quality of the translations
- Translation technology is more or less costly but could be an alternative to an in-person interpreter, as it is fairly easily accessible yet imperfect

https://www.npr.org/sections/health-shots/2018/08/15/638913165/with-scarce-access-to-medical-interpreters-immigrant-patients-struggle-to-unders?t=1578256021612

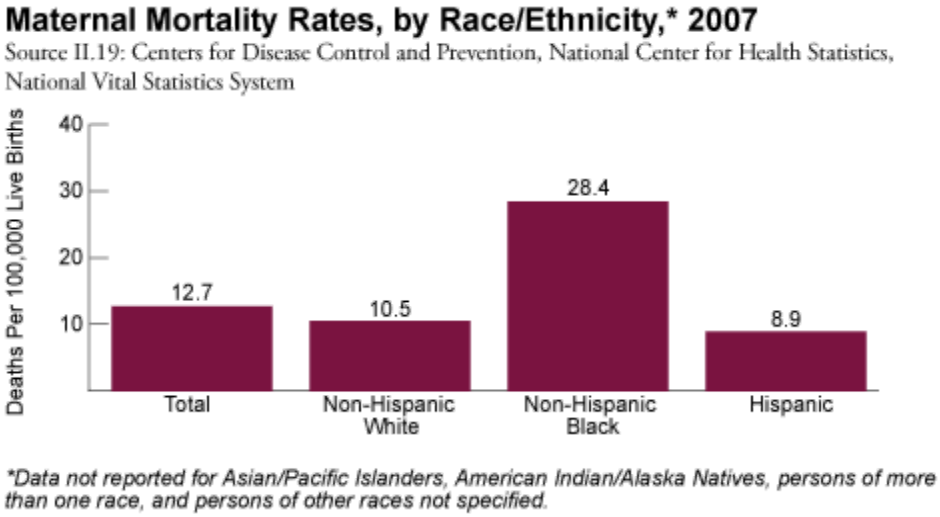
- "Census data suggest that as many as 1 in 10 working adults in the U.S. has limited English-language proficiency"
- "A 2016 survey of 4,586 hospitals by the American Hospital Association, meanwhile, suggested that only 56 percent offered some sort of linguistic and translation services, a very slight improvement over the 54 percent recorded five years earlier. Yet, another survey suggests that 97 percent of physicians see at least some patients who have difficulty understanding English."
- "A 2010 report by the University of California, Berkeley School of Public Health and National Health Law Program found that of 1,373 malpractice claims, at least 35 were

linked to inadequate language access." → A Vietnamese child died of a heart attack after being prescribed heavy medication. Her parents spoke no English and thus did not follow the instruction to "rush her" back to the hospital should she experience any side effects.

- More pain and anxiety in patients → "A 2017 survey showed that 46 percent of dental students do not feel adequately prepared to treat patients whose primary language is not English; 44 percent said their dental school clinic did not have formal interpreter services."
- "Perhaps **most alarming**, today's medical school students appear to be getting the message that language-access issues aren't important and that they will be easily forgiven for a lax approach, according to a recent study published in *Academic Medicine*."
- Little funding/ education/ standards on licensing/training interpreters: depends on state, type of area, etc… → most patients/ doctors are not aware of the laws regarding access to medical interpreters (filing a complaint requires courage (Trump administration: fear to seek help amongst immigrants) and English skills + awareness of law)
- "A 2017 study, for example, found that an academic hospital could save an estimated $161,404 each month by avoiding 119 readmissions when patients had consistent access to interpretation."
- " exams with interpreters take 50 percent longer." → but available interpreters allow efficient response and reduce stress/ risks of malpractice + allow appointment scheduling's adaptation to different languages (eg time slots with interpreter available know and used for corresponding patients)
- "A movement known as value-based care, in which providers are paid for outcomes instead of the frequency of services, could pave the way for improved language access"

Racial Discrimination in Healthcare

- African-American, Native American and Alaska Native women die of pregnancy-related causes at a rate about three times higher than those of white women, the Centers for Disease Control and Prevention



Possible Debate Questions

- Should a doctor be able to provide medical care to a minor despite their parent's wishes?
    - (Should all states accept a minor for an abortion even if he is without his parents?)
- Should people with mental health issues be treated in or outside of the community?
- Should side effects of addiction be covered by healthcare?
- Should countries pay for interpreters to be placed in hospitals? Or for the formation of a bilingual medical staff?
- In the Us you need to pay a lot of money to have healthcare. Should the government pay for it or should the people rely on just the insurance even if it isn't enough?
    - Should the US have universal healthcare?
    - Should the US lower military spendings in order to increase it in areas such as Healthcare for all citizens?

Final Questions

1. Should a doctor be able to provide medical care to a minor despite their parent's wishes?

a. Should all states accept a minor for an abortion even if he is without his parents?

2. Should people with mental health issues be treated in or outside of the community?
3. Should side effects of addiction be covered by healthcare?
4. Should countries pay for interpreters to be placed in hospitals? Or for the formation of a bilingual medical staff?
5. Should feminine hygiene products be free?

Questions	Pros	Cons
Question 1	● It is their body= their decision. ● They would not follow the treatment if they do not have the motivation. ● They hold the responsibility (accountable) ○ Learning the tough way. Lessons. ○ They grow faster undergoing difficult times (because it is a choice) ● Good conditions to guarantee the minor's good-decision making in favor of the treatment: ○ Support from others ○ Maturity within the minor ○ Acceptance of oneself ○ Communication between doctor-minor-parents ○ Apprehension (listening to fears: accepting and facing) ○ To reduce the impact on social life ○ Inspiration (role-models) ○ Guaranteed future ○ Other distractions beyond the treatment ○ No pressure ■ Time ■ Social	● A minor could make a critical mistake ○ Too young; innocent, naive= they may not want to suffer, so they choose the easy and short way. ● Potential long-term consequences if wrong choice ● Parents losing their only function: protecting their child. ○ No communication ○ No trust ○ Broken relationships ● Not everything is acceptable ○ Different medical issues (scoliosis or abortion= different ethical and psychological consequences) = not everything is black & white : different nuances ● Blurry limit of being a minor: voting, driving, working, drinking, etc. ● Why one country but not the other

		○ Lack of international legal standards (common rule: let parents decide and not the law) ● Special conditions of the minor ○ Differentiation might be unfair: considering the minor's condition: could be autistic, mature, childish, etc.
Question 2	● Analysis proving that people	
Question 5	● A lot of girls and women around the world are faced with menstrual precarity. They do not have the means to acquire these products and therefore might have to find less hygénique solutions or stay at home ○ Yearly cost of periods: 216 euros but it can go much higher if you count in the price of pain meds, new underwear, cravings… A British study found out that women might spend up to 675 euros every year during their periods. ● Having to stay at home a day or week every month as impacts on the social life of a woman, non binary or trans men ● If it is not free then it should at least not be taxed as a luxury good and therefore be more accessible to the population. ○ Something such as the "women tax" or "taxe rose" should not exist (Why should icecream be taxed as a first necessity (5,5%) and pads at 20%) ● Possibility to give access to reusable feminine protection that women in precarity don't depend on donations. It is also better for the environment ● Not having access to periods can have serious medical consequences for women	● If we offered hygiene products free then what comes next? There are a large number of things that we could argue should be free but aren't. What about pain medication or food then? ● Nothing is free, who is paying? Some economies might be able to afford it but even a first world country would need some programs in order to provide for every woman in the country? And what about third world countries?No clean water for all of their citizens→ how can they provide free hygiene products? ● Companies should not pay for feminine hygiene for their female workers because they already pay them a salary which should be enough to provide for it.

	○ Research shows that girls who do not have access to pads and tampons are more prone to cervical cancer, toxic shock or urinary infection. ● From the moment that some women feel ashamed to ask for protection or even need to ask, we're creating a barrier in terms of access to good Healthcare. ● Should companies provide feminine hygiene products for the women who work there	

Articles with circumstances:

https://nursing.ceconnection.com/ovidfiles/00128488-200707000-00013.pdf

Supreme court case:

Bellotti v. Baird

https://www.oyez.org/cases/1978/78-329

The Court found the statute unconstitutional for two reasons. First, it allowed judicial authorization for an abortion to be withheld from a minor who is mature and competent enough to make the decision independently.

H. L. v. Matheson

https://en.wikipedia.org/wiki/H._L._v._Matheson

A United States Supreme Court abortion rights case, according to which a state may require a doctor to inform a teenaged girl's parents before performing an abortion or face criminal penalty.[1]

Question 5 sources

- https://www.freethetampons.org/the-price-young-girls-pay-when-tampons-arent-free.html
- https://www.huffingtonpost.co.uk/2015/09/03/women-spend-thousands-on-periods-tampon-tax_n_8082526.html?utm_hp_ref=tw&guccounter=1

- https://www.debate.org/opinions/should-women-be-able-to-get-feminine-hygiene-products-for-free
- https://www.nouvelobs.com/rue89/rue89-nos-vies-connectees/20151015.RUE0965/a-l-assemblee-le-debat-sur-la-tva-des-tampons-derive-sur-la-mousse-a-raser.html
- https://www.marieclaire.fr/,avoir-ses-regles-coute-une-petite-fortune,779525.asp
- http://www.aglobalvillage.org/journal/issue9/adolescent_health/what-do-menstruating-girls-need-in-schools-seung-lee-brad-kerner-save-the-children/