ARE WE PROVIDING ETHICAL HEALTH CARE TO NEW RESIDENTS OF CANADA?

Camille Wagner, BA, MSc, PA-S

Perspective

The Canada Health Act states that Canadian health care policy should serve to "protect, promote, and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers".(1) Is Canada meeting the objective of the Health Act for those people who are new arrivals to the country? Health care is a universal, basic good and as such, it should be provided to all who reside within Canada, regardless of their immigration status. This discussion will highlight areas where Canada is falling short in the provision of health care to those residents who are not Canadian citizens. In discussing access to health care for those who are not Canadian citizens a distinction will be made between immigrants who have been accepted for permanent residence, refugees, and those without legal status. The reason for these categories is that there are different regulations governing access to health care among these three groups. To promote and maintain health, access to health care is the first step, but as will be presented even when access to care has been achieved further barriers in the form of cultural concerns and language differences impede adequate health care provision.

To begin our discussion, it is important to understand how health care is currently provided to newcomers to Canada. Given that Canada has a system of universal health care, most would assume that if you are new to Canada, residing here with some form of authorization from the Canadian government, then you have access to the Canadian health care system; however, this is not necessarily the case. In the case of immigrants who have legal status to reside in Canada permanently, depending on their province of residence, they may have a ninety-day waiting period before they can access provincial health care. (2) This means that during this ninety-day period, any health care accessed would have to be paid for either through a privately obtained health care plan or through out-of-pocket payments.(3–8) It is hard to argue that Canada is meeting Canada Health Act's primary objective of "protecting, promoting, and restoring physical and mental well-being and providing reasonable access to health services without financial barriers"(1) when mandating a waiting period. The financial hardship of paying for your own health care is a significant barrier.

One would think that the situation for documented refugees, a group who is already identified as being particularly vulnerable, would be more comprehensive; again, this is not necessarily the case. Health care for refugees is provided under the Interim Federal Health Plan. (9) This program provides basic health support to all refugees, which includes in-patient and out-patient hospital visits, medical services provided by

physicians or other registered practitioners, laboratory, diagnostic, and ambulance services. Supplemental services are offered to those refugees who also qualify for income support from the Resettlement Assistance Program.(9) Supplemental services include vision, dental, assistive devices and medical supplies, and services from allied health professionals, including counselling, speech-language, occupational therapy, physiotherapy, and psychotherapy. For those refugees who do not qualify for the provision of supplemental health services, then these services, if accessed, would need to be paid for by the individual or provided by a practitioner at no charge. Again, resulting in a financial hardship that is a significant barrier to health care.

Lastly, the group of newcomers to Canada who are without any legal status to reside here permanently are in a particularly precarious situation. Not only do they not have access to health care currently, but they have little hope of ever being able to access health care without private insurance or out-of-pocket payments.(10) Although they do not have legal status in Canada, the people within this group are clearly residents of this country, many having lived here for decades, yet without ever being able to access health care.(11) The Canada Health Act states that we should look to protect the well-being of residents of Canada without financial or other barriers, yet for this group of residents this is most clearly not the case.(1)

As can be seen from the presentation above there are barriers to accessing health care for those residents who are not citizens of Canada. Are these access barriers to health care ethical? To analyze and discuss the ethics of the provision of health care to newcomers to Canada the four pillars of ethics, namely: autonomy, beneficence, non-maleficence, and justice will be examined. (12)

To experience true autonomy regarding health care an individual must have adequate knowledge to explore and examine all options relevant to health care decisions that need to be made.(12) Are residents who are not Canadian citizens able to make informed decisions regarding their health care? The way health care is currently provided to those who are not citizens limits the ability of these groups to make autonomous decisions regarding their health care. In denying access to health care these groups are not being given the opportunity to explore options, and instead are placed in the precarious situation of having to choose whether their health needs justify the financial expense they will have to endure.(13) For those immigrants who will receive health care after a ninety-day waiting period, many in this group will be forced into trying to ignore their health concerns until they have access to provincial health care.(14) Taken one step further, this burden is placed when an immigrant is at their most vulnerable, having just arrived, they are likely experiencing significant cultural adjustments, may not have permanent or adequate housing, may have limited or no social contacts and supports, and may not have a stable source of income. Adding an additional stress of a waiting period of ninety days seems arbitrarily punitive. The individual or family has likely already been through months or years of waiting for the immigration process to work through the system.

Canada is then possibly delaying access to routine preventative care or delaying care for an ongoing medical problem, in an attempt, it seems, to save money, but at what ultimate cost? It is hard to make a case that a ninety-day delay creates any substantive financial savings that would outweigh the costs of real medical expenses or stress to the immigrant. Requiring immigrants to wait for ninety days is not providing them with the ability to make decisions in their own best interests regarding their care.

In the case of documented refugees, this group is provided basic health care, with supplemental care provided to those refugees who qualify for income support from the Resettlement Assistance Program.(9) Here it is important to remember that refugees have fled their home country or cannot return to their home country due to extreme circumstances. Given this, it is unreasonable to think that their physical and mental well-being will be protected and promoted with the provision of basic services only. The needs of this vulnerable group will likely require the services encompassed under the supplemental health plan, which will only be available to a select group who qualify under the Resettlement Assistance Program.(9)

Canada has expressed a commitment to support refugees both to the international community and to the individual refugee. Although basic health care services are available to all documented refugees, it is likely that this support is not adequate, and that they would benefit from access to the types of supplemental services, such as those from allied health professionals, to meet their needs.(15,16) Even when refugees qualify for provincial health care plans, in most provinces, the services offered will continue to mirror the basic services provided by the Interim Federal Health Plan, with supplemental services covered by private health insurance plans, often offered through places of employment. One may argue that this is sufficient, yet for this very vulnerable group, is it enough? This is a group of newcomers who Canada has identified as needing to flee their home country due to extreme events such as fears of persecution, dire poverty, or war, yet we do not provide access to allied health professional services to address their needs. It is unlikely that refugees will have the resources available to access these much-needed services. The financial barrier clearly limits their autonomy to choose health care that will best meet their needs.

Let us consider autonomy in relation to the group of uninsured who are living in Canada without any legal status. Due to their undocumented status, this group has been stripped of all choices regarding their health care.(14) Given their undocumented status, making gainful employment challenging, it is likely that many in this group will not have the financial means to pay for health care. Secondly, given their precarious legal situation, these residents may be hesitant to access health care, even if they do have the means to pay for it, for fear of repercussions regarding their illegal residency.(11,17) This group is left without the ability to explore and examine options regarding their health care, as few options exist. As such, the way health care is currently provided does not uphold the pillar of autonomy in an investigation of ethical practice.

Without access to health care, it is impossible to imagine that beneficence, or the best outcome and improvement in health, is being achieved for these groups.(12) Residents who will receive health care after ninety-days will typically wait until that period is over before accessing health care.(13,17–19) This results in health care needs that increase in severity and complexity because timely health care was not provided.(11,17) In the case of refugees, who are only provided basic health care, their situation cannot be expected to produce the best possible health outcomes. Moving to a new country is stressful at the best of times, and now we have a group of very vulnerable individuals who have fled their home country, where health care was likely provided minimally if at all, and yet we are not providing the coordination of services to address their complex needs. The lack of coordinated health care tailored to refugees' needs cannot qualify as providing health care in a way that will provide the best outcome or improve the situation of this group. This is a diverse, complex group that will arrive with a multitude of concerns that cannot be expected to be addressed through basic services alone. The situation is even more dire for those residents who have no legal status to reside in Canada. This group will always be reliant on volunteer organizations and medical clinics to access health care without payment. As such, this group will not routinely access preventative health services, leaving health conditions to increase in severity until they cannot be ignored.(11,14,20) This is not providing health care in a way that will result in the best outcome and improvement in health.

This leads directly to a discussion of non-maleficence. The current situation of providing health care in a way that requires either a waiting period before access to health services, or the provision of health services only with payment, is not providing health care in a way that does no harm. Any time access to health care is denied or delayed, there is harm being done. Preventive and early access to health care is paramount to maintaining and promoting health.(21,22) By denying health care that is known to be beneficial based on immigration status is doing harm. To bring this point home, take the example of Aisha, who was sponsored to come to Canada by her father and stepmother.(14) Her parents separated and left Canada leaving Aisha behind, with a lapsed immigration status. While in college Aisha experienced complications as a result of her sickle cell disease. She sought care at her local hospital because her complications were beyond the scope of her community health clinic, but could only receive services if she paid because her current condition was not considered an emergency. Aisha informed hospital staff that her condition would soon leave her unconscious. Staff informed Aisha that if she stayed and became unconscious they could then provide care without payment upfront. Aisha waited in the emergency room until she became unconscious at which point she received the care she needed but subsequently received a bill for more than $5000 to pay the care she received.(14) This is just one example, of many, indicating the harm that our current system of health care provision is doing to members of our society.

Justice, the final pillar of medical ethics indicates that there should be an element of fairness in medical decisions, with equal distribution of resources. Denying access to

medical services, based on country of origin, is not fair, nor is it an equal distribution of resources. Some argue that these residents have not contributed to the health care system, so having a waiting period or denying access is justified, yet this argument is unfounded. These are fellow residents, who are being denied services based on their country of origin. The Canadian Charter of Rights indicates that there should be equal protection and benefit under the law without discrimination based on race, national or ethnic origin.(23) As such, denying health care based on country of origin is not justified under the law, nor is it ethically justified. The Canada Health Care Act indicates that it is intended to "protect, promote, and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers", as such denying access is not justified with this goal of universal care in mind.(1)

The United Nations International Covenant on Civil and Political Rights passed judgment in 2018 regarding the case of Nell Touissant.(24) In this case, the United Nations decided that Canada had violated the rights of Nell Touissant who was residing in Canada without legal status when she became ill. Nell Touissant was in the process of trying to obtain legal status to reside in Canada when her health situation worsened. She was denied health care under the Interim Federal Health Program. The UN committee decided, in their non-binding ruling, that Canada had an onus to compensate Touissant for the harm she suffered after developing serious health conditions that required medical care. The committee further stated that Canada should review its national legislation to ensure that all irregular migrants, meaning those without legal status, have access to essential health care. The committee indicated that member states cannot make a distinction between "regular and irregular" migrants in matters related to respecting and promoting the right to life. Nell Touissant's situation is not uncommon, as uninsured members of Canadian society face delays in treatment and enormous bills related to their health care costs.(11,17,19,20) The provision of health care to those who are not Canadian citizens is not meeting the ethical pillar of justice.

It is clear that there are significant barriers to accessing health care for those who are not citizens, and that this situation is without ethical justification. These access barriers are the first hurdles that a new resident in Canada must overcome. Let us now focus our discussion on those immigrants who will overcome the access hurdle and qualify for care under a provincial health care program. For those who legally gain access to a provincial health care program, there continue to be hidden barriers with regards to health care. The individuals are through the door from a process point of view, able to see a health care provider without payment, yet are these individuals receiving the care they need? As the ensuing discussion will layout, immigrants and refugees who have access to provincial health care experience barriers related to cultural differences and communication difficulties.(13,19)

Cultural background is an important part of a person's makeup and can dramatically affect the way a practitioner should provide care. Culture influences the way people

think about their health and make health-related decisions.(13,19) As such, to provide health care to our population of people from other cultures, medical providers must take cultural considerations into account. If there is not an understanding of patients' culture, barriers between provider and patient will limit the efficacy of care. Without a cultural understanding, it is easy to see how the ethical principles of autonomy, beneficence, non-maleficence, and justice cannot be upheld. In a literature review looking at barriers to health care for immigrant populations, a theme identified was that there are significant cultural barriers in the provision of health care to immigrants, with one of the most prominent related to the health care provider's gender.(19)

This review identified that immigrant women, particularly those who are Asian, South Asian, and practicing Muslims prefer female practitioners for their care and will look for physicians from the same ethnic background, as they think these practitioners will better understand their cultural and religious norms. Without an understanding of these concerns and cultural sensitivity, the unknowing practitioner may do harm to these patients, by providing care in a way that makes them uncomfortable, leading patients to avoid seeking future care. This is a very real concern as training in health care programs generally does not provide a significant amount of training regarding cultural differences.(25) Without a degree of cultural competence and sensitivity, it is unlikely that the ethical pillars of health care will be upheld. It is unlikely that care will be provided in a way that ensures patients are able to adequately explore and examine all options relevant to health care decisions that need to be made.(12) Nor will care be delivered in a way that promotes the best health outcomes or does no harm.(12)

The majority of immigrants come from countries where neither French nor English is an official language.(13) As such, communication barriers are a significant consideration when analyzing the health care provided in Canada. The use of interpreters is problematic in Canadian health care. In most provinces, professional translators are not covered by provincial health care plans.(3-8) As a result, many practitioners must rely on the use of family or friends for translation services, yet this raises concerns regarding confidentiality and the ability of these personal contacts to translate, rather than interpret. Even when patients and practitioners speak the same language, communication barriers can continue to exist as cultural influences may result in cross-cultural communication barriers. For example, literature has identified that direct questioning regarding sexual activity is unusual in some cultures and that when such questioning is used patients feel embarrassed and avoid primary health care appointments in the future.(13,19)

Communication barriers result in health care that does not meet the ethical pillars of autonomy, beneficence, non-maleficence, and justice. Due to communication barriers patients are not given health care in a way that allows them to make informed decisions regarding their care. Practitioners are not able to provide patient-based care in a way that takes into consideration patients' needs and wants in the context of their lives. Without clear communication between patients and practitioners, there is no hope of providing

care that can be expected to provide the best outcome and improve the situation of these patients, and in fact, communication barriers can result in harm as patients may avoid seeking care in the future. Communication barriers will also result in health care that fails to meet the requirements of the pillar of justice. As a result of communication barriers, health care is preferentially given to those patients who can communicate fully with their practitioner, leaving those who experience communication barriers with sub-optimal or non-existent care.

Consideration of health care as it relates to those who are not Canadian citizens has a direct impact on the practice of a physician assistant. The first step is recognizing that there are significant barriers to obtaining health care for many members of our society. As was presented in this discussion, despite the universal health care system in Canada, access is a significant issue for the population of our society who are not Canadian citizens. This discussion would be remiss however if it was not acknowledged that anyone in Canada who does not have a provincial health card will experience these same access issues. This will include, for example, those groups who do not have government-issued forms of identification or cannot provide proof of their residency in a province. As with many large-scale problems, there are steps that can be taken at a personal and community level, and at a systemic level. Physician assistants can be part of the solution in providing access to health care to those members of our community who experience barriers. Physician assistants can also ensure that others in the community have an understanding of the health care access issues that exist for these vulnerable groups. I suspect that many people in our communities are not aware that there are vulnerable groups who cannot access consistent health care. Knowledge and understanding is the first step towards affecting change. At a systemic level, ensuring that government representatives are aware of the issues for those who are uninsured in our communities, and the ramifications of this situation for these residents, is key to propelling change.

Barriers to health care go beyond issues of access alone. Even after obtaining access, barriers continue to exist with regard to cultural differences and communication difficulties. Being aware of both of these issues will influence the practice of a physician assistant. Ensuring that they are educated regarding the cultural background of their patients will be key to physician assistants' success as practitioners. Physician assistants should engage with their community so they can understand the cultures of their patients. Being engaged in the community will also allow those who are from different cultures to develop an understanding and relationship with the medical practice in Canada that goes beyond the office visit. With this relationship and understanding, greater efficacy in providing health care can be achieved. The multicultural nature of Canadian society presents a challenge, and an amazing opportunity, to be educated about all patients who will eventually come through the door. Ensuring that they continue to learn and remain curious about the background of their patients will help ensure that physician assistants provide care in a culturally sensitive manner, and in a manner that promotes the health of all members of our society.

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